

APN# : 1420-07-310-051

DOUGLAS COUNTY, NV      **2021-961901**  
Rec:\$40.00  
\$40.00      Pgs=4      02/12/2021 01:20 PM  
ETRCO  
KAREN ELLISON, RECORDER

**Recording Requested By:**  
Western Title Company

**When Recorded Mail To:**  
James M. Edmonds  
PO BOX 20221  
Carson City NV  
89721

**Mail Tax Statements to: (deeds only)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

**Signature** \_\_\_\_\_  
*Amy Gutierrez*      Escrow Officer

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312  
(additional recording fee applies)

## AFFIDAVIT – DEATH OF TRUSTEE

James M. Edmonds, of legal age, being first duly sworn, deposes and says:

1. June M. Gordon, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as June M. Gordon and James M. Edmonds named as Trustee in the Declaration of Trust dated 4/23/2010 and executed by June M. Gordon and Gurney J. Gordon as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 3483 Calcite Court Carson City, NV 89705, which property is described in a Deed which was executed by June M. Gordon and Gurney J. Gordon and recorded as Instrument No. 0763338, in Book 0510 Page 1584, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 33 in Block K of VISTA GRANDE SUBDIVISION UNIT NO. 1, as shown on the Official Map filed in the Office of the County Recorder of Douglas County, Nevada, on November 09, 1964, as Document No. 26518.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

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

Dated 2/11/21

James M. Edmonds  
James M. Edmonds, Trustee

STATE OF NEVADA }SS

COUNTY OF Carson City

This instrument was acknowledged before me on

2/11/21

By James M. Edmonds.

[Signature]  
Notary Public

AMY GUTIERREZ  
Notary Public - State of Nevada  
Appointment Recorded in Carson City  
No: 09-10312-3 Expires April 1, 2021

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

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

CASE FILE NO. 4156203

**CERTIFICATE OF DEATH**

2020014900

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 WHO GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST SUFFIX) June Marie GORDON		2. DATE OF DEATH (Mo/Day/Year) July 11, 2020		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 3483 Calcite Circle		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		7a. AGE - Last birthday (Years) 84		8. DATE OF BIRTH (Mo/Day/Yr) November 25, 1935	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS	
9a. STATE OF BIRTH (If not US/GA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER [REDACTED]-5258		14a. USUAL OCCUPATION (Give kind of work done during most of year) Dealer		14b. KIND OF BUSINESS OR INDUSTRY GAMING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3483 Calcite Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Leonard H. ANDREWS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Leone DUFFY		
18a. INFORMANT - NAME (Type or Print) Kaycee Cook AUGUSTINE		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3913 Cherry Street Silver Springs, Nevada 89429			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory		19c. LOCATION City or Town State Fallon Nevada 89407	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JEFF T SMITH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD47		20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407	
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) ROBERT J FLIEGLER 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) July 20, 2020		21c. HOUR OF DEATH 03:18		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. 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) Robert J. Fliegler MD 206 North Curry Street Carson City, NV 89703				23b. LICENSE NUMBER 9310	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 20, 2020		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) Adult Failure To Thrive					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Chronic obstructive pulmonary disease					
DUE TO, OR AS A CONSEQUENCE OF					
(c)					
DUE TO, OR AS A CONSEQUENCE OF					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	

000826641



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:

8/10/2020

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

*Wesley T Storey*  
STATE REGISTRAR

