

APN # 1220-21-710-199

Recording Requested by:
Julie Gee Morgan
1331 Patricia Dr.
Gardnerville, NV 89460

Mail Tax Statements to:
Julie Gee Morgan
1331 Patricia Dr.
Gardnerville, NV 89460



00114582202009491840030031

KAREN ELLISON, RECORDER

Affidavit Death of Trustee

Julie Gee Morgan, of legal age, being first duly sworn, deposes and says:

1. Herschel Gee Jones, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Herschel Gee Jones as Trustee in the Declaration of Trust dated February 12, 2019, and executed by Herschel Gee Jones as Grantor and Trustee.
2. At the time of the decedents death, decedent was the record owner, as Trustee, of certain real property commonly known 1331 Patricia Dr., Gardnerville, NV. 89460 which property is described in a Deed which was executed by Herschel Gee Jones, a single man, as Grantor on February 12, 2019 and recorded as #2018-912851, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
Lot 369, Gardnerville Ranchos #7, File # 7246, APN # 1220-21-710-199.
4. I am the named 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above and which has not been revoked, and I hereby consent to act as such.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: 7/15/2020


Julie Gee Morgan

NEVADA NOTARY ACKNOWLEDGMENT

AFFIDAVIT - DEATH of TRUSTEE

THE STATE OF NEVADA

COUNTY OF Douglas

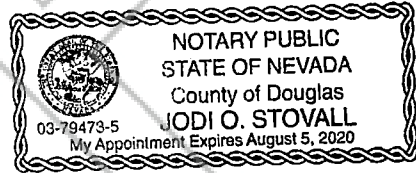
This instrument was acknowledged before me on July 15, 2020
(date) by Julie Gee Morgan, (name of person).

Jodi O Stovall

Notary Public Signature

Print Jodi O Stovall

Title Notary



(Seal)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4099711

CERTIFICATE OF DEATH

2019016854
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Herschel Gee JONES			2. DATE OF DEATH (Mo/Day/Year) August 24, 2019		3a. COUNTY OF DEATH Douglas							
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) 1331 Patricia Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Male						
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 04, 1945		
	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED]-8241		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)				14b. KIND OF BUSINESS OR INDUSTRY		Ever in US Armed Forces? Yes				
	14a. USUAL OCCUPATION GROUNDSKEEPER		14b. KIND OF BUSINESS OR INDUSTRY Government										
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1331 Patricia Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Philo Colin JONES						17. MOTHER/PARENT - NAME (First Middle Last Suffix) June GEE						
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Julie MORGAN				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1331 Patricia Dr Gardnerville, Nevada 89460								
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory			19c. LOCATION City or Town State Carson City Nevada 89706						
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410						
	TRADE CALL - NAME AND ADDRESS												
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOPF MD 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) August 27, 2019			21c. HOUR OF DEATH 19:25			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)												
	22d. PRONOUNCED DEAD (Mo/Day/Yr)						22e. PRONOUNCED DEAD AT (Hour)						
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703						23b. LICENSE NUMBER 13920						
	24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 27, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)												
	PART I												
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Respiratory Arrest												
	DUE TO, OR AS A CONSEQUENCE OF:												
	(b) Malignant, Metastatic Prostate Carcinoma												
	DUE TO, OR AS A CONSEQUENCE OF:												
(c)													
DUE TO, OR AS A CONSEQUENCE OF:													
(d)													
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.													
26. AUTOPSY (Specify Yes or No) No						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No							
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	

000783831



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: 8/28/2019

Janey J. [Signature]
Administrator
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

