

APN# 1220-24-601-028

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: BEVERLY A. SIMMONS

Address: 1894 COLT LANE

City/State/Zip: GARDNERVILLE NV 89410

AFFIDAVIT- 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)



Signature

EMILY TOBIAS

Printed Name

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

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Beverly A. Simmons

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-24-601-028

File No.: 143-2606796 (et)

Affidavit - Death of Trustee

State of NV)
County of DOUGLAS)ss.
)

Beverly A. Simmons ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Robert E. Simmons** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **May 16, 2019** at **Gardnerville, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **December 18, 2002** executed by **Robert E. Simmons and Beverly A. Simmons** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain and Sale Deed** dated **August 10, 2007** which was recorded as Instrument No. **710519** in Book **1007**, Page **977**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 10/29/2020

DECLARANT:

Beverly A. Simmons
Beverly A. Simmons

State of NV)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV this 29 day of November, 20 20 by Beverly A. Simmons, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Emily Tobias

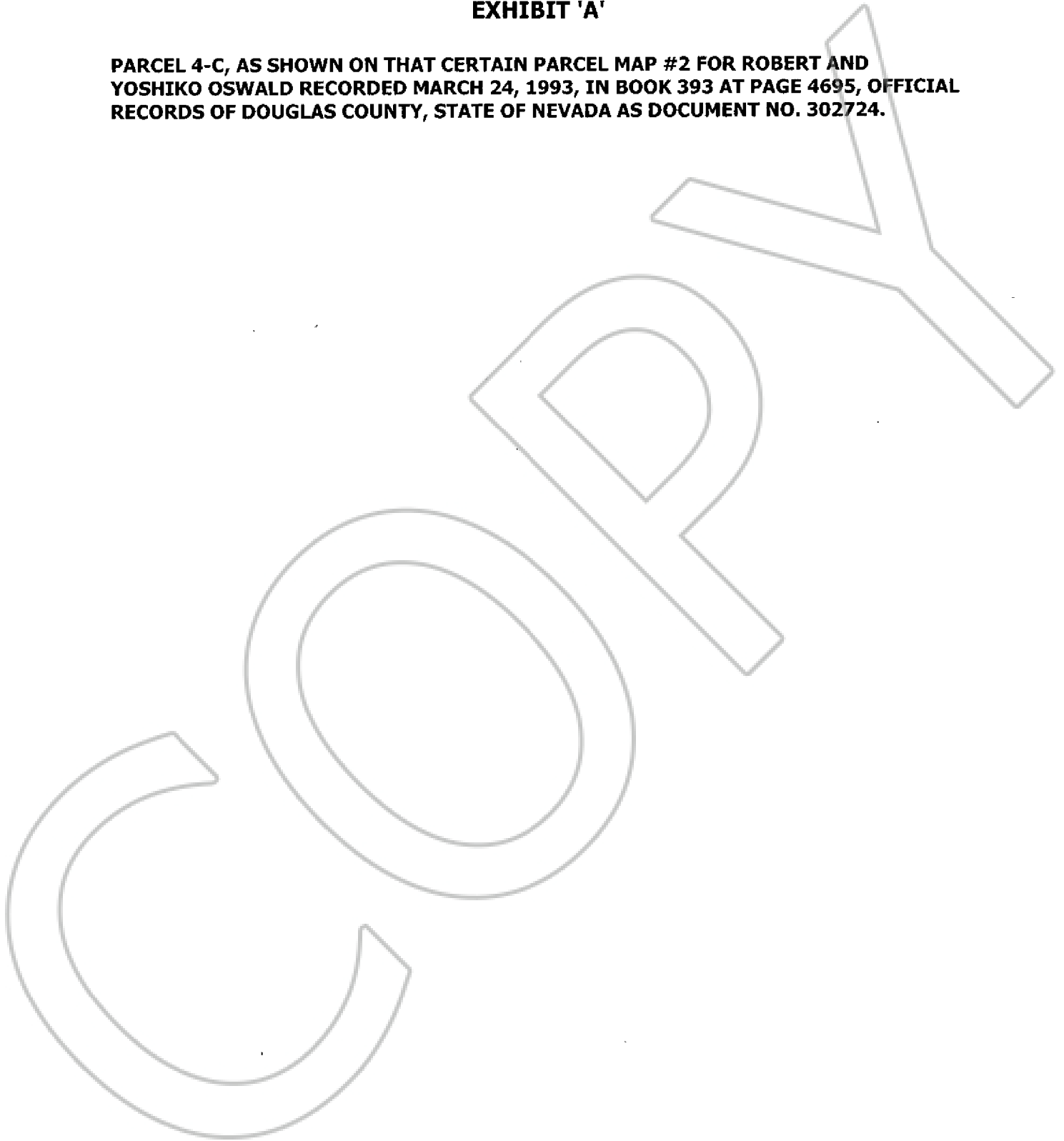
My Commission Expires: 5/31/21



Notary Name: Emily Tobias Notary Phone: 775-782-5411
Notary Registration Number: 17-2785-6 County of Principal Place of Business: Douglas

EXHIBIT 'A'

PARCEL 4-C, AS SHOWN ON THAT CERTAIN PARCEL MAP #2 FOR ROBERT AND YOSHIKO OSWALD RECORDED MARCH 24, 1993, IN BOOK 393 AT PAGE 4695, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA AS DOCUMENT NO. 302724.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORDS

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

CASE FILE NO. 4082587

CERTIFICATE OF DEATH

- 2019009839
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert E SIMMONS		2. DATE OF DEATH (Mo/Day/Year) May 16, 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 or number) 1894 Colt Lane		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		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) June 30, 1935		9a. STATE OF BIRTH (If not US/CA, name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Beverly LINDAHL	
PARENTS	13. SOCIAL SECURITY NUMBER 9448		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1894 Colt Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank N SIMMONS	
	16. MOTHER/PARENT - NAME (First Middle Last Suffix) Beatrice PARKHURST		17. INFORMANT - NAME (Type or Print) Beverly SIMMONS		17b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1894 Colt Lane Gardnerville, Nevada 89410	
TRADE CALL	18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		18b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		18c. LOCATION City or Town State Minden Nevada 89423	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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		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) May 17, 2019		21c. HOUR OF DEATH 03:35		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	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	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 20, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
	25. PART I (a) Respiratory Arrest		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	25. PART I (b) Chronic Hypoxic Respiratory Failure		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	25. PART I (c) Chronic Obstructive Lung Disease		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
25. PART I (d) Smoking Tobacco Dependence		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Diastolic Heart Failure, Diabetes, Chronic Kidney Disease		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		

000769199



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: 5/21/2019

Janey J. [Signature]
Interim Administrator

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

