

APN# 1420-28-311-012

Recording Requested by:

Name: LIFELINE ESTATE SERVICES, INC.
Address: 3708 LAKESIDE DR. STE. 202
City/State/Zip: RENO/NEVADA/89509

When Recorded Mail to:

Name: LIFELINE ESTATE SERVICES, INC.
Address: 3708 LAKESIDE DR. STE. 202
City/State/Zip: RENO/NEVADA/89509

Mail Tax Statement to:

Name: Jordan C. Davidson
Address: 2557 La Mirada Ct.
City/State/Zip: Minden, NV 89423

*Affidavit regarding death of initial co-trustee
and assumption of Trusteeship by sunny
initial trustee*

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

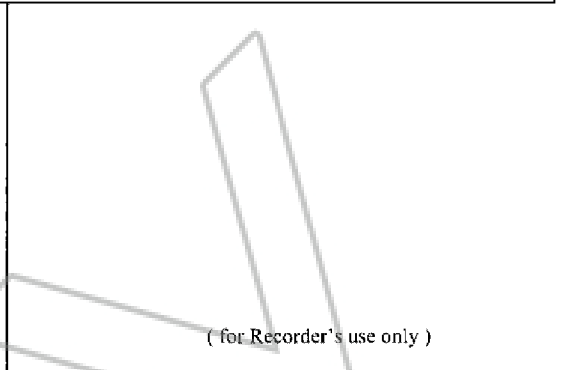
I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380
(State specific law)

Tiffany Pushing
Signature
Tiffany Pushing
Printed Name

Office manager
Title

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.



APN #: 1420-28-311-042
RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services, Inc.
3708 Lakeside Dr. STE 202
Reno, NV 89509

MAILTAX STATEMENTS TO:
Susan C. Davidson, Trustee
2857 La Mirada Ct.
Minden, NV 89423

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY SURVIVING INITIAL TRUSTEE**

The following described real estate in Douglas County, State of Nevada:

LOT 110, IN BLOCK G AS SHOWN ON THE MAP OF SARATOGA SPRINGS ESTATES
UNIT 5, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON MAY
4, 2001, FILE NO. 513570 AND AS AMENDED BY THAT CERTIFICATE OF
AMENDMENT RECORDED JULY 17, 2001, IN BOOK 701, PAGE 3937 AS
INSTRUMENT NO. 518483 OF OFFICIAL RECORDS.

SUBJECT TO

1. ALL GENERAL AND SPECIAL TAXES FOR THE CURRENT FISCAL YEAR
2. COVENANTS, CONDITIONS, RESTRICTIONS, RESERVATIONS, RIGHTS,
RIGHTS OF WAY AND EASEMENTS NOW OF RECORD.

Together with all and singular the tenements, hereditaments and appurtenances thereunto
belonging or in anywise appertaining, and any reversions, remainders, rents, issues, and
profits thereof.

The undersigned, **SUSAN C. DAVIDSON**, hereby declares that, **GREGORY S.
DAVIDSON**, died on February 22, 2021, is the decedent mentioned in
the attached certified copy of Certificate of Death, and is the same person as **GREGORY S.
DAVIDSON**, named as one of the initial Trustee in that certain Declaration of Trust titled
**THE GREGORY S. DAVIDSON AND SUSAN C. DAVIDSON REVOCABLE TRUST
DATED JULY 10, 1998.**

Declarant further declares that she is the Successor Trustee named in the Declaration of trust
and that she hereby assumes the position of Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and
that this declaration is executed on the date and place indicated below.

Executed on this 30 th day of June, 2021, in the City of
Reno, County of Washoe, State of Nevada.

VERIFICATION

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Susan C. Davidson

SUSAN C. DAVIDSON, Surviving Initial Trustee of the
GREGORY S. DAVIDSON AND SUSAN C.
DAVIDSON REVOCABLE TRUST DATED JULY 10,
1998

STATE OF NEVADA

)

) SS:

COUNTY OF WASHOE

)

Personally came before me this 30th day of June, 2021, the above named SUSAN C. DAVIDSON, to me known to be the people who executed the foregoing instrument and acknowledged the same.

Tiffany H. Rushing

Tiffany H. Rushing, Notary Public
Washoe County, Nevada
My Commission 11/22/2023



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4198895

CERTIFICATE OF DEATH

2021005420
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) Gregory Stuart DAVIDSON		2. DATE OF DEATH (Mo/Day/Year) February 22, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) 2857 La Mirada Court		3d. 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) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 21, 1948		9a. STATE OF BIRTH (If not US/CA, name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Susan HUNT	
13. SOCIAL SECURITY NUMBER ██████████-2813		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Wood Working	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2857 La Mirada Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wilbur DAVIDSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ella Jane SCATTERDAY		
18a. INFORMANT- NAME (Type or Print) Susan DAVIDSON		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2857 LaMirada Court Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
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) ERIK A EISSINGER SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) May 14, 2021		21c. HOUR OF DEATH 18:27	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) ERIK A EISSINGER SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) February 22, 2021	
		22c. HOUR OF DEATH 18:27		22d. PRONOUNCED DEAD (Mo/Day/Yr) February 22, 2021	
		22e. PRONOUNCED DEAD AT (Hour) 18:27			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Erik A Eissinger P O Box 218 Minden, NV. 89423				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 14, 2021		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) Gunshot Wound To The Chest DUE TO, OR AS A CONSEQUENCE OF:					
(b) Homicide DUE TO, OR AS A CONSEQUENCE OF:					
(c) Shot By Another Person 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.				26. AUTOPSY (Specify Yes or No) Yes	
				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	



CERTIFIED COPY OF VITAL RECORDS

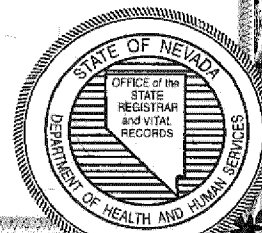
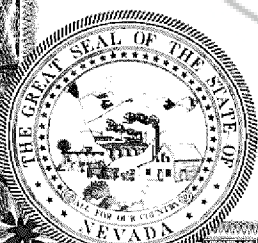
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

5/14/2021

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE