

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).

Paula Radig

ANDERSON, DORN & RADER, LTD.

APN: 1220-16-610-025

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Barbara L. Paddock, Trustee
1352 Jobs Peak Drive
Gardnerville NV 89460

AFFIDAVIT OF DEATH OF TRUSTEE

We, BARBARA L. PADDOCK, DAWN MAYS and KURTIS MAYS, Trustees of the PADDOCK FAMILY TRUST, dated June 12, 2000, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated June 12, 2000, GERALD L. PADDOCK executed the PADDOCK FAMILY TRUST (the "Trust").

(2) GERALD L. PADDOCK deceased on June 4, 2020, in the City of Gardnerville, Douglas County, Nevada. A certified copy of the death certificate is attached hereto.

(3) Said trust appointed BARBARA L. PADDOCK to serve as sole Trustee upon the death of GERALD L. PADDOCK. BARBARA L. PADDOCK reserved the right to amend or revoke the Trust Agreement in whole or in part and by amendment dated August 27, 2020, BARBARA L. PADDOCK named herself, DAWN MAYS and KURTIS MAYS as Co-Trustees.

(4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Co-Trustees.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.


(6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as Trustees with respect to the Trust's interest in the described property.


(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Co-Trustees.

Executed in the County of Douglas, State of Nevada on August 27, 2020.


BARBARA L. PADDOCK, Trustee


DAWN MAYS, Trustee


KURTIS MAYS, Trustee

STATE OF NEVADA)

) ss:

COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on August 27, 2020, by BARBARA L. PADDOCK, DAWN MAYS and KURTIS MAYS, Trustees.

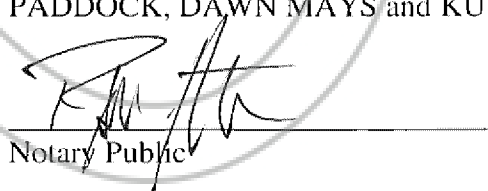

Notary Public



EXHIBIT "A"

Legal Description:

All that real property situated in the County of Douglas, State of Nevada, commonly known as 1352 Jobs Peak, Gardnerville, Nevada, and more particularly described as follows:

Lot 202, as said lot is shown on the Official Plat of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the Office of the County Recorder of Douglas County, Nevada, on June 1, 1965 in Book 1 of Maps, filed as No. 28309, and Title Sheet amended on June 4, 1965, as Filing No. 28377.

APN: 1220-16-610-025

Property Address: 1352 Jobs Peak Drive, Gardnerville NV 89460

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4148716

CERTIFICATE OF DEATH

2020011619
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST MIDDLE LAST SUFFIX) Gerald Lou PADDOCK			2. DATE OF DEATH (Mo/Day/Year) June 04, 2020		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address and number) 1352 Jobs Peak Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 01, 1937		9a. STATE OF BIRTH (If not U.S.A. name country) South Dakota		9b. CITIZEN OF WHAT COUNTRY United States	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barbara WILCOX		13. SOCIAL SECURITY NUMBER ██████████-0056	
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Maintenance			14b. KIND OF BUSINESS OR INDUSTRY GAMING		15. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1352 Jobs Peak Drive	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Harold Lou PADDOCK				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois WALLACE			
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Barbara PADDOCK			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1352 Jobs Peak Drive 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) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703			
	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) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED				22a. On the basis of observation 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) June 08, 2020		21c. HOUR OF DEATH 13:15		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703	
	23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 08, 2020		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							Interval between onset and death
	(a) Lung Cancer With Metastasis DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(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
PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.							25. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
28a. ACC. SUICIDE, HOMICIDE, UNDETERMINED 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		

000823882



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: **7/16/2020**

Wesley T Storey
STATE REGISTRAR

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

