

APN: 1220-24-501-031
Recording Requested By:
HERITAGE LAW, A Division of
KALICKI COLLIER, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
John Garcia, Trustee
PO Box 1977
Gardnerville, NV 89410

The undersigned hereby affirms that the document
Submitted for recording DOES contain personal information
as required by law: Affidavit of Death – NRS 440.380(1)(A) &
NRS 40.525(5)

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

JOHN EDWARD GARCIA, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of his own personal knowledge:

That BARBARA ADELE GARCIA, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as BARBARA ADELE GARCIA, Settlor of the *John Edward and Barbara Adele Garcia Living Trust, dated November 29, 2018, and any amendments thereto*, and named as one of the grantees in that certain Quitclaim Deed executed on November 29, 2018, by JOHN E. GARCIA and BARBARA A. GARCIA, husband and wife as Joint Tenants, and recorded on December 5, 2018, as Document No. 2018-923215 of Official Records of Douglas County, State of Nevada, which Quitclaim Deed pertains to property situated at 766 Roan Circle, Gardnerville, Douglas County, Nevada, and more precisely described as:

Parcel 4, as set forth on the Parcel Map for Leon and Barbara B. Dowty being a portion of the North half of the Northeast ¼ of Section 24, Township 12 North, Range 20 East, M.D.B.&M., recorded March 21, 1984, in Book 384, Page 1856, Document No. 98487, Official Records of Douglas County, State of Nevada.

Pursuant to NRS 111.312, the above legal description was previously recorded in Quitclaim Deed recorded as Document No. 2018-923215 of Official Records of Douglas County, State of Nevada, on December 5, 2018.

JOHN EDWARD GARCIA shall forthwith serve as sole Trustee of the *John Edward and Barbara Adele Garcia Living Trust, dated November 29, 2018, and any amendments thereto.*

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

Dated: November 12, 2020.

John Edward Garcia

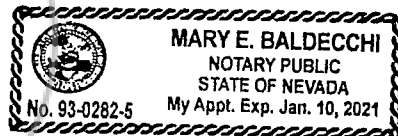
JOHN EDWARD GARCIA

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On November 12, 2020, before me, a Notary Public, personally appeared JOHN EDWARD GARCIA, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.

Mary E. Baldecchi

Notary Public



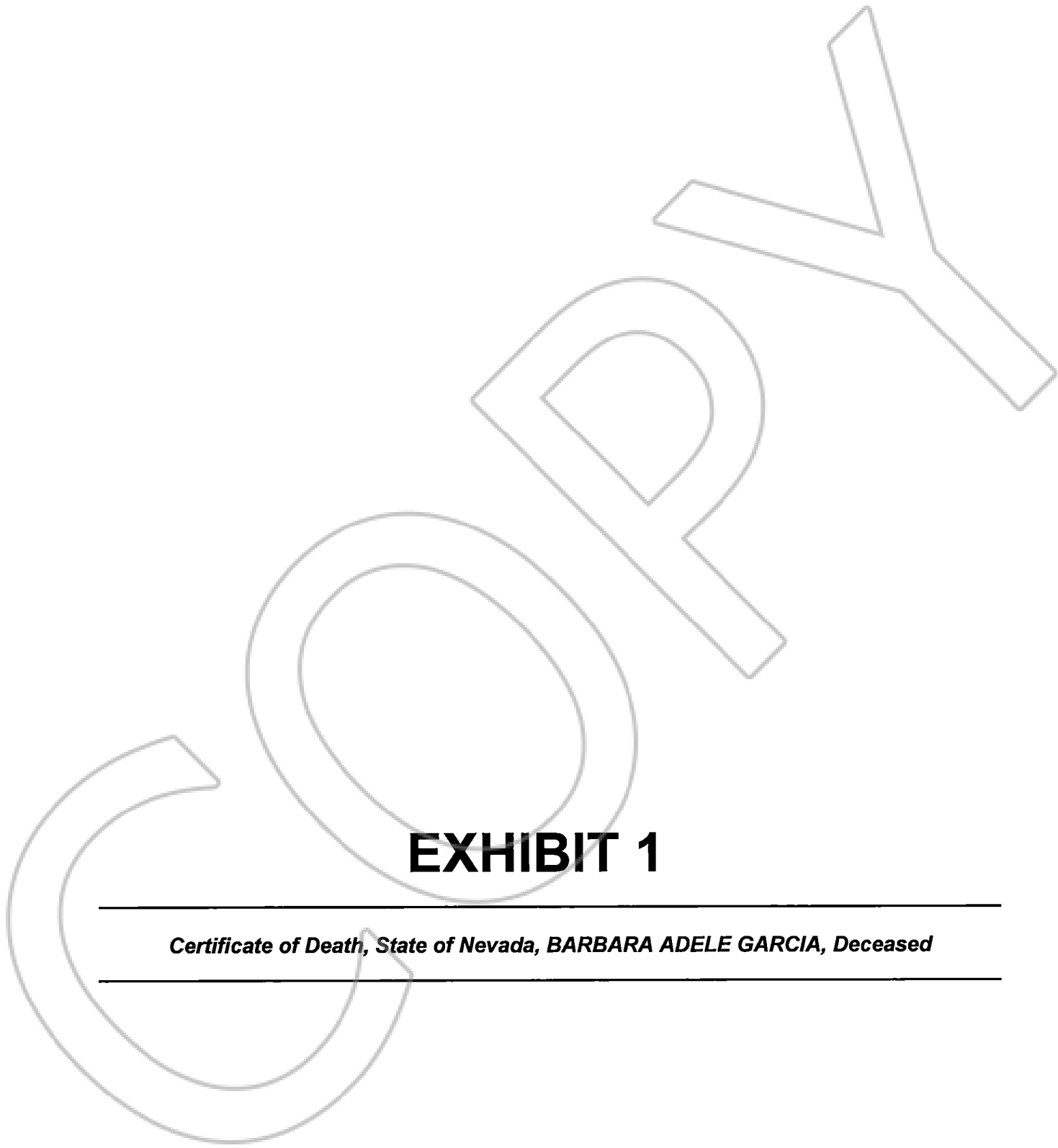


EXHIBIT 1

Certificate of Death, State of Nevada, BARBARA ADELE GARCIA, Deceased

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4170953

CERTIFICATE OF DEATH

2020021825
STATE FILE NUMBER

| | | | | | | |
|---|---|--|---|--|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Barbara Adele GARCIA | | 2 DATE OF DEATH (Mo/Day/Year) October 03, 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 and number) 766 Roan Circle | | 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) 69 | |
| | 7b UNDER 1 YEAR MOS DAYS | | 7c UNDER 1 DAY HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) January 07, 1951 | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 9a STATE OF BIRTH (If not US/CA, name country) Michigan | | 9b CITIZEN OF WHAT COUNTRY United States | | 10 EDUCATION 13 | |
| | 11 MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) John Edward GARCIA | | | |
| PARENTS | 13 SOCIAL SECURITY NUMBER ██████████ 3616 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Education Advisor | | 14b. KIND OF BUSINESS OR INDUSTRY Washoe Tribe | |
| | 15a RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| DISPOSITION | 15d. STREET AND NUMBER 766 Roan Circle | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | 16 FATHER/PARENT - NAME (First Middle Last Suffix) Paul P HARRISON | |
| | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Adele G SOHN | | 18a INFORMANT- NAME (Type or Print) John Edward GARCIA | | | |
| TRADE CALL | 18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) PO BOX 1977 Gardnerville, Nevada 89410 | | | | 19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | |
| | 19b CEMETERY OR CREMATORY - NAME Autumn Cremation Services | | 19c LOCATION City or Town State Carson City Nevada 89701 | | | |
| CERTIFIER | 20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED | | 20b FUNERAL DIRECTOR LICENSE NUMBER FD304 | | 20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701 | |
| | TRADE CALL - NAME AND ADDRESS | | | | | |
| 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) 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) October 06, 2020 | | 21c HOUR OF DEATH 20:00 | | 22b DATE SIGNED (Mo/Day/Yr) | |
| CAUSE OF DEATH | 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c HOUR OF DEATH | | 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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703 | | | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 23b LICENSE NUMBER 13920 | | 24a REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED | | | |
| | 24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 06, 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)) | | | | 26. AUTOPSY (Specify Yes or No) No | |
| | PART I | | | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 | (a) Respiratory Arrest | | Interval between onset and death | | | |
| | (b) DUE TO, OR AS A CONSEQUENCE OF Acute Respiratory Failure | | Interval between onset and death | | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 | (c) DUE TO, OR AS A CONSEQUENCE OF Alzheimer's Pattern Dementia | | Interval between onset and death | | | |
| | (d) DUE TO, OR AS A CONSEQUENCE OF | | Interval between onset and death | | | |
| 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 | |

000834509



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: 10/8/2020

John Storey
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

