

APN# 1420-28-312-003

DOUGLAS COUNTY, NV **2021-962368**
Rec:\$40.00
\$40.00 Pgs=4 02/23/2021 11:34 AM
LIFELINE ESTATE SERVICES
KAREN ELLISON, RECORDER

Recording Requested by:

Name: LIFELINE ESTATE SERVICES, INC.

Address: 3708 LAKESIDE DR. STE. 202

City/State/Zip: RENO/NEVADA/89509

When Recorded Mail to:

Name: LIFELINE ESTATE SERVICES, INC.

Address: 3708 LAKESIDE DR. STE. 202

City/State/Zip: RENO/NEVADA/89509

(for Recorder's use only)

Mail Tax Statement to:

Name: Patricia Rogers, Trustee

Address: 2869 Del Mar Dr.

City/State/Zip: Minden, NV 89423

Affidavit Regarding Death of Initial
(0-trustees) and Assumption of Trusteeship
by Surviving Trustee
(Title of Document)

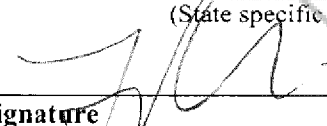
Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380

(State specific law)



Signature

OFFICE MANAGER

Title

TIFFANY H/RUSHING

Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

APN # :1420-28-312-003
RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services, Inc.
3708 Lakeside Dr. STE 202
Reno, NV 89509

MAILTAX STATEMENTS TO:
Patricia Rogers, Trustee
2869 Del Mar Drive
Minden, NV 89423

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE(S)
AND ASSUMPTION OF TRUSTEESHIP BY SURVIVING TRUSTEE**

The following described real estate in Douglas County, State of Nevada:

Lot 183 in Block D as shown on the Final Map #PD99-02-06 for SARATOGA SPRINGS ESTATES UNIT 6, a Planned Unit Development, file for record in the office of the County Recorder of Douglas County, State of Nevada June 28, 2002 in Book 602, at Page 10142, as Document No 546028.

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

The undersigned, **PATRICIA ROGERS**, hereby declares that, **DARRELL D. ROGERS**, died on **October 19, 2017**, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as **DARRELL D. ROGERS**, named as one of the initial Trustee in that certain Declaration of Trust titled the **ROGERS LIVING TRUST DATED APRIL 10, 2000**.


Declarant further declares that she is the Successor Trustee named in the Declaration of trust and that she hereby assumes the position of Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 15 th day of Feb., 20 21, in the City of
Reno, County of Washoe, State of Nevada.

VERIFICATION

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


PATRICIA ROGERS, Surviving Trustee of the
ROGERS LIVING TRUST DATED APRIL 10, 2000

STATE OF NEVADA

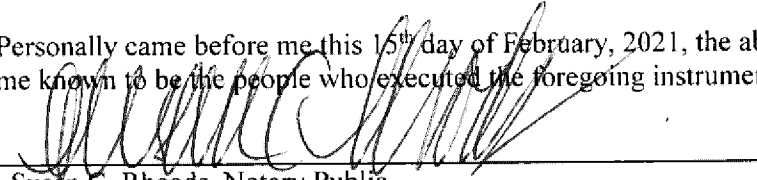
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) SS:

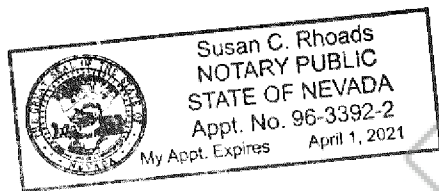
COUNTY OF WASHOE

)

Personally came before me this 15th day of February, 2021, the above named **PATRICIA ROGERS**, to me known to be the people who executed the foregoing instrument and acknowledged the same.



Susan C. Rhoads, Notary Public
Washoe County, Nevada
My Commission 04/01/2021



COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052017213900

CERTIFICATE OF DEATH

3201734009731

STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/00)

LOCAL REGISTRATION NUMBER

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SORP AND PARENT INFORMATION, FUNERAL DIRECTOR/LOCAL REGISTRAR, PLACE OF BIRTH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY, and STATE REGISTRAR.



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health and Human Services.

DATE ISSUED November 13, 2017

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Barcode and number: *001692897*

Signature: Olivia Kasirye MD

OLIVIA KASIRYE, MD LOCAL REGISTRAR