

DOUGLAS COUNTY, NV

2021-967903

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05/21/2021 02:54 PM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:
Claudia Lynn Thomas and Richard Thomas Christensen ,Successor Trustees of the Richard Gertz and Virginia Ann Christensen Family Trust Agreement dated February 9, 1983

*815 St. Louis Ave #2
Long Beach, Ca 90804*

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02102886-RLT

APN No.: 1220-10-401-017

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Claudia Lynn Thomas and Richard Thomas Christensen, being duly sworn, deposes and says:

1. Richard Gerts Christensen and Virginia Ann Christensen, the decedents mentioned in attached copy of Certificates of Death, is the same persons as Richard Gertz Christensen and Virginia Ann Christensen named as of the trustees in that certain Individual Grant Deed dated December 19, 1991 executed by Richard G. Christensen and Virginia A. Christensen, Husband and Wife to Richard Gertz Christensen and Virginia Ann Christensen, Trustees of the Richard Gertz and Virginia Ann Christensen Family Trust, Under Trust Agreement dated February 9, 1983, recorded on December 31, 1991 as instrument number 268107, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Claudia Lynn Thomas and Richard Thomas Christensen, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: 5/14/21

Claudia Lynn Thomas
Claudia Lynn Thomas, Successor Trustee

Richard Thomas Christensen
Richard Thomas Christensen, Successor Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on May 14, 2021
by Claudia Lynn Thomas and Richard Thomas Christensen

[Signature]
NOTARY PUBLIC

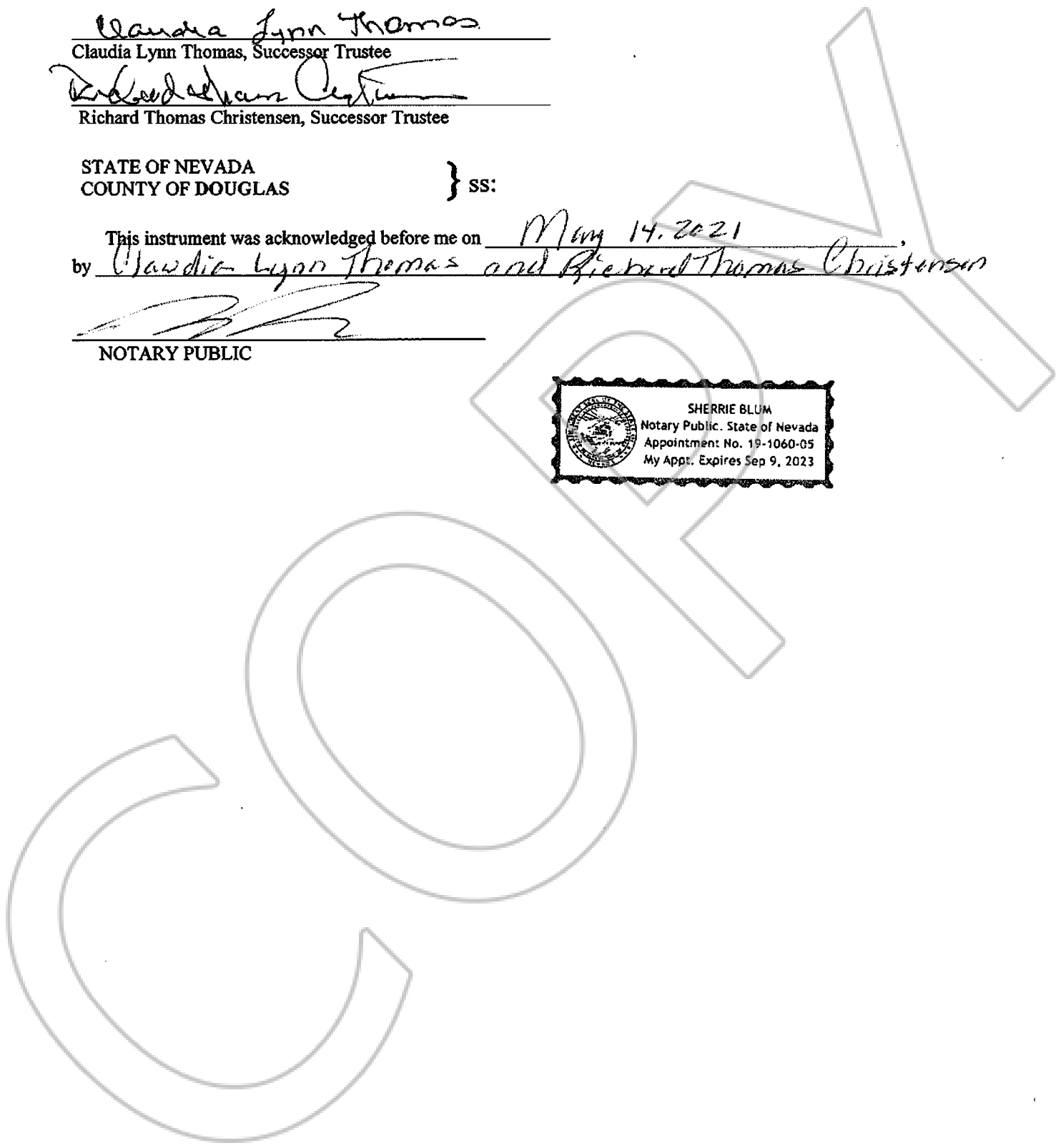


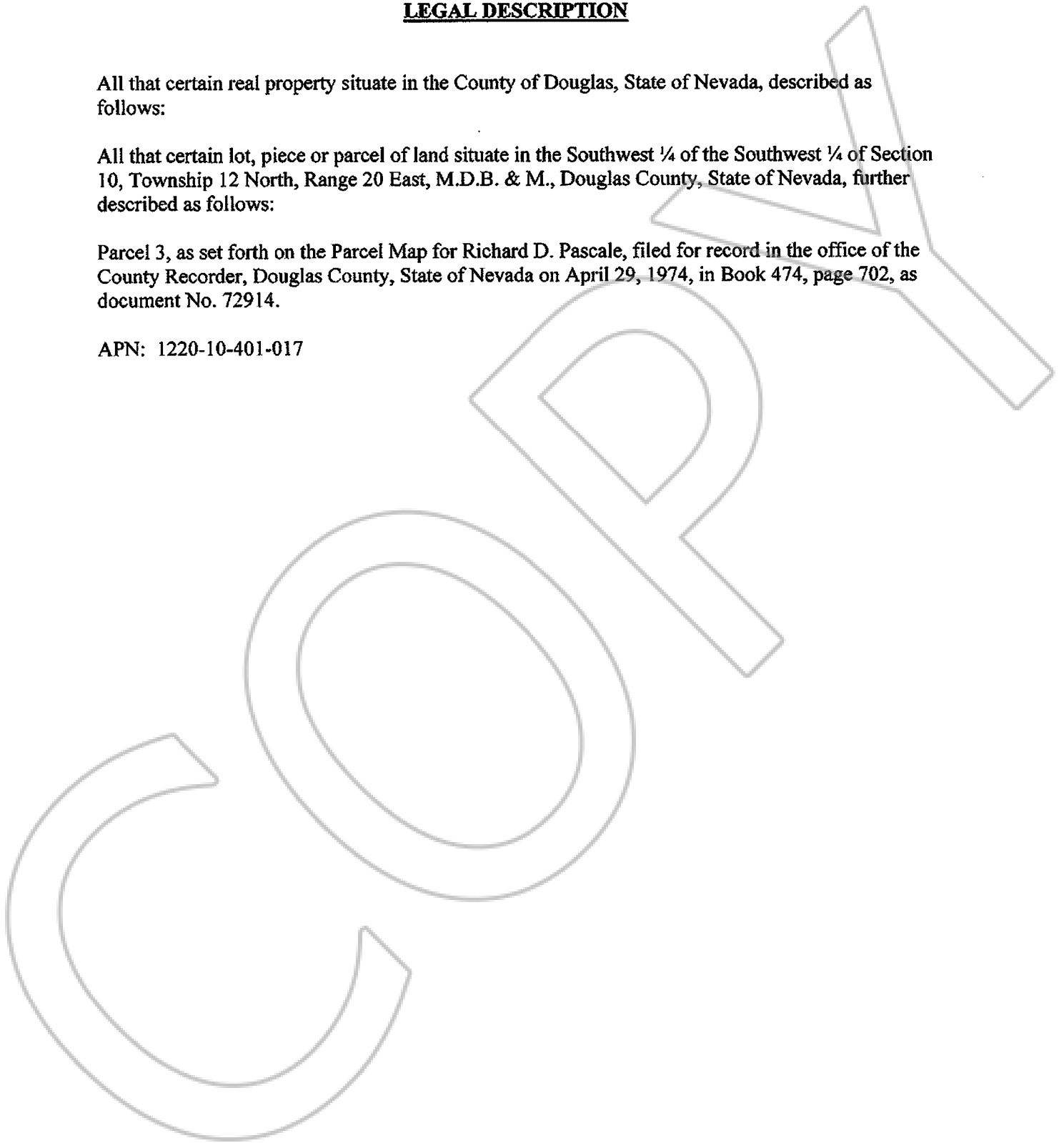
EXHIBIT A
LEGAL DESCRIPTION

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

All that certain lot, piece or parcel of land situate in the Southwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 10, Township 12 North, Range 20 East, M.D.B. & M., Douglas County, State of Nevada, further described as follows:

Parcel 3, as set forth on the Parcel Map for Richard D. Pascale, filed for record in the office of the County Recorder, Douglas County, State of Nevada on April 29, 1974, in Book 474, page 702, as document No. 72914.

APN: 1220-10-401-017



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4175379

CERTIFICATE OF DEATH

2020024196
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Richard Gerts CHRISTENSEN		2. DATE OF DEATH (Mo/Day/Year) October 25, 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 number). 1032 Kerry Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 29, 1930		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) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]-5736		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
FIREFIGHTER		FIRE DEPARTMENT		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1032 Kerry Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT -NAME (First Middle Last Suffix) Jens Peter Alfred CHRISTENSEN			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Anna Julie THOMSON		
18a. INFORMANT- NAME (Type or Print) Claudia THOMAS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 815 St. Louis Ave #B Long Beach, California 90814			
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 BEAULAC SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3945 Fairview Dr Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ 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) November 04, 2020		21c. HOUR OF DEATH 08:45		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 04, 2020		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) Emphysema					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or 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	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST



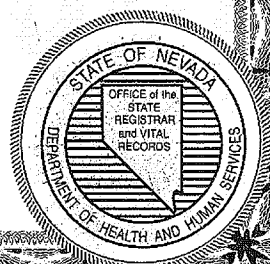
CERTIFIED COPY OF VITAL RECORDS

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:

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2010016871
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) Virginia Ann CHRISTENSEN		2. DATE OF DEATH (Mo/Day/Year) November 05, 2010		3a. COUNTY OF DEATH Douglas	
3a. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
3b. SEX Female		7a. AGE-Last birthday (Years) 80		8. DATE OF BIRTH (Mo/Day/Yr) August 14, 1930	
5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS	
7c. UNDER 1 DAY HOURS MINS		9a. STATE OF BIRTH (If not U.S.A., name country) Rhode Island		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Richard CHRISTENSEN	
13. SOCIAL SECURITY NUMBER [REDACTED]-5604		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1032 Kerry Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Thomas NEAL			17. MOTHER - NAME (First Middle Last Suffix) Virginia JARVIS		
18a. INFORMANT- NAME (Type or Print) Richard CHRISTENSEN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1032 Kerry Lane Gardnerville, Nevada 89460		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Green Hills Memorial Park		19c. LOCATION City or Town State Rancho Palos Verdes California 90274	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RALPH HERBIG DO 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) November 09, 2010		21c. HOUR OF DEATH 14:34		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Herbig, Ralph		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) Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV 89410				23b. LICENSE NUMBER 984	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 12, 2010		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).)				Interval between onset and death	
PART I				Minutes	
(a) DUE TO, OR AS A CONSEQUENCE OF: Hypoxic Encephalopathy				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Cardiac Arrest				Minutes	
(c) DUE TO, OR AS A CONSEQUENCE OF: Coronary Artery Disease				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Years	
Interval between onset and death				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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	

STATE REGISTRAR

356115

VRS-Rev-20100216

360409

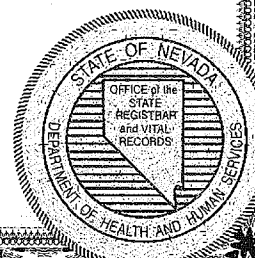
CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED: 11/12/2010

Rand White
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE