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Palm Desert, California 92260

DOUGLAS COUNTY, NV **2021-965853**
Rec:\$40.00
\$40.00 Pgs=3 **04/20/2021 03:03 PM**
KENNETH A. WOLOSON LAW OFFICE
KAREN ELLISON, RECORDER

Space Above For Recorder's Use

AFFIDAVIT - DEATH OF TRUSTEE

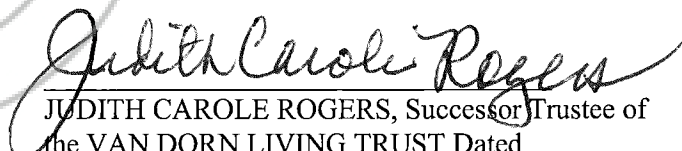
JUDITH CAROLE ROGERS, Successor Trustee of the VAN DORN LIVING TRUST, of legal age, being first duly sworn, deposes and says:

That JAMES EARL VAN DORN, JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES EARL VAN DORN, JR., named in that certain Deed, dated March 13, 2003, executed by JAMES EARL VAN DORN, JR., an unmarried man, to JAMES EARL VAN DORN, JR., Trustee of the VAN DORN LIVING TRUST Dated February 27, 2003, recorded on April 7, 2003, Document No. 0572600 in the Official Records, Douglas County, Nevada, for that certain property situated in the County of Douglas, State of Nevada, more particularly described as follows:

Lot 42, as shown on the map of TOPAZ RANCH ESTATES, UNIT NO. 3, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 31, 1969, as Document No. 44091.
APN: 1022-09-001-102
Commonly known as: 3735 Topaz Ranch Drive, Wellington, Nevada 89444

I am the Successor Trustee of the same trust under which said decedent held title as trustee pursuant to that deed described above, and I am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated: March 19, 2021


JUDITH CAROLE ROGERS, Successor Trustee of
the VAN DORN LIVING TRUST Dated
February 27, 2003

MAIL TAX STATEMENTS TO:

JUDITH CAROLE ROGERS
43840 Fairhaven Drive
Palm Desert, California 92260

JURAT

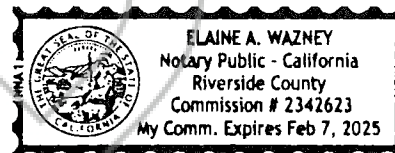
A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Riverside

Subscribed and sworn to (or affirmed) before me on this 19th day of MARCH, 2021, by JUDITH CAROLE ROGERS, proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

Signature Elaine A. Wazney (Seal)

Notary Public
Commission Expires:
Commission No.:



MAIL TAX STATEMENTS TO:

JUDITH CAROLE ROGERS
43840 Fairhaven Drive
Palm Desert, California 92260

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

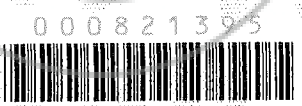
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4151558

CERTIFICATE OF DEATH

2020012790
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Earl VAN DORN JR		2. DATE OF DEATH (Mo/Day/Year) June 20, 2020		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 address number) Carson Tahoe Regional Medical Center		3a. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 23, 1932	
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 12	
	11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-3763		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) James Earl VAN DORN SR		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lucille Estelle SOUTHERN			
	18a. INFORMANT- NAME (Type or Print) Judith Carole ROGERS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 43840 Fairhaven Dr Palm Desert, California 92260			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEULAC SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TATJANA DELEMUS MD 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) June 22, 2020		21c. HOUR OF DEATH 15:48		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Tatjana Delemus MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 13163		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 23, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Asystole DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Acute Blood Loss Anemia; Right Hip Fracture; Atrial Fibrillation		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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: **6/29/2020**

Wesley T Storey
STATE REGISTRAR

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

