DOUGLAS COUNTY, NV Rec:\$40.00

Total:\$40.00 MCDONALD CARANO 2020-948765 07/07/2020 02:40 PM

Pgs=5

00114102202000407010404

KAREN ELLISON, RECORDER

APN: 1318-10-310-044

Recording Requested By: Lance N. McKenzie, Esq. McDonald Carano, LLP 100 W. Liberty St., 10th Fl. Reno, NV 89501

Mail Future Tax Statements To:

Carolyn B. Jerde, Trustee James B. and Carolyn B. Jerde Trust P.O. Box 66736 Scotts Valley, California 95067

The undersigned hereby affirms that this document submitted for recording **DOES** contain the personal information of the decedent per NRS 239B.030(2)(a), NRS 440.380(1)(a) and NRS 40.525(5).

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)	
	·	SS.
COUNTY OF WASHOE)	

CAROLYN B. JERDE, being first duly sworn, upon oath deposes and says:

- 1. Affiant is over the age of twenty-one years, legally competent and possessed of her rights; and
- 2. JAMES B. JERDE, the decedent mentioned in the certified copy of the Certificate of Death attached hereto as Exhibit "A", and incorporated herein and made a part hereof by this reference, is one of the Co-Trustees of The James B. Jerde and Carolyn B. Jerde Trust, dated April 22, 2004 (the "Trust"), which acquired title to certain real property commonly known as 194 Foothill Road, Zephyr Cove, Nevada, under File No. 788578, recorded on August 24, 2011, and more particularly described as Exhibit "B"

- 3. Affiant, CAROLYN B. JERDE, further states that JAMES B. JERDE died in Santa Cruz, State of California, on June 23, 2019, and as a result of his death and pursuant to the terms of the Trust, CAROLYN B. JERDE, became the sole Trustee of the Trust.
 - 4. Title to the subject property is now held as follows:

"Carolyn B. Jerde, Trustee of The James B. Jerde and Carolyn B. Jerde Trust, dated April 22, 2004"

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

Further your affiant sayeth naught

DATED: This 25th day of Jehrnary, 2020.

The James B. Jerde and Carolyn B. Jerde Trust, dated April 22, 2004

By: CAROLYN B. JERDE, Trustee

STATE OF <u>CA</u>) : ss. COUNTY OF <u>Santa Cvz</u>)

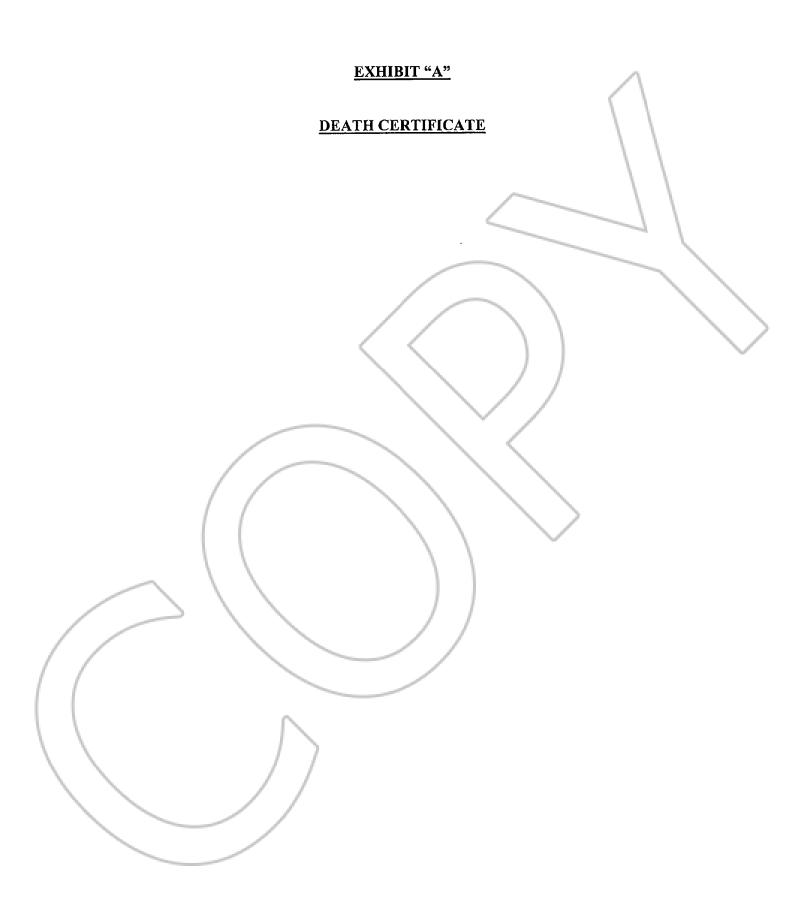
On this 25 day of ______, 2020, personally appeared before me, a notary public, CAROLYN B. JERDE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

NOTARY PUBLIC

CHINIS KLEIN
Notary Putric - Ca fornia
Santa Criz County
Crimmission in 2222971
My Commit Expires Nov 23, 2021

CHRIS KLEIN Commission #2222971 Expires NOV 23,2021





COUNTY OF SANTA CRUZ

SANTA CRUZ, CALIFORNIA

	3052019135334	52019135334 CERTIFICATE OF DEATH 3201944000845			845				
	STATE OF CALIFORNIA STATE FILE NUMBER USE BLACK INK ONLY / OF RESIDES, WHITEOUTS OR ALTERATIONS STATE FILE NUMBER LOCAL REGISTRATION NUMBER LOCAL REGISTRATION NUMBER				NUMBER				
	1, NAME OF DECEDENT-FIRST (Given) JAMES	2. MIDDLE BRADLEY	•	3. LAST (Family) JERDE	\ \				
¥Ĭ,	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		L CATE OF DU		TELINOCH ONE VEAD TEL	INDER 24 HOURS 1 6, SEX			
A D	ARA, ACSO RICOVIN AS - INCIDES INITIARY (FIRST, MIDDLE, DAST)		05/04/19	8TH mm/dd/ccyy 5. AGE Yrs. 72	IF UNDER ONE YEAR IF I	UNDER 24 HOURS 6. SEX Minutes M			
SON	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY	NUMBER I 11. EVER IN U.S. ARMED	FORCES? 12.A	MARITAL STATUS/SROP* (a) Time of E	Death) 7. DATE OF DEATH mm/dd.	CCVY 8. HOUR (24 Hours)			
뜶	ID -2749	X YES NO		ARRIED	06/23/2019	0626			
SIN.	13. EDUCATION - Highest Level/Degree 14/15. WAS DECEDENT HISPANIC (see worksheet on back)	/LATINO(AJ/SPANISH? (If yes, see worksheet		ECEDENT'S RACE - Up to 3 rac	es may be listed (see worksheet or	n back)			
DECEDENT'S PERSONAL DATA	BACHELOR	·····		UCASIAN					
Ä	17. USUAL OCCUPATION - Type of work for most of life. DO NOT US				struction, employment agency, etc.	784			
	ENGINEER 20. DECEDENT'S RESIDENCE (Street and number, or location)	CONTRO	DL SYSTE	IVIS		48			
. 쁑	1835 VINE HILL RD.		AND DESCRIPTION OF THE PERSON	The state of the s					
USUAL	21 CITY 22. C	OUNTY/PROVINCE	23. ZIP COD	E 24. YEARS IN C	OUNTY 25. STATE/FOREIGN C	OUNTRY			
BES C		NTA CRUZ	95065	39	CA				
INFOR-	26. INFORMANT'S NAME, RELATIONSHIP	27. INFO	BOX 6673	ADDRESS (Street and number, of	r rural route number, city or town, s EY, CA 95067	ate and zip)			
<u> </u>	CAROLYN JERDE, SPOUSE 28, NAME OF SURVIVING SPOUSE/SRDP*-FIRST	29, MIDDLE	all and a second	30. LAST (BIRTH NAME)					
용	CAROLYN	NANCY		BRADSHAW		\ /			
SPOUSE/SRDP AND ARENT INFORMATION	31, NAME OF FATHER/PARENT-FIRST	32. MIDDLE	. :	33. LAST		34. BIRTH STATE			
SES	JAMES	MARTEN	796	JERDE		SD			
SPOUSI Parent 1	35. NAME OF MOTHER/PARENT-FIRST	36. MIDDLE	796	37. LAST (BIRTH NAME)		38, BIRTH STATE			
	BESSIE 39. DISPOSITION DATE mm/dd/ccyy 40. PLACE OF FINAL DISPO	BOBETTE		RATHMAN		WA			
TOR/		L RD., SANTA CRUZ,	CA 95065	2 JERDE					
. DIRECTOR REGISTRAR	41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EM		· / - / -		43. LICENSE NUMBER			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	CR/RES	▶ NOT EMB				-			
	44. NAME OF FUNERAL ESTABLISHMENT BENITO & AZZARO PACIFIC GARD	ENS FD799	7%	OF LOCAL REGISTRAR . NEWEL, MD	5	47. DATE mm/dd/ccyy 07/03/2019			
	CHAPEL 101, PLACE OF DEATH	1-0789	7%	76.	33. IF OTHER THAN HOSPITAL, S				
ᇦᆂ	DECEDENTS RESIDENCE	1	IP IP	ERVOP DOA	Hospice Nursing Home/LTC	Decedent's Other			
PLACE OF DEATH		OR LOCATION WHERE FOUND (Street :	and number, or loca	ation)	106. CITY				
		LL KD. Ideases, injuries, or complications that de-		00.107	SANTA C				
	as cardiac arrest, respiratory	irrest, or ventricular fibrillation without showin	g the etiology. DO:N	OT ABBREVIATE.	Time Interval Between Onset and Death	108. DEATH REPORTED TO CORONER? YES X NO			
	IMMEDIATE CAUSE (A) CARDIOPULMONARY Condition resulting	ARREST	\ \	- N	MINS	REFERRAL NUVBER			
	in death) (B) DEMENTIA \A/ITH LEV	Y BODIES	V 1		(BT)	109, BIOPSY PERFORMED?			
.	Sequentially, list conditions, if any,		<u> </u>		YRS	YES X NO			
DEAT	Jeading to causo (C) on Line A. Enter (C) UNDERLYING		1 1		(СТ)	110. AUTOPSY PERFORMED?			
EOF	CAUSE (disease or injury that initiated the events. (D) resulting in death) LAST				(DD)	YES X NO			
CAUSE OF DEATH	resulting in death) LAST				(6.7)	YES NO			
_	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NONE	BUT NOT RESULTING IN THE UNDERLY	NG CAUSE GIVEN	IN 107					
2000									
1	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM NO	107 OR 1127 (If yes, list type of operation :	and date.)		113A. II	FEMALE, PREGNANT IN LAST YEAR?			
<u> </u>	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED	115. SIGNATURE AND TITLE OF CERTIF	IER .		116. LICENSE NUMB	ER 117, DATE mm/dd/ccyy			
PHYSICIAN'S CERTIFICATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive	MICHAEL IOSEDIA	COLUEON	v м.d. 🎉	(4)	0710010010			
HYSIC TITE	(A) mm/dd/ccyy (B) mm/dd/ccyy	118, TYPE ATTENDING PHYSICIAN'S NA	ME, MAILING ADD	DRESS, ZIP CODE MICHA	EL JOSEPH COU	LSON M.D.			
효평	01/07/2003 : 06/20/2019 119.1 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE	2900 EL KANCHO DE	CONNIA	CRUZ, CA 95060	·				
-/-	MANNER OF DEATH Natural Accident Homicide	Suicide Pending	Could not be	120. INJURED AT WORK?	UNK 121. INJURY DATE M	m/dd/ccyy 122, HOUR (24 Hours)			
≥	123. PLACE OF INJURY (e.g., home, construction site, wooded area		determined						
S S	Λ.								
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Injury)								
SNEE	125, LOCATION OF INJURY (Street and number, or location, and city, and zip)								
So	(SEE STORY OF STORY O	125, LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126, SIGNATURE OF CORONER / DEPUTY CORONER 127, DATE mm/dd/ccyy 128, TYPE NAME, TITLE OF CORONER / DEPUTY CORONER									
<u> </u>									
STA REGIS	TE A B C D		III IONI CENTRATUTUTUT I		FAX AUTH.#	CENSUS TRACE			
-			*010001	004243264*					

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SANTA CRUZ

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Santa Cruz County Public Health Department.



Aladuci MD



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

EXHIBIT "B"

Assessor's Parcel No. 1318-10-310-3044

194 Foothill Road, Zephyr Cover, Nevada

The real property situate in the County of Douglas, State of Nevada, described as follows:

BEGINNING AT THE CORNER OF LOT 18, BLOCK B, AT THE INTERSECTION OF CEDAR STREET AND FOOTHILL DRIVE,

THENCE NORTHEASTERLY ALONG CEDAR STREET 145 FEET,

THENCE NORTHWESTERLY PARALLEL WITH THE SIDE LINES OF LOT 17, BLOCK B, 58.5 FEET,

THENCE SOUTHWESTERLY PARALLEL WITH THE END LINES OF LOTS 17 AND 18, BLOCK B. 123.94 FEET TO FOOTHILL DRIVE;

THENCE SOUTHEASTERLY ALONG FOOTHILL DRIVE TO THE PLACE OF BEGINNING. SAID TRACT BEING PORTIONS OF LOT 17 AND LOT 18, BLOCK B, AS SHOWN AND DELINEATED ON AMENDED MAP OF ZEPHYR COVE PROPERTY IN SEC. 10, TP. 13 N., R. 18 E., - FILED AUGUST 5, 1929, RECORDS OF DOUGLAS COUNTY, NEVADA.

NOTE: THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED AUGUST 20, 1984, IN BOOK 884, PAGE 1962, AS INSTRUMENT NO. 105353.

