

APN# 1420-27-311-002



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Cecilia Brooks

Address: 2864 Jackie Circle

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Cecilia Brooks

Address: 2864 Jackie Circle

City/State/Zip: Minden, NV 89423

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)

Cecilia Brooks

Signature

Cecilia Brooks

Printed Name

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

Recording requested by:
Cecilia Brooks, Trustee
2864 Jackie Circle
Minden, NV 89423

And when recorded, mail to:
Cecilia Brooks, Trustee
2864 Jackie Circle
Minden, NV 89423

APN: 1420-27-311-002

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)
) ss.
County of Douglas)

Cecilia Brooks, of legal age, being first duly sworn, deposes and says:

1. Freddie Brooks, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Fred A. Brooks named as Trustee in the Declaration of Trust dated May 8, 2007, and executed by Fred A, Brooks and Cecilia Brooks as Settlers and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 2864 Jackie Circle, Minden, NV 89423, which property is described in a Deed which was executed by Frederick Brooks and Cecilia Brooks, Trustees of The Brooks Family Trust of 2007, Dated May 8, 2007, as Grantors on September 11, 2019, and recorded as Document No. 2019-935191 of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:

Lot 2 as set forth on Final Subdivision Map LDA 99-052 of BUCKBRUSH ESTATES PAHSE 2, filed in the office of the County Recorder of Douglas County, State of Nevada on March 30, 2001, in Book 0301, Page 7896, as Document No. 511326.
4. I am the named surviving 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

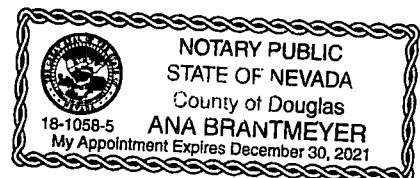
Dated 4-2-2021

Cecilia Brooks
Cecilia Brooks

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 2nd day of April, 2021, by Cecilia Brooks, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature [Signature]



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4199792

CERTIFICATE OF DEATH

2021005781
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Freddie BROOKS		2. DATE OF DEATH (Mo/Day/Year) February 24, 2021		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Mexican		7a. AGE-Last birthday (Years) 74	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 23, 1946	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 11	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Cecilia ROQUE			
PARENTS	13 SOCIAL SECURITY NUMBER ██████████-1691		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) PROSTHETIST		14b. KIND OF BUSINESS OR INDUSTRY MEDICAL	
	15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 2864 Jackie Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Lloyd BROOKS	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy SALAZAR		18a. INFORMANT- NAME (Type or Print) Cecilia BROOKS			
TRADE CALL	18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2864 Jackie Circle Minden, Nevada 89423				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services	
	20c. NAME AND ADDRESS OF FACILITY 3094 Research Way #63 Carson City NV 89706		TRADE CALL - NAME AND ADDRESS			
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) SQUIRE D HEPWORTH MD		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) March 02, 2021		21c. HOUR OF DEATH 13:15		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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) Squire D Hepworth MD 1600 Medical Pkwy Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 18140		24a. REGISTRAR (Signature) BLAISE SATARIANO			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 04, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> .NO <input type="checkbox"/>			
ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				26. AUTOPSY (Specify Yes or No) No	
	PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.	(a) Cardiopulmonary Arrest				Interval between onset and death	
	(b) Acute Respiratory Failure With Hypoxia				Interval between onset and death	
(c) Multifocal Pneumonia				Interval between onset and death		
(d) Idiopathic Pulmonary Fibrosis				Interval between onset and death		
Chronic Obstructive Pulmonary Disease						
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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE		



CERTIFIED COPY OF VITAL RECORDS

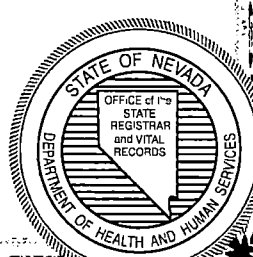
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

3/18/2021

DATE ISSUED:

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE