

APN# 1220-21-710-143 & 1220-20-001-044

Recording Requested by/Mail to:

Name: Jeanne Thomas

Address: PO Box 6925

City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:

Name: Jeanne Thomas

Address: PO Box 6925

City/State/Zip: Gardnerville, NV 89460



00118021202009522460050055

KAREN ELLISON, RECORDER

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)

Jeanne Thomas

Signature

Jeanne Thomas

Printed Name

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

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

Recording requested by:  
Jeanne Thomas  
P.O. Box 6925  
Gardnerville, NV 89460

And when recorded, mail to:  
Jeanne Thomas  
P.O. Box 6925  
Gardnerville, NV 89460

APN: 1220-21-710-143 &  
1220-20-001-044

For recorder's use

### AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada )  
 ) ss.  
County of Douglas )

Jeanne Thomas, of legal age, being first duly sworn, deposes and says:

1. Bruce Thomas, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Bruce H. Thomas named as Trustee in the Declaration of Trust dated February 27, 2017, and executed by Bruce H. Thomas and Jeanne Thomas as Grantors and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 1371 Leonard Road, Gardnerville, NV 89460, which property is described in a Deed which was executed by Bruce H. Thomas and Jeanne Thomas, husband and wife as joint tenants with right of survivorship as Grantor(s) on October 18, 2017, and recorded as Instrument No. 2017-905753 of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
See Exhibit "A" attached hereto and made a part hereof.
4. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 751 Rubio Way, Gardnerville, NV 89460, which property is described in a Deed which was executed by Bruce H. Thomas and Jeanne Thomas, husband and wife as joint tenants with right of survivorship as Grantor(s) on October 18, 2017, and recorded as Instrument No. 2017-905752 of Official Records of Douglas County, Nevada.
5. The legal description of said property is as follows:  
See Exhibit "B" attached hereto and made a part hereof.
6. 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.
7. 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.

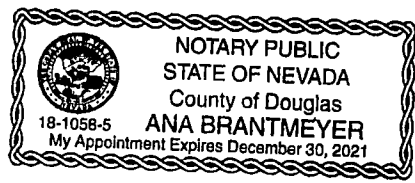
Dated: 9-9-20

Jeanne Thomas  
Jeanne Thomas

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 9th day of September, 2020, by Jeanne Thomas, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature [Signature]



**EXHIBIT "A"**

Lot 467, of GARDNERVILLE RANCHOS UNIT NO. 7, according to the map thereof, filed in the office of the Recorder of Douglas County, State of Nevada on March 27, 1974, in Book 374, Page 876, Document No. 72456, Official Records.

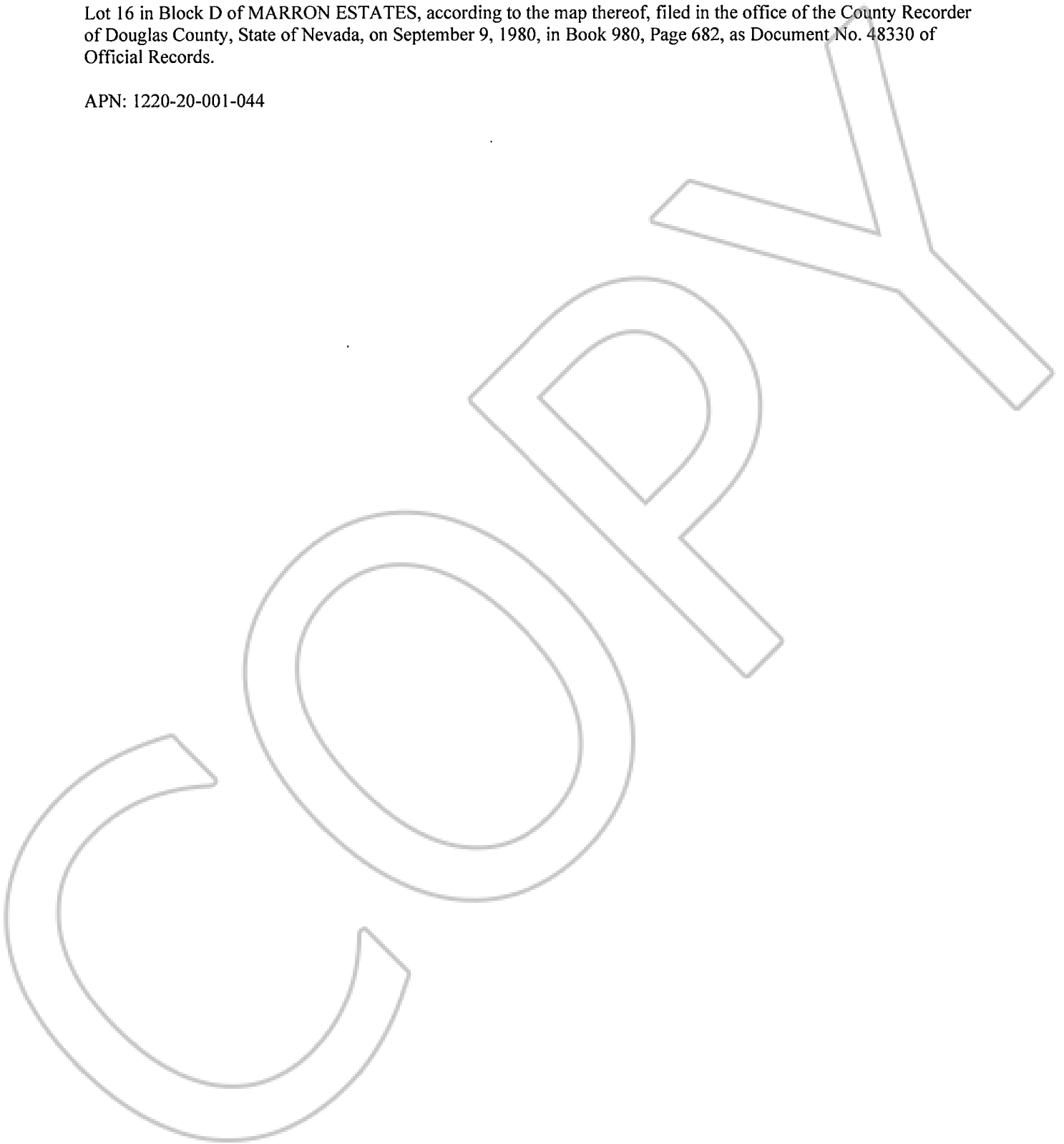
APN: 1220-21-710-143



**EXHIBIT "B"**

Lot 16 in Block D of MARRON ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 9, 1980, in Book 980, Page 682, as Document No. 48330 of Official Records.

APN: 1220-20-001-044



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

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

CASE FILE NO. 4161929

**2020017764**  
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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Bruce THOMAS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 16, 2020</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>751 Rubio Way</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>77</b>		7b. UNDER 1 YEAR MOS    DAYS		7c. UNDER 1 DAY HOURS    MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 05, 1943</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Jeanne JETER</b>	
13. SOCIAL SECURITY NUMBER <b>██████████9102</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Arts</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>751 Rubio Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles Albert THOMAS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ruth Mary TURNER</b>		
18a. INFORMANT- NAME (Type or Print) <b>Jeanne THOMAS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>751 Rubio Way Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funeral &amp; Creations</b> <b>1600 Buckeye Rd Minden NV 89423</b>	
20d. SIGNATURE AUTHENTICATED					
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) <b>DOUGLAS VACEK DO</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 17, 2020</b>		21c. HOUR OF DEATH <b>22:26</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Douglas Vacek DO 850 6th Street Lovelock, NV 89419</b>				23b. LICENSE NUMBER <b>1125-</b>	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 19, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Cardiac Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Electrolyte Imbalance</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Advanced Alzheimer's Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Undetermined Cause</b>				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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	

000828644



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: 8/26/2020

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

*Jan Shughart*  
STATE REGISTRAR

