

RECORDING REQUESTED BY:
Emeleze J. Ross

WHEN RECORDED MAIL THIS AFFIDAVIT
AND MAIL TAX STATEMENTS TO:
Emeleze J. Ross
901 Fairview lane
Gardnerville, NV 89460



KAREN ELLISON, RECORDER

A.P.N.: 1220-31-001-015

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF TRUSTEE

THE UNDERSIGNED DECLARES:

STATE OF NEVADA
COUNTY OF DOUGLAS

Emeleze J. Ross, Surviving Trustee, of legal age, being first duly sworn, deposes and says:

1. Robert L. Ross, decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in the Ross Family Trust Dated April 9, 1993, and any amendments thereto, executed by Robert L. Ross and Emeleze J. Ross as Trustors ("Trust").

2. At the time of the decedent's death, decedent was an owner, as Trustee of the Trust, of certain real property acquired by that certain Grant Deed recorded on March 23, 2020, as Instrument No. 2020-943865, in the Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada, commonly known as 901 Fairview Lane, Gardnerville, Nevada 89460, Assessor's Parcel Number: 1220-31-001-015, and legally described as:

Parcel 1: Parcel 3B of Parcel Map LDA 01-080, for Wayne & Debra Prouty and Palmer & Barbara Knapp, filed on May 1, 2002, in Book 502, at Page 14, as Document 541118, Official Records of Douglas County, Nevada.

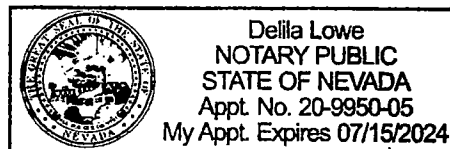
Parcel 2: A Private Access Easement as set forth in a Reciprocal Easement, Recorded May 13, 2005, in Book 505, at Page 6212, as Document 644354, Official Records of Douglas County, Nevada.

Subject To: 1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restriction, Reservations, Rights, Rights of Way and Easements now of record.

Dated: January 16, 2021.

Emeleze J. Ross
Emeleze J. Ross

State of NV County of Douglas
Subscribed and sworn to (or affirmed) before me on this
16 day of January, 2021 by
Emeleze Jane Ross proved to me on the basis
of satisfactory evidence to be the person(s) who appeared before me.
Notary Signature *Delia Lowe*



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4185718

CERTIFICATE OF DEATH

2020029277
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Lee ROSS		2 DATE OF DEATH (Mo/Day/Year) December 20, 2020		3a COUNTY OF DEATH Douglas	
	3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) Carson Valley Medical Center		3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient	
DECEDENT	4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a AGE-Last birthday (Years) 80		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8 DATE OF BIRTH (Mo/Day/Yr) August 14, 1940		9a STATE OF BIRTH (If not US/CA, name country) New Hampshire		9b CITIZEN OF WHAT COUNTRY United States	
	10 EDUCATION 10		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Emeleze SANDERS	
PARENTS	13 SOCIAL SECURITY NUMBER ██████████ 1302		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Owner		14b KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d STREET AND NUMBER 901 Fairview Ln		15e INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
	16 FATHER/PARENT - NAME (First Middle Last Suffix) Ernest ROSS			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Mary KNOX		
TRADE CALL	18a INFORMANT- NAME (Type or Print) Emeleze ROSS		18b MAILING ADDRESS (Street or R F D No. City or Town, State Zip) 901 Fairview Ln Gardnerville, Nevada 89410			
	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 SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) MOHAMMAD JARADAT MD SIGNATURE AUTHENTICATED					
REGISTRAR	21b DATE SIGNED (Mo/Day/Yr) December 22, 2020		21c HOUR OF DEATH 12:58		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)	
	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
CAUSE OF DEATH	21e PRONOUNCED DEAD (Mo/Day/Yr)		22d PRONOUNCED DEAD AT (Hour)			
	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Mohammad Jaradat MD 1107 Highway 395 Gardnerville, NV 89410				23b LICENSE NUMBER 15968	
CONDITIONS IF ANY WHICH CAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 28, 2020		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))					
PART I	(a) Acute Respiratory Distress Syndrome		Interval between onset and death 6 Hours			
	(b) Pneumonia		Interval between onset and death 15 Days			
PART II	(c) Covid 19		Interval between onset and death 15 Days			
	(d) Acute Renal Failure type 2 Diabetes atrial Flutter		Interval between onset and death			
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:

12/31/2020

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

Wesley T Storey
STATE REGISTRAR

