

A.P.N. 1022-18-001-004

WHEN RECORDED RETURN TO:

Ryan R. Moser, Esq.  
Aguirre Riley, P.C.  
427 West Plumb Lane  
Reno, NV 89509

MAIL TAX STATEMENTS TO:

Sarina Lane Shine, Trustee  
3246 Penrod Lane  
Gardnerville, NV 89410

The undersigned hereby affirms that this document, including any exhibits, submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF WASHOE    )

SARINA LANE SHINE, of legal age, being first duly sworn, deposes and says:

1. GAYLORD RUSSELL LANE, JR., the Decedent referenced in the certified Certificate of Death attached hereto, died on December 20, 2019, and was, until his death, and is the same person as GAYLORD RUSSELL LANE JR., Trustee of the GAYLORD RUSSELL LANE JR. 2019 TRUST, dated September 6, 2019, in that certain Grant, Bargain, Sale Deed dated September 6, 2019, executed by GAYLORD R. LANE, an unmarried man, recorded as Document Number 2019-934854 on September 9, 2019, Official Records of Douglas County, Nevada, covering the real property located at 3246 Penrod Lane, City of Gardnerville, County of Douglas, State of Nevada, described as follows:

See Exhibit A attached hereto and made a part hereof.

2. That upon the death of GAYLORD RUSSELL LANE JR., SARINA LANE SHINE became the successor Trustee under the GAYLORD RUSSELL LANE JR. 2019 TRUST, dated September 6, 2019.

Dated this 9 day of January, 2020.

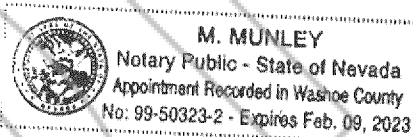
GAYLORD RUSSELL LANE JR. 2019 TRUST

By: Sarina Shine  
SARINA LANE SHINE, Trustee

STATE OF NEVADA        )  
  ) ss.  
COUNTY OF WASHOE    )

On January 9, 2020, before me, the undersigned, a Notary Public in and for said State, personally appeared SARINA LANE SHINE, successor Trustee of the Gaylord Russell Lane Jr. 2019 Trust, proved to me to be the person whose name is subscribed to the foregoing instrument, and who acknowledged to me that she executed the foregoing instrument.

M. Munley  
NOTARY PUBLIC



M. MUNLEY  
Notary Public - State of Nevada  
Appointment Recorded in Washoe  
County  
No: 99-50323-2  
Expires Feb. 09, 2023

Mm

EXHIBIT A

Being Parcel 2D as shown on the Parcel Map for Al Asti, filed for record in the office of the County Recorder of Douglas County, Nevada on October 28, 1975, in Book 1075 of Maps, at Page 1101, as File No 84095

A.P.N. 1022-18-001-004 (aka 3246 Penrod Lane, Gardnerville, NV)

COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4120153

**2019025249**  
STATE FILE NUMBER

**CERTIFICATE OF DEATH**

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Gaylord Russell LANE JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 21, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and No - Non-Hispanic) <b>3246 Penrod Lane</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>87</b>		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>June 30, 1932</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Iowa</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████ 5910</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>3246 Penrod Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Gaylord Russell LANE SR</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Pearl Margaret MALIK</b>		18a. INFORMANT- NAME (Type or Print) <b>Sarina SHINE</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>3246 Penrod Lane Gardnerville, Nevada 89410</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Anatomical Donation/Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DENICE PORTILLO</b>		20b. FUNERAL DIRECTOR OF LICENSE NUMBER <b>FD872</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706</b>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>REED DOPF MD</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>December 23, 2019</b>		21c. HOUR OF DEATH <b>11:11</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. PRONOUNCED DEAD (Mo/Day/Yr)		22d. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Dopf MD, 907 Mountain Street Carson City, NV 89703</b>	
	23b. LICENSE NUMBER <b>13920</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 26, 2019</b>	
CAUSE OF DEATH	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) <b>Respiratory Arrest</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) <b>Acute Respiratory Failure</b>		28a. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
	(c) <b>Malignant, Metastatic Prostate Carcinoma</b>		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
(d) _____		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28h. _____		28i. _____		

STATE REGISTRAR



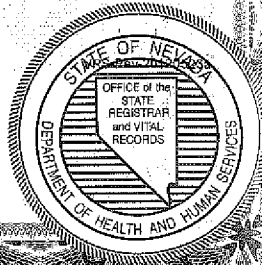
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **DEC 31 2019**

*Blaise Satariano*  
STATE REGISTRAR  
Administrator

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE