



KAREN ELLISON, RECORDER

APN: 1022-18-002-008
RECORDING REQUESTED BY
& Mail Original Affidavit to:

Merrill A. Hanson
Sullivan Law
1625 State Route 88, Suite 401
Minden, NV 89423

AFTER RECORDING MAIL
TAX STATEMENTS TO:

Christine Gladdys, Trustee
1652 Spanish Bay Dr.
Redding, CA 96003

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

AFFIDAVIT OF DEATH of Original Co-Trustee

CHRISTINE GLADDYS, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to the GLADDYS FAMILY TRUST 2008 U/D/T 04/03/2008, (the "Trust") under a revocable trust agreement executed by GARY GLADDYS and CHRISTINE GLADDYS as the original Grantors and Trustees.
2. I declare and affirm that GARY GLADDYS died on March 17, 2012. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, GARY WILLIAM GLADDYS, is the same person as GARY GLADDYS, Trustee of the GLADDYS FAMILY TRUST 2008 U/D/T 04/03/2008.
3. In accordance with the terms of the Trust, I, CHRISTINE GLADDYS, am empowered to act as sole Trustee for the Trust after the death of GARY GLADDYS. I hereby affirm my incumbency as sole surviving Co-Trustee, and declare my intention to act as the remaining sole Trustee of the GLADDYS FAMILY TRUST 2008 U/D/T 04/03/2008.
4. GARY GLADDYS is the named Trustee and Grantee in that certain Grant Deed, granting to GARY GLADDYS and CHRISTINE GLADDYS, Trustees, and subsequent Trustees of the GLADDYS FAMILY TRUST 2008 U/D/T 04/03/2008, all right, title and interest in the following identified real property:
APN:1022-18-002-008
Commonly Known As:1546 Moss Circle, Topaz, Holbrook Highlands
Recorded On:April 28, 2008
As Document Number:0722222
In Book:0408

On Page:.....6659

Official Records of:Douglas County, Nevada

Legal Description:Lot 39, in Block A, of HOLBROOK HIGHLANDS, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on March 22, 1978, in book 378, Page 1422, as Document No. 18825.

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.

- 5. The assets held under this Trust are to be held under the following title:
CHRISTINE GLADDYS, TRUSTEE
GLADDYS FAMILY TRUST 2008 U/D/T 04/03/2008
- 6. The GLADDYS FAMILY TRUST 2008 U/D/T 04/03/2008 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 7. I hereby declare, as Sole Trustee, that I have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the GLADDYS FAMILY TRUST 2008 U/D/T 04/03/2008, including, but not limited to, the above-described real property, including any portion thereof.
- 8. I make this affirmation under penalty of perjury on 2-10-2020 (Date).

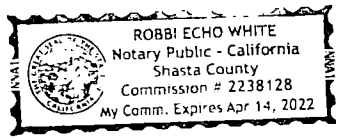
Christine Gladdys
 Christine Gladdys,
 Trustee, GLADDYS FAMILY TRUST 2008 U/D/T 04/03/2008

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
 COUNTY OF SHASTA)
 SUBSCRIBED AND SWORN TO (or affirmed) before me ROBBI ECHO WHITE, a notary public,
 on 02/10/2020 by Christine Gladdys, proved to me on the basis of satisfactory
 evidence to be the person(s) who appeared before me.

Robbi Echo White
 Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

CASE FILE NO. 3645681

VITAL STATISTICS CERTIFICATE OF DEATH

2012004523
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

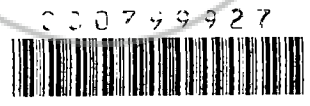
CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gary William GLADDYS		2. DATE OF DEATH (Mo/Day/Year) March 17, 2012		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and No - Non-Hispanic) 1546 Moss Cir		3a. If Hosp. or Inst. indicate DOA, OPEmer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 66		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 17, 1945		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Christine MORAN	
13. SOCIAL SECURITY NUMBER ██████-5755		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
AUTOMOBILE MECHANIC		Automobile		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1546 Moss Cir		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Richard William GLADDYS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith Christina HOWELL		
18a. INFORMANT- NAME (Type or Print) Christine GLADDYS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1546 Moss Cir Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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 A BOTTENBERG DO SIGNATURE AUTHENTICATED			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) March 23, 2012		21c. HOUR OF DEATH 20:46		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bottenberg, B		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) B A Bottenberg DO 550 W Washington #1 Carson City, NV 89701				23b. LICENSE NUMBER DO674	
24a. REGISTRAR (Signature) MICHELE L YOUNG SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 26, 2012		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					
(a) Respiratory Failure Interval between onset and death: Minutes					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Small Cell Carcinoma of the Lungs Interval between onset and death: 1 Year					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death:					
(d) Interval between onset and death:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Coronary Artery Disease and Myocardial Infarction				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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 STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523a



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:

JAN 03 2020

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

Michele L Young
STATE REGISTRAR
Administrative

