

APN# : 1420-28-310-047

Recording Requested By:

Western Title Company

When Recorded Mail To:

Anita Sherman

32302 Aliouz St #201

San Juan Capistrano

CA 92675

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature _____

Savannah Rodriguez/ Escrow Assistant

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Anita Sherman, of legal age, being first duly sworn, deposes and says:

1. Stanley H. Sherman, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Stanley H. Sherman, JR. named as Trustee in the Declaration of Trust dated 3/26/2007 and executed by Stanley H. Sherman Jr. and Anita Sherman as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 2859 Hot Springs Road Minden, NV 89423, which property is described in a Deed which was executed by Daniel E. Strub and Leora B. Strub as Grantor(s) on April 8, 2004 and recorded as Instrument No. 0609674 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

3. The legal description of said property is as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 64, Block D, as shown on the Final Map of #PD99-02-04 for SARATOGA SPRINGS ESTATES UNIT NO. 4, a Planned Unit Development, recorded in the office of the County Recorder of Douglas County, Nevada, on May 19, 2000, in Book 500, Page 4445, as Document No. 492337 and as shown on Certificate of Amendment recorded November 30, 2000, in Book 1100, Page 6042, as Document No. 504169.

4. I am the named successor 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 7/10/2020 Anita Sherman
Anita Sherman, Successor Trustee

STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on

07-10-2020
By Anita Sherman, Successor Trustee

Donna Peacocke
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011010263
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED BY 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) Stanley H SHERMAN JR		2. DATE OF DEATH (Mo/Day/Year) June 24, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION (Name if not other, give street and number) Evergreen Gardnerville		3d. If Hosp. or Inst. indicate DOA, OP, Emer., Aut., or Inst. (Specify) Nursing Home	
4. RACE (Specify) White		5. Hispanic Origin? (Specify) No - Non-Hispanic		6. AGE - Last Birthday (Years) 78	
7a. UNDER 1 YEAR MOS		7b. UNDER 1 DAY DAYS		7c. DATE OF BIRTH (Mo/Day/Year) December 20, 1932	
8a. STATE OF BIRTH (If not U.S.A., name country) New York		8b. CITIZEN OF WHAT COUNTRY? United States		9. EDUCATION 14	
10. SOCIAL SECURITY NUMBER 2109		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If with, give maiden name) Anita TOMASIC	
13a. RESIDENCE - STATE Nevada		13b. COUNTY Douglas		13c. CITY, TOWN OR LOCATION Minden	
13d. FATHER/PARENT - NAME (First Middle Last Suffix) Stanley H SHERMAN		13e. MOTHER/PARENT - NAME (First Middle Last Suffix) Marquiline BRANDON		13f. STREET AND NUMBER 2859 Hot Springs Rd	
13g. INFORMANT - NAME (Type or Print) Anita SHERMAN		13h. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2859 Hot Springs Rd Minden, Nevada 89423		13i. RING CITY LIGHTS (Specify Yes or No) Yes	
14a. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Aeronautical		14c. Ever in US Armed Forces? No	
15a. BURIAL, CREMATION, OTHER (Specify) Cremation		15b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		15c. LOCATION City or Town State Carson City Nevada 89706	
16a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		16b. FUNERAL DIRECTOR LICENSE 820		16c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) - SIGNATURE AUTHENTICATED STEVEN MICHAEL BROWN M.D.					
21b. DATE SIGNED (Mo/Day/Year) June 29, 2011		21c. HOUR OF DEATH 05:25		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a. DATE SIGNED (Mo/Day/Year)		22b. HOUR OF DEATH		22c. PRONOUNCED DEAD (Mo/Day/Year)	
22d. PRONOUNCED DEAD (Mo/Day/Year)		22e. PRONOUNCED DEAD AT (Hour)		22f. LICENSE NUMBER 7273	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORNER) (Type or Print) Steven Michael Brown M.D., 1667 Lucerne Street Suite A Minden, NV 89423					
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Year) July 06, 2011		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) Metastatic Melanoma Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF: 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.					
26a. ACC. INJURY, HOW, AND BY WHOM OR PERSONS INVOLVED (Specify)		26b. DATE OF INJURY (Mo/Day/Year)		26c. HOUR OF INJURY	
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26f. DESCRIBE HOW INJURY OCCURRED	
26g. LOCATION STREET OR R.F.D. No.		26h. CITY OR TOWN		26i. STATE	
27. AUTOPEY (Specify Yes or No) NO				27. WAS CASE REFERRED TO CORNER (Specify Yes or No) Yes	

STATE REGISTRAR



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: 07/08/2011

R. Griffith
STATE REGISTRAR
SIGNATURE AUTHENTICATED



LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies produced from the recorded document would not be legible and may affect legal rights and entitlements. However, the customer requested that the document be recorded without delay. Therefore, pursuant to NRS 247.120, the County Recorder accepted the document conditionally, subject to submission of a suitable copy at a later date.

Upon submission of a suitable copy at a later date, I am aware that I will be required to pay recording fees.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed it may not reproduce a legible copy and may therefore adversely affect legal rights and entitlements.

Date 07-13-2020

Signature 
Savannah Rodriguez