



above and which is still in full force and effect and has not been revoked, amended or terminated.

4. Title in the above referenced property is now vested in KATHRYN D. LUCAS, Trustee of the MANUEL P. GONZALEZ 2000 TRUST dated May 15, 2000.

MANUEL P. GONZALEZ 2000 TRUST  
dated May 15, 2000

Dated: March 17, 2021.

Kathryn Lucas  
Signed on 2021/03/17 11:04:59 -8:00  
KATHRYN D. LUCAS, TRUSTEE

State of Nevada     )  
County of Washoe    )

Subscribed and sworn (or affirmed) before me this 17th day of March, 2021, by KATHRYN D. LUCAS, who proved to me on the basis of satisfactory evidence to be the person who appeared before me in an online remote notary session with docVerify, while she was located in Clifton, Virginia.

Melissa Davis  
Signed on 2021/03/17 11:04:59 -8:00

Notary Public  
Commission No.: 12-7095-2  
Commission Expires: 2/17/2024

**MELISSA A DAVIS**  
NOTARY PUBLIC  
STATE OF NEVADA  
Commission # 12-7095-2  
My Appt. Expires February 17, 2024

Notary Stamp 2021/03/17 11:04:59 PST - Notarial act performed by means of audio video communication F48EF48A6AC8

2597B2C4-F569-48A4-82D5-585D93F5142D --- 2021/03/17 10:53:57 -8:00 --- Remote Notary



**STATE OF NEVADA  
CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4195705

**CERTIFICATE OF DEATH**

2021003347  
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

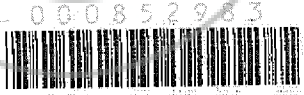
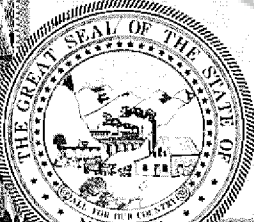
CERTIFIER

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) <b>Manuel P GONZALEZ</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 05, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address and phone number) <b>Gardnerville Health &amp; Rehab</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>Yes</b>	
7a. AGE-Last birthday (Years) <b>82</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 15, 1938</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>District Of Columbia</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Never Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>3507</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Tax Accountant</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Stateline</b>	
15d. STREET AND NUMBER <b>35 Glenbrook Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ignatius GONZALEZ</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lina PHEIFFER</b>		
18a. INFORMANT- NAME (Type or Print) <b>Kathy LUCAS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>41642 Adamson Dr Aldie, Virginia 20105</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Tahoe Cremation</b>		19c. LOCATION City or Town State <b>South Lake Tahoe California 96150</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706</b>	
TRADE CALL - NAME AND ADDRESS <b>McFarlane Mortuary 887 Emerald Bay Rd South Lake Tahoe CA 96150</b>					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JOSE AGUIRRE MD</b> 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) <b>February 09, 2021</b>		21c. HOUR OF DEATH <b>21:25</b>		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) <b>Jose Aguirre MD 1600 Medical Parkway Carson City, NV. 89703</b>			
23b. LICENSE NUMBER <b>11479</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 09, 2021</b>		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				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Chronic Atrial Fibrillation</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Cerebral Infraction</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Dementia</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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	



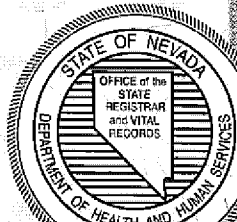
CERTIFIED COPY OF VITAL RECORDS

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:

**FEB 12 2021**

*Jose Aguirre*  
STATE REGISTRAR  
Administrator



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

