

APN# 1220-21-610-015



00107449202009428330040044

**Recording Requested by/Mail to:**

KAREN ELLISON, RECORDER

Name: Georgia A. Cummins

Address: 750 BLUEROCK RD.

City/State/Zip: Gardnerville, NV. 89460

**Mail Tax Statements to:**

Name: G. Same

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

AFF of Death

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affidavit of Death**

STATE OF NEVADA  
COUNTY OF DOUGLAS

I, Georgia A. Cummins, residing at 750 BLUEROCK RD - GARDNERVILLE - NV. 89460, being of legal age, depose and say that:

That MY HUSBAND, JACK ELDON CUMMINS,  
\_\_\_\_\_ died on SEPT. 29-2011 as evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property; See Exhibit A

That no proceeding is being or has been conducted in Nevada for administration of the descendant's estate.

**Oath of Affirmation:**

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

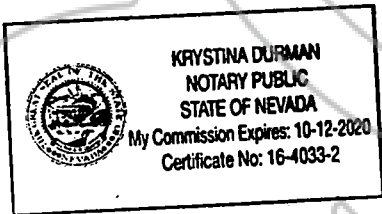
Signed and sworn to before me on Oct. 4, 2019 by

Georgia A. Cummins  
Georgia A. Cummins

STATE OF Nevada, COUNTY OF Douglas, ss:

[Signature]

Notary Public



Personal Banker - Notary Public  
Title (and Rank)

My commission expires 10.12.20

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2011015286**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Jack Eldon CUMMINS</b>		2 DATE OF DEATH (Mo/Day/Year) <b>September 29, 2011</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Inpatient</b>	
5. RACE <b>White</b> (Specify)		8. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>76</b>	
9a STATE OF BIRTH (If not U.S.A., name country) <b>Montana</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-5506</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Owner / Operator</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Appliance Sales</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>750 Bluerock Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Georgia KNIGHT</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Eldon CUMMINS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Goldie RIVARD</b>		
18a INFORMANT- NAME (Type or Print) <b>Georgia CUMMINS</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>750 Bluerock Road Gardnerville, Nevada 89460</b>		
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
TRADE CALL - NAME AND ADDRESS					
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>JORGE SALLABERRY MD</b> <i>SIGNATURE AUTHENTICATED</i>			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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>September 29, 2011</b>		21c. HOUR OF DEATH <b>07:30</b>		22b DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Jorge Sallaberry MD 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>13619</b>	
24a REGISTRAR (Signature) <b>JENELLE ENGLISH</b> <i>SIGNATURE AUTHENTICATED</i>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 03, 2011</b>		24c DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I					
(a) <b>Severe Sepsis with Septic Shock</b>					
DUE TO, OR AS A CONSEQUENCE OF-					
(b) <b>Ischemic Sigmoid Colon</b>					
DUE TO, OR AS A CONSEQUENCE OF-					
(c) <b>Infected Aortobifemoral Graft</b>					
DUE TO, OR AS A CONSEQUENCE OF-					
(d) <b>Enterocutaneous Fistula</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Peripherovascular Disease</b>					
28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)			
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g LOCATION		28h STREET OR R.F.D No. CITY OR TOWN STATE	

STATE REGISTRAR

404898

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

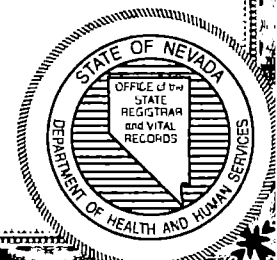
DATE ISSUED: 10/04/2011

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

*R. J. White*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

VRS-Rev-20110104

3617325



DOC # 0660701  
11/15/2005 09:58 AM Deputy: KLJ  
**OFFICIAL RECORD**  
Requested By:  
RACHELLE J NICOLLE LTD

APN: 1220-21-610-015  
(Old APN: 29-213-28)

*Exhibit A*

**RECORDING REQUESTED BY and  
AFTER RECORDING MAIL THIS DEED TO:**

Rachelle J. Nicolle Ltd.  
Attorney at Law  
1662 Highway 395, Suite 214  
Minden, NV 89423

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 2 Fee: 15.00  
BK-1105 PG- 6287 RPTT: # 7



**MAIL TAX STATEMENTS TO GRANTEES:**

Jack E. Cummins &  
Georgia A. Cummins, Co-Trustees  
750 Bluerock Road  
Gardnerville, NV 89460

## GRANT DEED

For no consideration, JACK E. CUMMINS and GEORGIA A. CUMMINS, husband and wife, as joint tenants with right of survivorship

Hereby GRANT to JACK E. CUMMINS and GEORGIA A. CUMMINS, Co-Trustees of the CUMMINS FAMILY TRUST U/D/T November 10, 2005 the following real property situated in the Unincorporated County of Douglas, State of Nevada, bounded and described as follows:

Lot 349, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, page 1026, as File No. 66512.

A.P.N. 1220-21-610-015 (Old APN: 29-213-28)

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

The undersigned Grantors declare:

**Documentary transfer tax is \$0.00.** No consideration given. This conveyance transfers the Grantors' interest into Grantors' revocable living trust. Grantors are the same persons as the Trustees of the Grantors' revocable Living Trust.