

APN: 1220-17-515-012

DOUGLAS COUNTY, NV

2021-961195

Rec:\$40.00

Total:\$40.00

02/02/2021 03:02 PM

MARK BARNETT

Pgs=3

**RECORDING REQUESTED BY:**

Millward Law, Ltd.  
1591 Mono Ave  
Minden, NV 89423

**WHEN RECORDED MAIL TO:**

Millward Law, Ltd.  
1591 Mono Ave  
Minden, NV 89423



KAREN ELLISON, RECORDER

**AFFIDAVIT OF DEATH OF TRUSTEE**

STATE OF NEVADA            )  
  ) ss.  
DOUGLAS COUNTY            )

I, Mark Barnett, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

1. That Philip Lee Barnett is the decedent mentioned in the attached Certificate of Death, Certificate No. 2008006333, and is the same person named as a Trustee in that certain declaration of trust, known as the Barnett Family Living Trust, dated February 24, 1993, executed by Ruth Eileen Barnett and Phillip L. Barnett, as Grantors and as Trustees;

2. That at the time of Philip Lee Barnett's death, Ruth Eileen Barnett became the sole surviving Grantor and legal title Trustee of the following certain real property described as follows:

APN: 1220-17-515-012  
LOT 182, in Block A, as shown on the final map of PLEASANTVIEW SUBDIVISION PHASE 9, Final Map #LDA 00-027, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 17, 2001, in Book 901, Page 3761, as Document No. 522892, and by Certificate of Amendment recorded February 12, 2002 in Book 0202, Page 4226 as Document No. 0534615 Official Records of Douglas County, Nevada.

3. That Ruth Eileen Barnett died on November 3, 2020. I am a Co-Trustee of the Barnett Family Living Trust, dated February 24, 1993, and I am designated and empowered pursuant to the terms of said trust to administer the real property described hereinabove for the benefit of the beneficiaries thereof.

Further Affiant Sayeth Naught

Dated: February 2, 2021.

Mark Barnett, Co-Trustee

Subscribed and sworn to (or affirmed) before me on this 2<sup>nd</sup> day of February 2021 2021, by Mark Barnett, as Co-Trustee of the Barnett Family Living Trust, dated February 24, 1993, who is personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public



Affidavit of Death of Trustee

# STATE OF NEVADA CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2008006333  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Philip Lee BARNETT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 21, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>81</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 28, 1926</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Idaho</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Ruth GRANGER</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-3336</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Salesman</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Finished Lumber</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>950 Old Nevada Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Fred A BARNETT</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Elsie REEDER</b>		18a. INFORMANT- NAME (Type or Print) <b>Ruth E BARNETT</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>950 Old Nevada Way Gardnerville, Nevada 89460</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Masonic Memorial Gardens</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>MICHAEL ALLEN JONES M.D.</b>		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) <b>April 24, 2008</b>		21c. HOUR OF DEATH <b>10:38</b>		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Michael Allen Jones M.D. Carson Medical Group Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>3257</b>	
24a. REGISTRAR (Signature) <b>SARAH KOERNER</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 24, 2008</b>		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).) PART I (a) <b>Severe Parkinsons Disease</b>		Interval between onset and death		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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		28g. LOCATION		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

54836

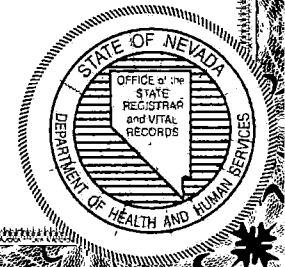
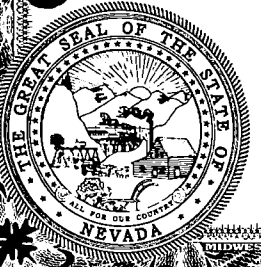
208839 CERTIFIED COPY OF VITAL RECORDS

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: **04/25/2008**

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

*Rud White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-2008T

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4176719

2020024356  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Ruth Eileen BARNETT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 03, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) <b>950 Old Nevada Way</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 10, 1929</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>██████████ 1555</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Telecommunications</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>950 Old Nevada Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harold F GRANGER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Anne OAKS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Mark A BARNETT</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO BOX 37 Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>DOUGLAS VACEK DO</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>November 05, 2020</b>		21c. HOUR OF DEATH <b>00:43</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Douglas Vacek DO 850 6th Street Lovelock, NV 89419</b>		23b. LICENSE NUMBER <b>1125</b>			
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 06, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Congestive Heart Failure</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>Atherosclerotic Cardiovascular Disease</b> DUE TO, OR AS A CONSEQUENCE OF (d) <b>Hypertension</b>				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. <b>Advanced Age</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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	



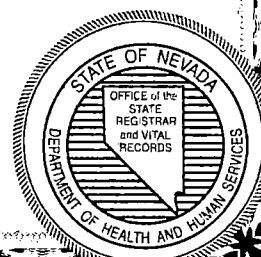
CERTIFIED COPY OF VITAL RECORDS

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: 11/9/2020

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

*Blaise Satariano*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE