12/29/2020 01:20 PM \$40.00 Pgs=5 FIRST AMERICAN TITLE MINDEN APN# 1220-22-310-205 KAREN ELLISON, RECORDER 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: The Carl Jordan Living Trust Address: 1496 KATHY WAY City/State/Zip: GARDNERVILLE NV 89460 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**

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

Printed Name

DOUGLAS COUNTY, NV

Rec:\$40.00

2020-959093

RECORDING REQUESTED BY

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Brian Ferriera

Space	Above	This	Line	fo
Rec	order's	: Use	Only	,

A.P.N. 1220-22-310-205

File No.: 143-2609078 (et)

Affidavit - Death of Trustee

State of NV)
)ss.
County of DOUGLAS)

Brian Lewis Ferriera ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Carl Jordan ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on June 28, 2020 at Carson City, NV (city and state of death).
- 2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 2, 2009** executed by **Carl Jordan** 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 April 22, 2009 which was recorded as Instrument No. 0746969 in Book 0709, Page 2529, of Official Records of Douglas County, Nevada as legally described as follows:

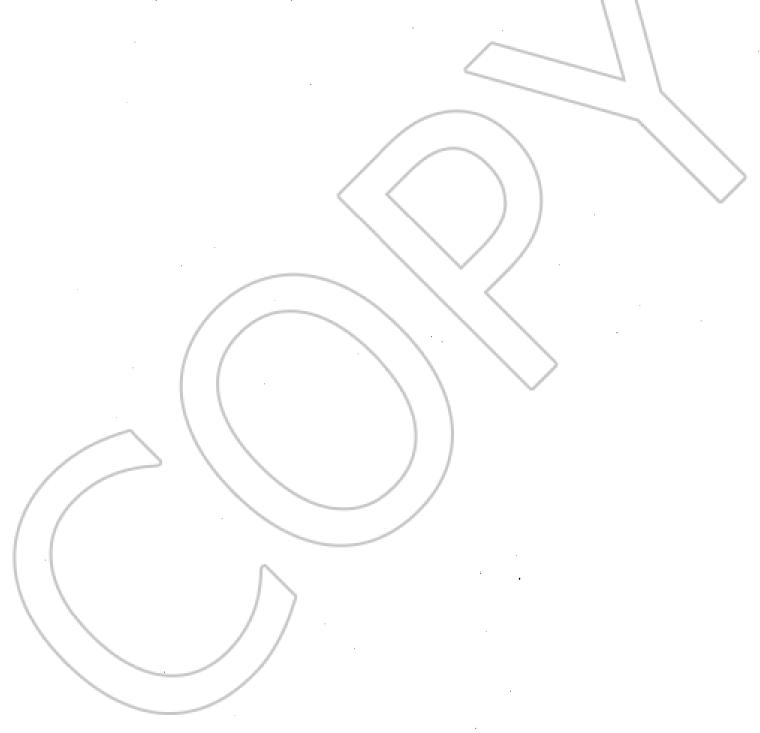
Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 12 - 18 - 2020	
	DECLARANT: Successor Trustee Successor Trustee	
	Bridis Lewis Terriera, Successor Trustee	$ \longrightarrow $
	State of NV))ss County of DOUGLAS)	
•	SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a No for said County DWC S and State, thi day of, personally know to me or pro	s by
	basis of satisfactory evidence to be the person(s) who appeared before me	ficial notarial seal
	APP	EMILY TOBIAS stary Public - State of Nevada ointment Recorded in Douglas County 17-2785-5 - Expires May 31, 2021
	Notary Name: Child Tolks Notary Registration Number: 17 - 2785-15 County of Principal Place of Bu	> 15411 usiness 15181/51

EXHIBIT 'A'

LOT 915, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 27, 1974 IN BOOK 374, PAGE 676 AS FILE NO. 72456.





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

CASE FILE NO. 4153290

CERTIFICATE OF DEATH

2020013815

TYPE OR	W (V		MATERIAL XAL			STATE FILE	NUMBER
PRINT IN	1a. DECEASED-NAME (FIRST,M		William I I I I I I I I I I I I I I I I I I I	*	2. DATE OF DEATH (Mo	Day/Year) 👑 3a C	OUNTY OF DEATH
PERMANENT	Carl	414 To 1 4 4	JORDAN		June 28, 20	20 🤍 💛 🎎	Carson City
	3b. CITY, TOWN, OR LOCATION	OF DEATH 3c. HOSPITAL (100000 000 000	ré .	street an 3e.if Hosp. or in	st. indicate DOA,OP/I	Emer. Rm. W. 4. SEX
DECEDENT	Carson City	(Idanber)	962 Ridgefie	ld Dr 🏥 🐠	impatient(Speci	st. Indicate DOA,OP/I y) Other Residence UNDER LOAY (8, D)	Male
DEOLDER	5. RACE (Specify)		panic Origin? Specify	7a AGE-Last birthday			ATE OF BIRTH (Mo/Day/Yr)
] Wh	ite 📉 📜 🗀 🖰	No - Non-Hispanic	(Years) 82	MOS DAYS HO	URS MINS	February 01, 1938
TI IF DEATH	9a. STATE OF BIRTH (If not US/C		T COUNTRY 10 EDUCAT	ION 11. MARITAL STATU	S (Specify) 12 SURVIVI		t name prior to first marriage)
OCCURRED IN	name country) Pennsylvan			Divorce	• 45)		
HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUP	ATION (Give Kind of Work I	Done During Most of	14b. KIND OF BUSINE	SS OR INDUSTRY	Ever in US Armed
COMPLETION OF	5445		Flight Engineer	A CAMPAGE AND A	GOVE	RNMENT	Forces? Yes
TEMS TO STATE	15a. RESIDENCE STATE	56: COUNTY	15c. CITY, TOWN OR LO	CATION 15d. ST	REET AND NUMBER		15e INSIDE CITY LIMITS (Specify Yes
>	Nevada	Douglas 🕮	Gardnervi	lle 🗐 1494	Kathy Way		or No). Yes
PARENTS	16 FATHER/PARENT - NAME (F			17 MOTHER/P	ARENT : NAME (First M	liddle ⊬Last ⊬Suffix) ∷	T AND THE PARTY OF
		Vincent JORDAN				y KORPA	
T W	18a. INFORMANT- NAME (Type o	or Print)	18b. MAILING ADD				
ľ Wá		ERRIERA	Light till till ak-	1496 Katt	ny Way Gardnerville	: Nevada 89460	
SPOSITION	19a. BURIAL, CREMATION, REM		CEMETERY OR CREMAT	TORY - NAME	¥°₩ #2,7±1	C. LOCATION City	
ASPOSITION	Crematio	10.00				W W	y Nevada 89706 💢
	20a. FUNERAL DIRECTOR - SIGI	NATURE (Or Person Acting a	s Such) 20b. FUNERAL LICENSE NUM	DIRECTOR 20c. NAM	E AND ADDRESS OF FA		7 4 4000
ig at si	9005 July 1907 100)	IRE AUTHENTICATED	FD86		36	inerals and Crer treet Gardnerville	
RADE CALL	TRADE CALL: - NAME AND ADDE			All Marketines / 1	1021 Church S	reet, Gardnerville	NV 8941U
WADE OVER		- A		up il 200 to 200 On the	boole of significant and a	MAR 10 NO.	
	to the cause(s) stated (Sign	wledge; death occurred at the nature & Title) SIGNA	TURE AUTHENTICATE	D Set the time, o	basis of examination and/or late and place and due to the	cause(s) stated. (Sign	nature & Title)
·	48 ¥	NITA SCHWARTZ I	ND, when the same	- # 6° <u> </u>	man imit iyek k	Mar da	45.434 A.F. A.E.
CERTIFIER	21b. DATE SIGNED (Mo/D				SIGNED (Mo/Day/Yr) #	22c. HOUR	OF DEATH
				5 H & H &	No. This	at: # 6.47	
₩.		K BHYSICIAN 15 OTHER TH		— 😘 ō x	HOUSED DEAD 44 (D.	. A(2) / 120 PROM	IOLINOSO DEAD AT (II)
		IG PHYSICIAN IF OTHER TH	2.7405.4	— 😘 ō x	NOUNCED DEAD (Mo/Da	y/Yr) 22e. PRON	OUNCED DEAD AT (Hour)
	a E 21d. NAME OF ATTENDIN ೭ ೫ (Type or Print)	IG PHYSICIAN IF OTHER TH	AN CERTIFIER	8 8 22d PRO			wa sanat wa sa
	윤 는 21d. NAME OF ATTENDIN 은 등 (Type or Print) 23a. NAME AND ADDRESS OF C	IG PHYSICIAN IF OTHER TH	ENDING PHYSICIAN, MEL	22d PRO	CORONER) (Type or Pri		CENSE NUMBER
REGISTRAR	윤 는 21d. NAME OF ATTENDIN 은 등 (Type or Print) 23a. NAME AND ADDRESS OF C	REPHYSICIAN IF OTHER THE PHYSICIAN ATT TA Schwartz MD 1710	AN CERTIFIER ENDING PHYSICIAN, MEE W. Washington St. C	22d PRO 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CORONER) (Type or Pril	1) 23b. LIC	CENSE NUMBER
REGISTRAR	8 21d. NAME OF ATTENDIN C W (Type or Print) 23a. NAME AND ADDRESS OF C 'Ni 24a. REGISTRAR (Signature)	ERTIFIER (PHYSICIAN, ATT ta Schwartz MD '710 WESLEY T S	ENDING PHYSICIAN, MEE W. Washington St. C TOREY	ACAL EXAMINER, OR CAISON CITY, NV. (24b. DATE RECEIVE (Mo/Day/Yr)	CORONER) (Type or Pril	1) 23b. LIC	CENSE NUMBER
REGISTRAR CAUSE OF	23a. NAME AND ADDRESS OF C NAME AND ADDRESS	ERTIFIER (PHYSICIAN, ATT ta Schwartz MD '710 WESLEY T S SIGNATURE AUTHE (ENTER ONLY ONE CAUSE	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICATED PER LINE FOR (a), (b), AI	ACAL EXAMINER, OR CAISON CITY, NV. (24b. DATE RECEIVE (Mo/Day/Yr)	CORONER) (Type or Prii 39703 D BY REGISTRAR	23b. Lid 23b. Lid 24c. DEATH DUE TO YES	CENSE NUMBER
aly av	23a. NAME AND ADDRESS OF CONTROL	ERTIFIER (PHYSICIAN, ATT ta Schwartz MD '710 WESLEY T S SIGNATURE AUTHE (ENTER ONLY ONE CAUSE Atherosclerosis	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICATED (1), (b), AI	ACAL EXAMINER, OR CAISON CITY, NV. (24b. DATE RECEIVE (Mo/Day/Yr)	CORONER) (Type or Prii 39703 D BY REGISTRAR	23b. Lid 23b. Lid 24c. DEATH DUE TO YES	CENSE NUMBER 9114 COMMUNICABLE DISEASE / NO X
CAUSE OF	23a. NAME AND ADDRESS OF CONTROL	ERTIFIER (PHYSICIAN, ATT ta Schwartz MD '710 WESLEY T S SIGNATURE AUTHE (ENTER ONLY ONE CAUSE	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICATED (1), (b), AI	DICAL EXAMINER, OR CAISON City, NV 8 24b. DATE RECEIVE (Mo/Day/Yr) J	CORONER) (Type or Prii 39703 D BY REGISTRAR	23b. Life 23c DEATH DUE TO YES Inter	CENSE NUMBER 9114 COMMUNICABLE DISEASE / NO X
CAUSE OF	23a. NAME AND ADDRESS OF CONTROL	ERTIFIER (PHYSICIAN, ATT ta Schwartz MD '710 WESLEY T S SIGNATURE AUTHE (ENTER ONLY ONE CAUSE Atherosclerosis	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICATED (1), (b), AI	DICAL EXAMINER, OR CAISON City, NV 8 24b. DATE RECEIVE (Mo/Day/Yr) J	CORONER) (Type or Prii 39703 D BY REGISTRAR	23b. Life 23c DEATH DUE TO YES Inter	CENSE NUMBER 9114 COMMUNICABLE DISEASE / NO X
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CONTROL	ERTIFIER (PHYSICIAN, ATT ta Schwartz MD '710 WESLEY T S SIGNATURE AUTHE (ENTER ONLY ONE CAUSE Atherosclerosis	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICATED (1), (b), AI	M S 22d PRO CAL EXAMINER, OR Carson City, NV: (Mo/Day/Yr) ND (c).)	CORONER) (Type or Prii 39703 D BY REGISTRAR	24c. DEATH DUE TO YES Inter	CENSE NUMBER 9114 COMMUNICABLE DISEASE / NO X
CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	23a. NAME AND ADDRESS OF CONTROL	ERTIFIER (PHYSICIAN, ATT ta Schwartz MD '710 WESLEY T S SIGNATURE AUTHE (ENTER ONLY ONE CAUSE Atherosclerosis A CONSEQUENCE OF	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICATED (1), (b), AI	MO (c).)	CORONER) (Type or Prii 39703 D BY REGISTRAR	24c. DEATH DUE TO YES Inter	CENSE NUMBER 9114 COMMUNICABLE DISEASE / NO X rval between onset and death
CAUSE OF DEATH CONDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	23a. NAME AND ADDRESS OF CONTROL	ERTIFIER (PHYSICIAN, ATT ta Schwartz MD '710 WESLEY T S SIGNATURE AUTHE (ENTER ONLY ONE CAUSE Atherosclerosis	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICATED PER LINE FOR (a), (b), A	MO (c).)	CORONER) (Type or Prii 39703 D BY REGISTRAR	24c. DEATH DUE TO YES Inter	CENSE NUMBER 9114 COMMUNICABLE DISEASE / NO X rval between onset and death
CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	23a. NAME AND ADDRESS OF CONTROL	ERTIFIER (PHYSICIAN, ATT ta Schwartz MD '710 WESLEY T S SIGNATURE AUTHER (ENTER ONLY ONE CAUSE Atherosclerosis A CONSEQUENCE OF	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICAYED PER LINE FOR (a), (b), AI	© S 22d PRO © S 22d PRO DICAL EXAMINER, OR Carson City, NV 8 24b DATE RECEIVE (Mo/Day/Yr) ND (c).)	CORONER) (Type of Prings 19703 D BY REGISTRAR July 07, 2020	24c. DEATH DUE TO YES Inter	CENSE NUMBER 9114 COMMUNICABLE DISEASE / NO X roal between onset and death roal between onset and death
CAUSE OF DEATH CONDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	23a. NAME AND ADDRESS OF CONTROL	ERTIFIER (PHYSICIAN, ATT ta Schwartz MD '710 WESLEY T S SIGNATURE AUTHER (ENTER ONLY ONE CAUSE Atherosclerosis A CONSEQUENCE OF	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICAYED PER LINE FOR (a), (b), AI	© S 22d PRO © S 22d PRO DICAL EXAMINER, OR Carson City, NV 8 24b DATE RECEIVE (Mo/Day/Yr) ND (c).)	CORONER) (Type of Prings 19703 D BY REGISTRAR July 07, 2020	23b. Lit 24c. DEATH DUE TO YES Inter Inter	CENSE NUMBER 9114 COMMUNICABLE DISEASE / NO X Ival between onset and death
CAUSE OF DEATH CONDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	23a. NAME AND ADDRESS OF CONTROL 23a. NAME AND ADDRESS OF CONTROL 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) COLONARY DUE TO, OR AS (b) DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFICANT CONTROL (d)	REPHYSICIAN IF OTHER THE ERTIFIER (PHYSICIAN, ATT TA SCHWARTZ MD '710 WESLEY TS SIGNATURE AUTHER (ENTER ONLY ONE CAUSE ATTHER ONLY ONE CAUSE ATTHER OF CONSEQUENCE OF CO	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICATED PER LINE FOR (a), (b), Ai ributing to death but not res	© S 22d PRO © S 22d PRO DICAL EXAMINER, OR Carson City, NV 8 24b DATE RECEIVE (Mo/Day/Yr) ND (c).)	CORONER) (Type of Prings 19703 D BY REGISTRAR July 07, 2020	t) 23b. Lift 24c. DEATH DUE TO YES	CENSE NUMBER 9114 COMMUNICABLE DISEASE / NO X Ival between onset and death
CAUSE OF DEATH CONDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	23a. NAME AND ADDRESS OF CONTROL 23a. NAME AND ADDRESS OF CONTROL 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) COLONARY DUE TO, OR AS (b) DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFICANT CONTROL (d)	ERTIFIER (PHYSICIAN, ATT ta Schwartz MD '710 WESLEY T S SIGNATURE AUTHER (ENTER ONLY ONE CAUSE Atherosclerosis A CONSEQUENCE OF	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICATED PER LINE FOR (a), (b), Ai ributing to death but not res	a g g 22d PRO p g 2 22d PRO p g 2 2d PRO p g	CORONER) (Type of Prings 19703 D BY REGISTRAR July 07, 2020	23b. Lift 23c. DEATH DUE TO YES Intel Intel Intel 28. AUTOPSY (S	CENSE NUMBER 9114 COMMUNICABLE DISEASE / NO X Tral between onset and death
CAUSE OF DEATH CONDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	23a. NAME AND ADDRESS OF CONTROL OF ATTENDING CONTR	REPHYSICIAN IF OTHER THE ERTIFIER (PHYSICIAN, ATT TA SCHWARTZ MD '710 WESLEY TS SIGNATURE AUTHER (ENTER ONLY ONE CAUSE ATTHER ONLY ONE CAUSE ATTHER OF CONSEQUENCE OF CO	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICATED PER LINE FOR (a), (b), Ai ributing to death but not res	a g g 22d PRO p g 2 22d PRO p g 2 2d PRO p g	CORONER) (Type of Prints) 19703 D BY REGISTRAR Luly 07, 2020 cause given in Part 1.	23b. Lift 23c. DEATH DUE TO YES Intel Intel Intel 28. AUTOPSY (S	CENSE NUMBER 9114 COMMUNICABLE DISEASE / NO X Ival between onset and death
CAUSE OF DEATH CONDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	23a. NAME AND ADDRESS OF C Ni 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) COLONARY DUE TO, OR AS (b) DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFICANT C 28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	ERTIFIER (PHYSICIAN, ATT ta Schwartz MD '710 WESLEY T S SIGNATURE AUTHE (ENTER OMLY ONE CAUSE Atherosclerosis A CONSEQUENCE OF A CONSEQUENCE OF CONDITIONS-Conditions cont	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICAYED PER LINE FOR (a), (b), A ributing to death but not res	© 22d PRO © 2 22d PRO © 2 2d PRO	CORONER) (Type of Phil 39703 D BY REGISTRAR uly 07, 2020	23b. Lit 24c. DEATH DUE TO YES Inter Inter Inter Inter 26. AUTOPSY (6) Yes or No.) No.	CENSE NUMBER 9114 COMMUNICABLE DISEASE NO X Ival between onset and death
CAUSE OF DEATH CONDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	23a. NAME AND ADDRESS OF C Ni 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) COLONARY DUE TO, OR AS (b) DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFICANT C 28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	REPHYSICIAN IF OTHER THE ERTIFIER (PHYSICIAN, ATT TA SCHWARTZ MD '710 WESLEY TS SIGNATURE AUTHER (ENTER ONLY ONE CAUSE ATTHER ONLY ONE CAUSE ATTHER OF CONSEQUENCE OF CO	ENDING PHYSICIAN, MEE W. Washington St. C TOREY NTICAYED PER LINE FOR (a), (b), A ributing to death but not res	© 22d PRO © 2 22d PRO © 2 2d PRO	CORONER) (Type of Pring 19703 D BY REGISTRAR culty 07, 2020 Cause given in Part 1.	23b. Lit 24c. DEATH DUE TO YES Inter Inter Inter Inter 26. AUTOPSY (6) Yes or No.) No.	CENSE NUMBER 9114 COMMUNICABLE DISEASE NO X Ival between onset and death

000822796



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:

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



