

APN# 1220-17-613-709

Recording Requested by/Mail to:

Name: RICHARD K. FRAMPTON

Address: P.O. Box 709

City/State/Zip: Turlock, CA 95381-0709

Mail Tax Statements to:

Name: Kimberly A. Carson

Address: 1041 Maverick Court

City/State/Zip: Gardnerville, NV 89460



KAREN ELLISON, RECORDER

AFFIDAVIT - DEATH OF TRUSTEE

**Title of Document** (required)

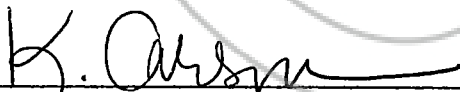
------(Only use if applicable)-----

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)



Signature

KIMBERLY A. CARSON

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECORDING REQUESTED BY:

RICHARD K. FRAMPTON

AND WHEN RECORDED MAIL TO:

TRIEBSCH & FRAMPTON, APC  
P.O. Box 709  
Turlock, CA 95381-0709

APN: 1220-17-613-013

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA            )  
  ) SS.  
COUNTY OF DOUGLAS        )

KIMBERLY A. CARSON, of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. RICK W. PICKETT is the person referenced in the attached certified copy of the Certificate of Death who died on at Gardnerville, Douglas County, Nevada.

2. Decedent is the same person named as the trustee named in that certain Declaration of Trust known as the PICKETT 1999 TRUST dated August 25, 1999 executed by RICK W. PICKETT and CAROLYN A. PICKET as trustors (the "Trust").

3. Decedent as a trustee is the same person who was named as a grantee in that certain GRANT, BARGAIN AND SALE DEED dated June 27, 2000, which was recorded as Document No. 0503679 in Book 1100, Page 4029, of Official Records of Douglas County, Nevada, and same person who was named as the surviving Trustor and Trustee in that certain AFFIDAVIT - DEATH OF TRUSTEE dated October 8, 2014, which was recorded as Document No. 2014-851354, of Official Records of Douglas County, Nevada, as legally described as follows:

Lots 152, Block C, of PLEASANTVIEW, PHASE 8 MAP No. 1009-8, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on June 30, 1999, in Book 699, Page 6647, as Document No. 471554.

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4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: May 20, 2021

DECLARANT:

K. Carson  
KIMBERLY A. CARSON

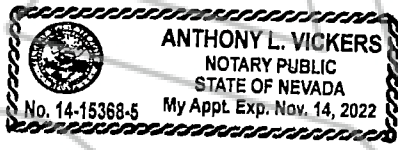
ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF NEVADA  
COUNTY OF DOUGLAS

Subscribed and sworn to (or affirmed) before me on this 20th day of MAY, 2021, by KIMBERLY A. CARSON, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Anthony L. Vickers  
Notary Public

My Commission Expires: 11/14/2022



(SEAL)

Notary Name: \_\_\_\_\_  
Notary Registration Number: \_\_\_\_\_

Notary Phone: (775) 783-9776  
County of Principal Place of Business  
DOUGLAS, Nevada



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4209100

**CERTIFICATE OF DEATH**

2021009868  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX), <b>Rickey Wayne PICKETT SR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 20, 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 ar number) <b>926 Sweetwater Dr</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>75</b>	
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 23, 1945</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Arkansas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████-9420</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Parcel Delivery</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>926 Sweetwater Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>Yes</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Leonard GOODWIN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Juanita REED</b>		
TRADE CALL	18a. INFORMANT-NAME (Type or Print) <b>Kimberly CARSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1041 Maverick Ct Gardnerville, Nevada 89460</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden NV 89423</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>SIGNATURE AUTHENTICATED</b> <b>KELLE L BROGAN MD</b>					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) <b>April 21, 2021</b>		21c. HOUR OF DEATH <b>09:30</b>		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) <b>Kelle L Brogan MD 1155 Mill St Reno, NV 89502</b>				23b. LICENSE NUMBER <b>6000</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 23, 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	
CAUSE OF DEATH	(a) <b>Acute Respiratory Failure With Hypoxia</b>				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Chronic Systolic Heart Failure</b>				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Severe Aortic Valve Stenosis</b>				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Atrial Fibrillation, Chronic Alcohol Dependence</b>				26. AUTOPSY (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				



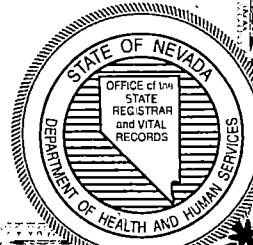
CERTIFIED COPY OF VITAL RECORDS

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: **4/26/2021**

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

*Janey Spang*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE