

APN# : 1220-21-810-133

Recording Requested By:

Western Title Company

When Recorded Mail To:

Veronica A. Harbestone

Bonebrake, Trustee

8251 Serenity Ct.
El Cajon, CA 92024

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



Sherry Ackermann

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Veronica A. Harbeston Bonebrake, of legal age, being first duly sworn, deposes and says:

1. Richard Reed Bonebrake, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Richard Reed Bonebrake named as Trustee in the Declaration of Trust dated 9/9/1998 and executed by Veronica A. Harbeston, an unmarried woman 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 621 Fay Court Gardnerville, NV 89460, which property is described in a Deed which was executed by Richard Reed Bonebrake and Veronica A. Harbeston Bonebrake, Trustees of the Family Trust of Richard Reed Bonebrake and Veronica A. Harbeston, trus dated September 9, 1998 as Grantor(s) on November 19, 1998 and recorded as Instrument No. 0454418, in Book 1198, Page 4264, 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 312, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, Document No. 72456.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

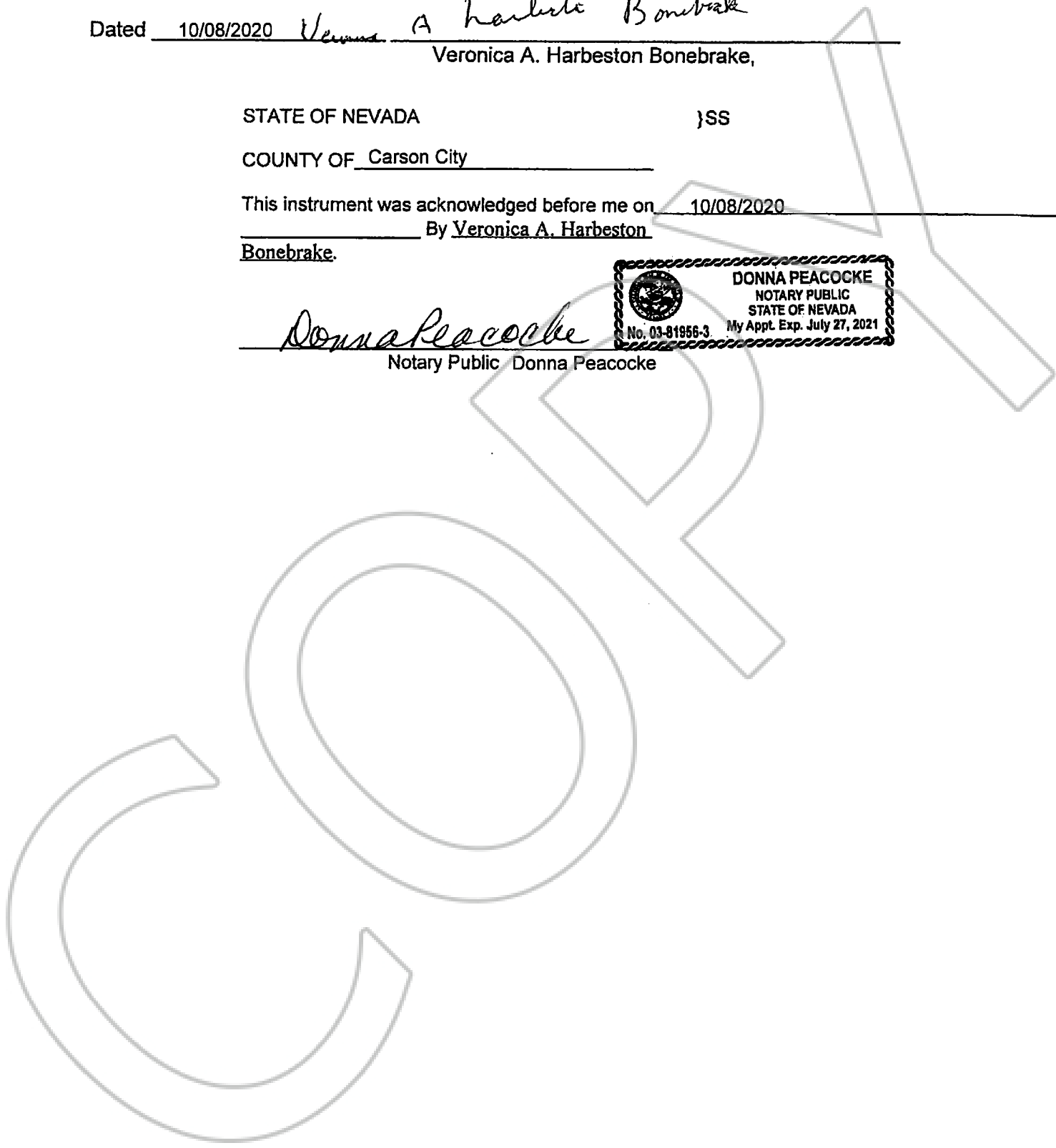
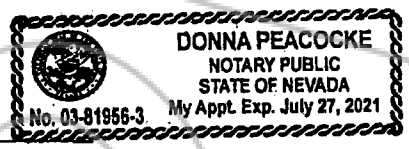
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 10/08/2020 Veronica A Harbeston Bonebrake
Veronica A. Harbeston Bonebrake,

STATE OF NEVADA }SS
COUNTY OF Carson City

This instrument was acknowledged before me on 10/08/2020
By Veronica A. Harbeston
Bonebrake.

Donna Peacocke
Notary Public Donna Peacocke



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3978825

CERTIFICATE OF DEATH

2017017694
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Richard Reed BONEBRAKE		2. DATE OF DEATH (Mo/Day/Year) September 20, 2017		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emar. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 28, 1931	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Veronica Ann GAVIN			
PARENTS	13. SOCIAL SECURITY NUMBER 6396		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	14a. Chief Warrant Officer 4		14b. U S Navy		Ever in US Armed Forces? Yes	
DISPOSITION	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
	15d. STREET AND NUMBER 621 Fay Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
TRADE CALL	16. FATHER/PARENT - NAME (First Middle Last Suffix) Orval Dale BONEBRAKE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth Gladys REED		
	18a. INFORMANT - NAME (Type or Print) Veronica Ann BONEBRAKE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 621 Fay Court Gardnerville, Nevada 89410		
CERTIFIER	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	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD884		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City, NV 89706	
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)					
	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH			
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
	22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Vunghi Hoang MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 16891	
	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 22, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I				Interval between onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(b) Acute Hypoxic Respiratory Failure				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) Chronic Obstructive Pulmonary Disease				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) Hypertension				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: End Stage Renal Disease; Diabetes; Unknown Etiology				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		

STATE REGISTRAR

000691913



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: **10/4/2017**

[Signature]
SIGNATURE AUTHENTICATED

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

