APN# 1420-28-312-003

DOUGLAS COUNTY, NV 2021-962368 Rec:\$40.00 02/23/2021 11:34 AM \$40.00 Pgs=4 Recording Requested by: LIFELINE ESTATE SERVICES Name: LIFELINE ESTATE SERVICES, INC. KAREN ELLISON, RECORDER 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: Potricia Pours, Trustu Address: 2869 Det May DV City/State/Zip: MMMJM, M89423 Afficiavit Regarding Decuth of Initial (U-trusteels) and Assumption of Trustusing by Surving Trusta
(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) OFFICE MANAGER Title Signature. 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 Doulgas 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 706, 2021, 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, Surrviving Trustee of the ROGERS LIVING TRUST DATED APRIL 10, 2000

STATE OF NEVADA COUNTY OF WASHOE)) SS:)
Personally came before me this 15th day of Forme known to be the people who executed the Susan C. Rhoads, Notary Public Washoe County, Nevada My Commission 04/01/2021	bruary, 2021, the above named PATRICIA foregoing instrument and acknowledged the
Susan C. Rhoads NOTARY PUBLIC STATE OF NEVAD Appt. No. 96-3392- My Appt. Expires April 1, 20	A /

ROGERS, to

same.

STATE OF GALDER DRAILA

CERTIFICATION OF VITAL RECORD

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH AND HUMAN SERVICES

	3052017213900	CERTIFIC STATE STATE OF ACK INK CIRCLY AND FE	ATE OF DEATH E OF CALIFORNIA ATERIALS, WATEOUTS DR ALTERATIONS - TIMEY 3/00]	LOCAL REGISTRATIO	- P	
	STATE FILE NUMBER 1, NAME OF DECEDENT- FIRST (GIVER)	2. MODDLE	3, LAST (For	nily)	NOMBER	
PERSONAL I	DARRELL	DEA	ROGE	RS		
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	B. BIRTH STATE/FOREIGN COUNTRY 10 SOCIAL SECUR 1D -247	'2 X YES [] № [] U× MARRIED	P (a) Type of Death 7, DAFE OF DEATH minks 10/19/2017	2040	
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8	17 USUAL OCCUPATION - Type of work for most of Me. DO NOT OWNER	PRIN		ite, they business, a sproy	54	
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2 2	FOLSOM	COUNTY/PROVINCE SACRAMENTO	95630	YEARS IN COUNTY 25. STATE/FOREIGN CA		
INFOR.	28. HIPORMANT'S KAME, RELATIONSHIP STEVEN ROGERS, SON 29. MIPORMANT'S MAL INITIAL PROPERTY OF THE PROPERTY O					
SPOUSE/SRDP AND ARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SHOP—FIRST PATRICIA	LOUISE	SASS 33 LAST	44	34. BIRTH STATE	
	31. NAME OF FATHER PRAPENT - FIRST VENERABLE 36. NAME OF MOTHER PAHENT - FIRST	32. MIDDLE	ROGERS	ME)	KY 38. BIRTH STATE	
SPOUS	CAROL	SHIRLEY	WREN OF STEVEN ROGERS		ID	
FUNERAL DIRECTOR/ LOCAL REGISTRAR		RIDGE DRIVE, FOLS	OM, CA 95630	-/-/-	43. LIGENSE NUMBER	
	CR/RES	▶ NOT EN	MBALMED		47. DATE mm/dd/ccyy	
	44. NAME OF FUNERAL ESTABLISHMENT BLUE OAKS CREMATION AND BU SERVICES	JRIAL FD 1987	MBER 46 SIGNATURE OF LOCAL REGISTR OLIVIA KASIRYE 102, IF HOSPITAL, SPECEY O	, MD	10/26/2017	
5 ±	OWN RESIDENCE		□ P □ ERVOP □	DOA Hospice Nusing Home/LT	TV December Color	
PLACE (104. COUNTY 105. (ACILITY ADDRESS OF LOCATION WHERE FOUND (Street and number or location) 747 STURBRIDGE DRIVE			1	FOLSOM	
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	condition resulting in death) (II) ISCHEMIC CARDIO Sequentially, list	NYOPATHY	1 1	en 5 YRS.	109, BIOPSY PERFORMED?	
F DEATH	conditions, if any, hooding to course on Line A. Enter UNOCRETING CAUSE (Bases or		\ \	ion	TID. AUTOPSY PERFORMED? YES X NO	
CAUSE O	injury that initiated the events (0) resulting in death) LAST			ίση	YES NO	
and the same of	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GE	THE BUT NOT RESULTING IN THE UND	ERLYING CAUSE GIVEN IN 107			
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN IT	EM 107 OR 112? Bl yes, list type of oper	ation and date.)		TF FOWLE PREGNANT IN LAST YEAR?	
5 S	114 I CEPTEY THAT TO THE BEST OF MY KNOWLEX & CHATHOCOLLING AT THE HOUR DATE, AND PLACE STATED FROM THE CAUSES STATED	The state of the s	A	5 G56708	10/25/2017	
PHYSICIAN'S CERTIFICATION	Decedent Attended Since Decedent Lint Seed Alive (A) mm/dd/ccyy (B) mm/dd/ccyy	► NANCY KEMP M	'S NAME, MAILING ADDRESS, ZIP CODE	IANCY KEMP M.D.	1,4/	
PHYSIC	09/21/2017 10/19/2017	3009 DOUGLAS BI	LVD STE 160, ROSEVIL	LE, CA 95661	mm/dd/ceyy 122, HOUR (24 Hours)	
	MANNER OF DEATH Matural Accident Horrice		Coolings by determined YES	NO LINK		
ONLY	123. PLACE OF INJURY (e.g., frame, construction ade, whoded area, etc.)					
CORONER'S USE ONLY	124 DESCRIBE HOW NUTBY OCCURRED (Exemps which insuled in Auth)					
CORON	125 LOCATION OF INJURY (Street and number, or location, and	/		COOMING LOCK ITY COSONIER		
	126 SIGNATURE OF CORONER / DEPUTY CORONER	/		THE OF CORONER / DEPLITY CORONER	CENSUS TRACT	
	ATE A B C	D E	010001003693720	MEILINIA FAX AUTH.#		
			I			

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

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 ____N

November 13, 2017



Oliva Kenge MD

CLIVIA KASIRYE, ME LOCAL REGISTRAR

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

AND A TERATION OF EPASURE VOIDS THIS CERTIFICATE

