

APN# 1420-35-201-040



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:
Name: Christopher Hammer
Address: 859 Whitney Way
City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:
Name: Christopher Hammer
Address: 859 Whitney Way
City/State/Zip: Gardnerville, NV 89460

Affidavit of 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)

Christopher Hammer

Signature

Christopher Hammer

Printed Name

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

_____.

Recording requested by:
Christopher Hammer
859 Whitney Way
Gardnerville, NV 89460

And when recorded, mail to:
Christopher Hammer
859 Whitney Way
Gardnerville, NV 89460

APN: 1420-35-201-040

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)
County of Douglas) ss.
)

Christopher Hanner, of legal age, being first duly sworn, deposes and says:

1. James Clarence Hammer the decedent mentioned in the attached certified copy of Certificate of Death, is the same persons as James C. Hammer named as Trustee in the Declaration of Trust executed by James C. Hammer as Grantor and as Trustee.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property, which property is described in a Deed which was executed by James C. Hammer and Kathleen A. Hammer, Trustees of the Hammer Family Trust dated March 1, 1995, as Grantors on December 8, 2008, and recorded as Document No. 0735386, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
TOGETHER WITH any and all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

SUBJECT TO all rights of way, easements, assessments, reservations and restrictions of record.

4. I am the 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 2-18-21

Christopher Hammer
Christopher Hammer

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 18th day of FEBRUARY, 2021, by Christopher Hammer proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Jodi O. Stovall

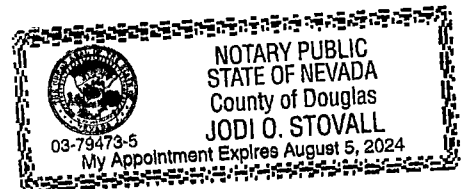


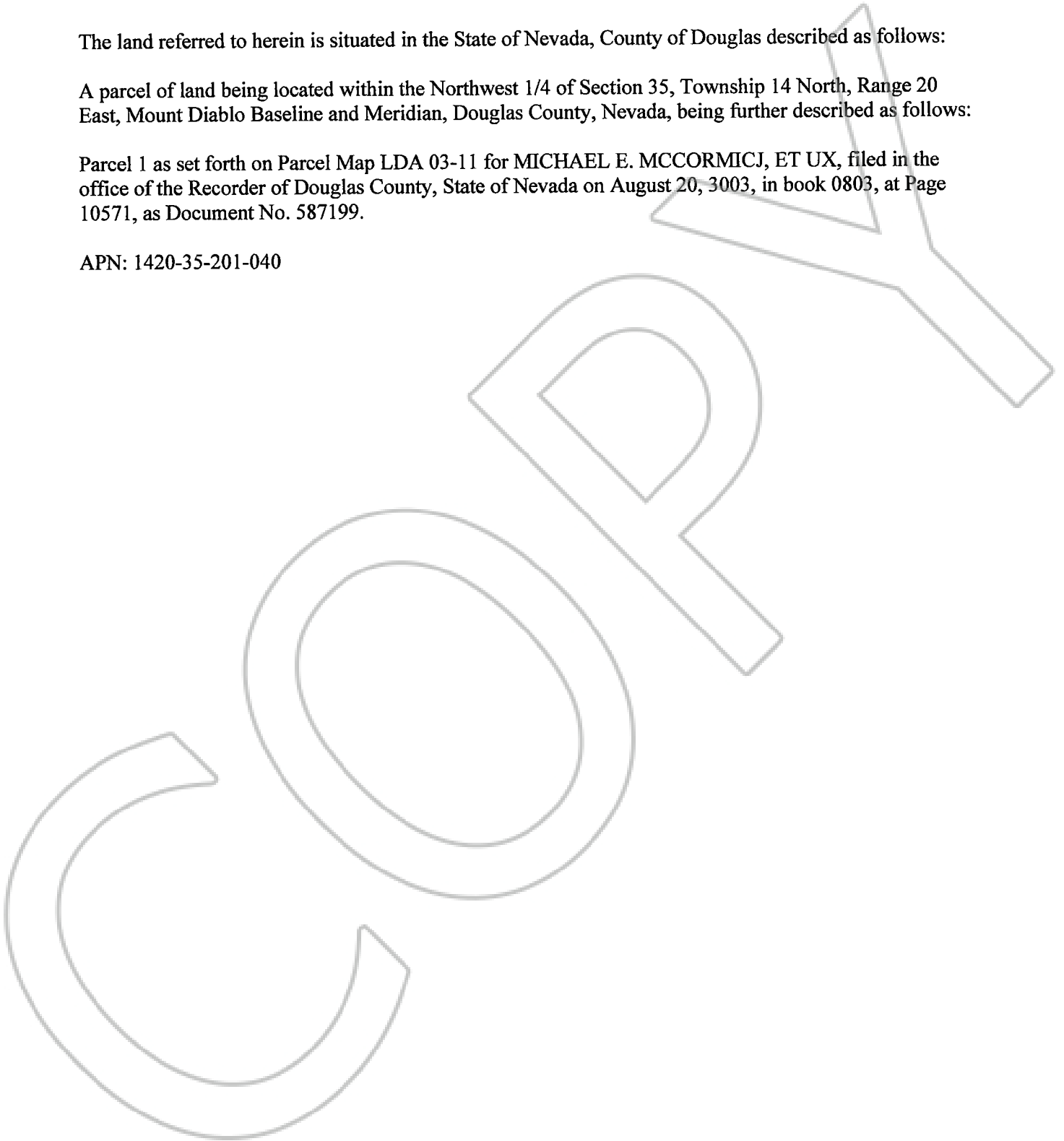
EXHIBIT "A"

The land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

A parcel of land being located within the Northwest 1/4 of Section 35, Township 14 North, Range 20 East, Mount Diablo Baseline and Meridian, Douglas County, Nevada, being further described as follows:

Parcel 1 as set forth on Parcel Map LDA 03-11 for MICHAEL E. MCCORMICJ, ET UX, filed in the office of the Recorder of Douglas County, State of Nevada on August 20, 3003, in book 0803, at Page 10571, as Document No. 587199.

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4189620

CERTIFICATE OF DEATH

2021000503
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) James Clarence HAMMER		2. DATE OF DEATH (Mo/Day/Year) January 07, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 2720 Esaw St		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 67		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 13, 1953		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 3086		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) BUTCHER/MEAT CUTTER		14b. KIND OF BUSINESS OR INDUSTRY GROCERY STORE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2720 Esaw St		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Clarence Chester HAMMER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gertrude Jane WRAY		
18a. INFORMANT- NAME (Type or Print) Christopher HAMMER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 859 Whitney Way Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP R MAYFIELD SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) NITA SCHWARTZ 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) January 13, 2021		21c. HOUR OF DEATH 07:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. 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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 13, 2021		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) Dysphagia DUE TO, OR AS A CONSEQUENCE OF: (b) Cerebral Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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	



CERTIFIED COPY OF VITAL RECORDS

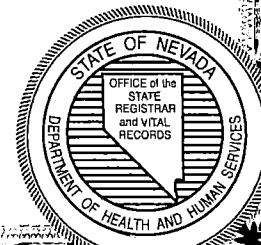
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

1/20/2021

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