

APN 1319-03-413-018

**RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:**

Steven E. Tackes, Esq.
Kaempfer Crowell
510 West Fourth Street
Carson City, NV 89703

MAIL TAX STATEMENTS TO:

Dorothy Rowe Gardner, Trustee
Ken and Dorothy Gardner Trust dated May 17, 1989
P.O. Box 625
Genoa NV 89411

I affirm that this document submitted for recording **does** contain the social security number of any person or persons. (Per NRS 440.380(1) and 40.525(5))



Dorothy Rowe Gardner

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
)ss:
CARSON CITY)

DOROTHY ROWE GARDNER, being first duly sworn, upon oath and under penalty of perjury, deposes and says as follows:

1. That I am over the age of twenty-one (21) years of age and competent to testify to the matters hereinafter stated.
2. That KENNETH DRAKE GARDNER, JR., the decedent mentioned in the attached Certificate of Death, was my husband and is the same person as KENNETH D. GARDNER, JR., named as a Co-Trustee of the KEN AND DOROTHY GARDNER TRUST

dated May 17, 1989, in that certain Grant Bargain and Sale Deed recorded as Document No. 0637739 on February 28, 2005, covering the following described property.

3. That the real property described herein is real property situated in the County of Douglas, State of Nevada, and more particularly described as follows:

Lot 31, Block A, as set forth on the final map for GENOA LAKES PHASE 4 a Planned Unit Development, recorded May 8, 2000 in Book 0500 of Official Recorded at Page 1613, Douglas County, Nevada as Document No. 491480.

Reserving for the benefit of GENOA LAKES HOMEOWNERS ASSOCIATION, a non exclusive easement over, under and across said lot from the exterior boundary of said lot to the exterior surface of any wall, patio or other structure that now exists or may exist, or may be constructed on said lot. Said easement is for the purpose of installation, maintenance and replacement of landscaping. Said landscape easement excludes the right to use or impact in any manner any wall of the home.

Per NRS 111.312, this legal description was previously recorded as Document No. 0542893, Book 0502, Page 07202, on May 23, 2002.

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging to in anywise appertaining, and any reversions, remainders, rents, issues, or profits thereof.

Commonly known as 2409 Genoa Meadows Cir., Genoa Nevada 89705; APN 1319-03-413-018.

4. That I, DOROTHY ROWE GARDNER, am named within the aforementioned Trust and am the surviving Grantor, Trustor, and Trustee. Pursuant to the terms of the Trust, I retain the power to amend or revoke the Trust.

////

////

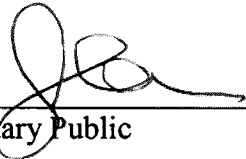
////

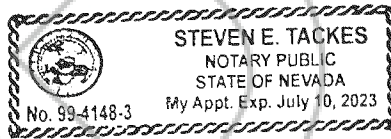
5. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

DATED this 1st day of February, 2021.


DOROTHY ROWE GARDNER
Trustor and Trustee

SUBSCRIBED AND SWORN to before me by DOROTHY ROWE GARDNER this 1st day of February, 2021.


Notary Public (Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4179125

CERTIFICATE OF DEATH

2020025790

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Kenneth Drake GARDNER JR		2. DATE OF DEATH (Mo/Day/Year) November 16, 2020		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 2409 Genoa Meadows Cir		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) 91	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 03, 1929		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 23		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Dorothy ROWE	
PARENTS	13. SOCIAL SECURITY NUMBER 9841		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) PHYSICIAN		14b. KIND OF BUSINESS OR INDUSTRY MEDICAL	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
DISPOSITION	15d. STREET AND NUMBER 2409 Genoa Meadows Cir		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Kenneth Drake GARDNER SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy CRAMER		
TRADE CALL	16a. INFORMANT- NAME (Type or Print) Dorothy GARDNER		16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO-Box:625 Genoa, Nevada 89411			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations	
	SIGNATURE AUTHENTICATED		1521 Church Street Gardnerville NV 89410			
REGISTERAR	TRADE CALL - NAME AND ADDRESS					
	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 DOFP 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)		
CAUSE OF DEATH	21b. DATE SIGNED (Mo/Day/Yr) November 19, 2020		21c. HOUR OF DEATH 01:15		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
	24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 23, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) Cardiac Arrest				Interval between onset and death	
PART II	(b) Acute On Chronic Unspecified Heart Failure				Interval between onset and death	
	(c) Cardiomyopathy				Interval between onset and death	
(d) Coronary Heart Disease				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. Pulmonary Hypertension Peripheral Arterial Disease, Chronic Kidney Disease				26. AUTOPSY (Specify Yes or No) No		
28a. ACC., SLICIDE, 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		

000844171



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:

12/18/2020

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

Joe Glendon
STATE REGISTRAR

