

APN# 1320-33-816-075



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Kathryn A. Kane-Grogan

Address: 1347 Chichester Dr.

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Kathryn A. Kane-Grogan

Address: 1347 Chichester Dr.

City/State/Zip: Gardnerville, NV 89410

Affidavit of Death of Trustee

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)

Kathryn A. Kane - Grogan

Signature

Kathryn A. Kane-Grogan

Printed Name

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

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

Recording requested by:  
Kathryn A. Kane-Grogan, Trustee  
1347 Chichester Dr.  
Gardnerville, NV 89410

And when recorded, mail to:  
Kathryn A. Kane-Grogan, Trustee  
1347 Chichester Dr.  
Gardnerville, NV 89410

APN:1320-33-816-072

For recorder's use

### AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada )  
County of Douglas ) ss.  
)

Kathryn A. Kane-Grogan, of legal age, being first duly sworn, deposes and says:

1. John E. Grogan the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John Grogan named as Trustee in the Declaration of Trust executed by John Grogan and Kathryn A. Kane-Grogan as Grantors and as Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property, which property is described in a Deed which was executed by John E. Grogan and Kathryn A. Grogan, husband and wife, as Grantors on April 2, 2009, and recorded on July 21, 2009, as Document No. 0747447, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
Lot 11, Block B, as set forth on FINAL SUBDIVISION MAP No. 1006-11 for CHICHESTER ESTATES, PHASE II, filed in the office of the County Recorder of Douglas County, Nevada and recorded December 27, 2002 in Book 1202, Page 12732, as Document No. 562225, and by Certificate of Amendment recorded March 27, 2003 in Book 0303, Page 13037, as Document No. 0571430, Official Records of Douglas County, Nevada.
4. I am the Surviving Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

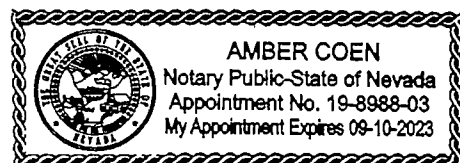
Dated 3/26/20

Kathryn A. Kane-Grogan  
Kathryn A. Kane-Grogan

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 26<sup>th</sup> day of March, 2020, by Kathryn A. Kane-Grogan proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Amber Coen



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

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

**2013014145**  
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  
HAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>John E GROGAN</b>		2 DATE OF DEATH (Mo/Day/Year) <b>August 19, 2013</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 number) <b>1347 Chichester Drive</b>		3e If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) <b>Home</b>	
4 SEX <b>Male</b>		5. RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>76</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 11, 1936</b>		9a. STATE OF BIRTH (if not U S A., name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>12</b>		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Kathryn A KANE</b>	
13. SOCIAL SECURITY NUMBER <b>████████-████-3539</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Mechanic</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Elevator</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>1347 Chichester Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John E GROGAN</b>	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen HIGGINS</b>		18a INFORMANT- NAME (Type or Print) <b>Kathryn A GROGAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1347 Chichester Drive Gardnerville, Nevada 89410</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>ELIZABETH KRIEGER</b>		20b. FUNERAL DIRECTOR LICENSE <b>900-T</b>		20c NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 969 West Moana Lane Reno NV 89509</b>	
20c NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 969 West Moana Lane Reno NV 89509</b>		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>SIGNATURE AUTHENTICATED NITA SCHWARTZ M.D.</b>		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>August 27, 2013</b>		21c. HOUR OF DEATH <b>05:00</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)	
22a. PRONOUNCED DEAD (Mo/Day/Yr)		22b. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>		23b LICENSE NUMBER <b>9114</b>		24a REGISTRAR (Signature) <b>BIANCA GALEANO</b>	
24a REGISTRAR (Signature) <b>BIANCA GALEANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 29, 2013</b>		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) <b>Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Idiopathic Pulmonary Fibrosis</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>Tachycardia</b> DUE TO, OR AS A CONSEQUENCE OF (d)		Interval between onset and death		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 <b>Tachycardia</b>		26 AUTOPSY (Specify Yes or No)		27 WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. ACC. SUICIDE, HOM. UNDET OR PENDING INVEST (Specify)		28b DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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)	
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

3728982

VRS-Rev-20120523a

498122

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: **08/30/2013**

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

