

APN# 1220-08-812-054

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Bonnie Rodgers

Address: 15000 Red Rock Rd

City/State/Zip: Reno NV 89508

AFFIDAVIT - 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)

Emily Tobias

Signature

Emily Tobias

Printed Name

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

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Bonnie Rodgers
15000 Red Rock Rd
Reno NV 89508

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-08-812-054

File No.: 143-2586397 (mk)

Affidavit - Death of Trustee

State of NV)
County of DOUGLAS)ss.
)

Bonnie Rodgers ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

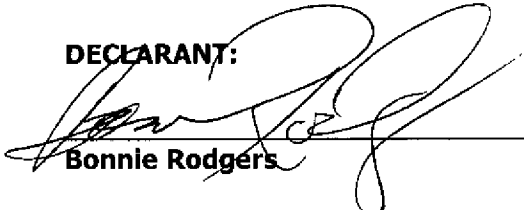
1. **Katharina Rodgers** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **5/21/2016** at **Oakland, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **August 11, 1989** executed by **Norman H. Rodgers and Katharina Rodgers** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain and Sale Deed** dated **11/9/2015** which was recorded as Instrument No. **2015-873148** in Book **N/A**, Page **N/A**, of Official Records of **DOUGLAS** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 4/1/2020

DECLARANT:



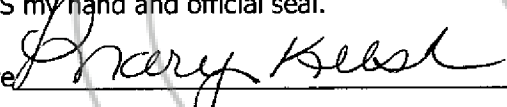
Bonnie Rodgers

State of NV)
)ss
County of DOUGLAS)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 7th day of April, 20 20 by Bonnie Rodgers, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature: 

My Commission Expires: 11-6-22

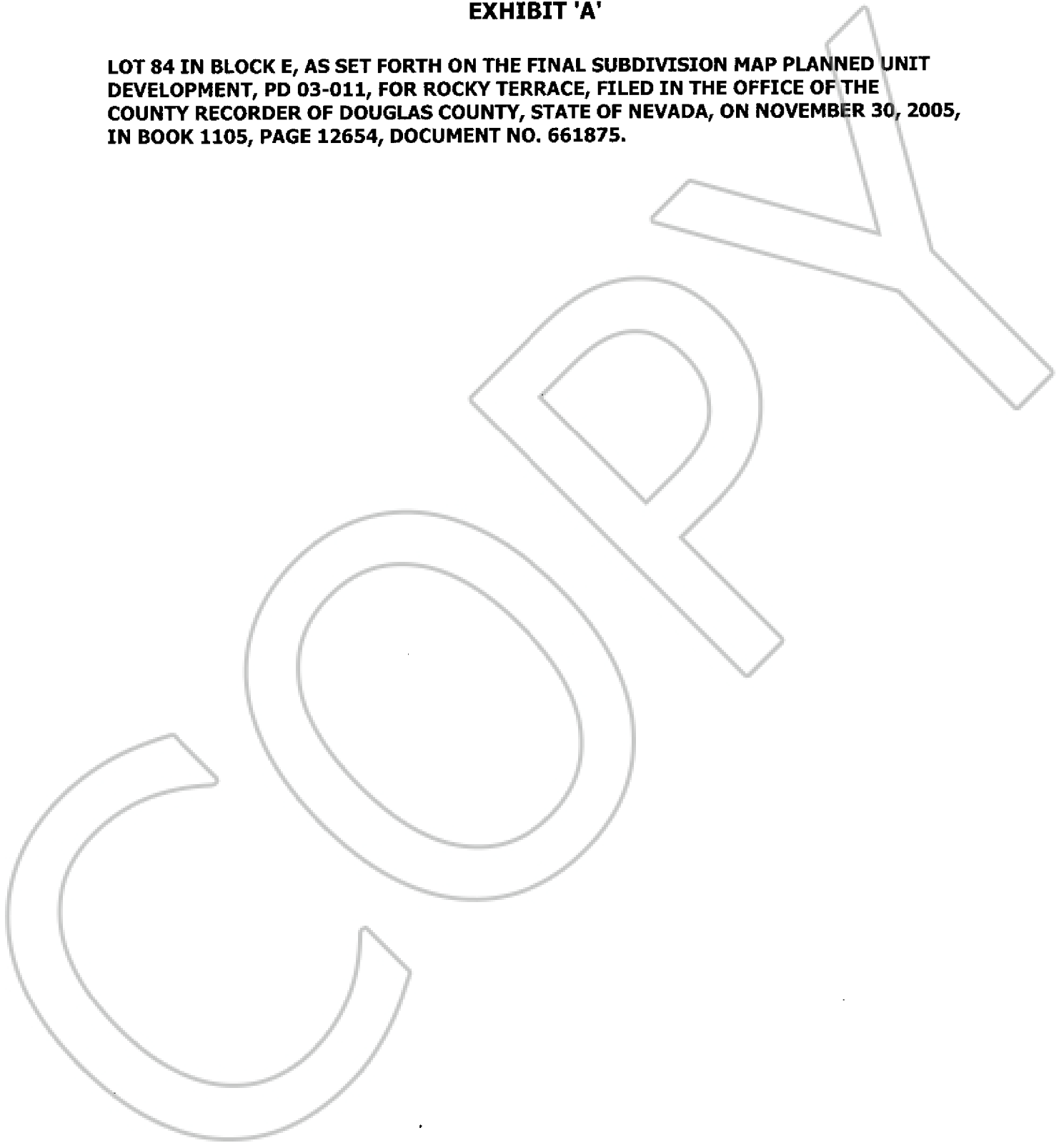


Notary Name: Mary Kelsch Notary Phone: 775-782-5411

Notary Registration Number: 98495675 County of Principal Place of Business: Minden

EXHIBIT 'A'

LOT 84 IN BLOCK E, AS SET FORTH ON THE FINAL SUBDIVISION MAP PLANNED UNIT DEVELOPMENT, PD 03-011, FOR ROCKY TERRACE, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON NOVEMBER 30, 2005, IN BOOK 1105, PAGE 12654, DOCUMENT NO. 661875.



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

CERTIFICATE OF DEATH

3201601003626

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) KATHARINA		2. MIDDLE		3. LAST (Family) RODGERS	
4. DATE OF BIRTH mm/dd/yyyy 12/13/1927		5. AGE Yrs. 88		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY GERMANY		10. SOCIAL SECURITY NUMBER 1420		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SPOP* at time of death WIDOWED		7. DATE OF DEATH mm/dd/yyyy 05/21/2016		8. HOUR (24 Hours) 0615	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		18. YEARS IN OCCUPATION 65	
20. DECEDENT'S RESIDENCE (Street and number, or location) 4638 LOCKRIDGE WAY					
21. CITY CASTRO VALLEY		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94546	
24. YEARS IN COUNTY 64		25. STATE/FOREIGN COUNTRY CA			
28. INFORMANT'S NAME, RELATIONSHIP BONNIE RODGERS, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or care center number, city or town, state and zip) 1087 ROCKY TERRACE DRIVE, GARDNERVILLE, NV 89460		
29. NAME OF SURVIVING SPOUSE/SPD*-FIRST		29. MIDDLE		28. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT-FIRST ANDREAS		30. MIDDLE		32. LAST FORSTMEIER	
33. NAME OF MOTHER/PARENT-FIRST BARBARA		34. MIDDLE		36. LAST (BIRTH NAME) SCHMIDDINGER	
34. BIRTH STATE GERMANY		37. LAST (BIRTH NAME)		38. BIRTH STATE GERMANY	
39. DISPOSITION DATE mm/dd/yyyy 06/03/2016		40. PLACE OF FINAL DISPOSITION SAN JOAQUIN VALLEY NATIONAL CEMETERY 32053 W MCCABE ROAD, SANTA LENA, CA 95322			
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF ENPALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT MISSION FUNERAL HOME		45. LICENSE NUMBER FD1710		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
47. DATE mm/dd/yyyy 05/24/2016					
101. PLACE OF DEATH GATEWAY CARE AND REHAB CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 28660 PATRICK AVENUE		106. CITY HAYWARD	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory arrest without showing the source. DO NOT ABBREVIATE. (A) CARDIOPULMONARY FAILURE (B) ASPIRATION PNEUMONIA (C) END STAGE DEMENTIA		108. DEATH REPORTED TO CORONER? (#) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER MINS		109. BOPSY PERFORMED? (#) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? (#) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DEFENDING CAUSE? (#) <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NO		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Deceased Attended Since: Decedent Last Seen Alive: 05/17/2016 05/21/2016		115. SIGNATURE AND TITLE OF CERTIFIER RAGINI VYKUNTA M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RAGINI VYKUNTA M.D. 2500 MERCED STREET, SAN LEANDRO, CA 94577		117. LICENSE NUMBER A78914		118. DATE mm/dd/yyyy 05/23/2016	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hours)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR		A		B	
C		D		E	
1191 FOR LOCAL COPY OF THIS VITAL RECORD FROM YOUR LOCAL HEALTH DEPARTMENT CONTACT YOUR LOCAL HEALTH DEPARTMENT		FAX AUTH.#		CENSUS TRACT	
"010001003253604"					

000269130

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.

DATE ISSUED

OCT 30 2017



Steve Manning
STEVE MANNING
COUNTY CLERK-RECORDER

