| APN# 1219.26.001.01 | 18 |
|---------------------|----|
|---------------------|----|

**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

( for Recorder's use only )

2021-973256

08/30/2021 08:26 AM

DOUGLAS COUNTY, NV

Pgs=5 LIFELINE ESTATE SERVICES

KAREN ELLISON, RECORDER

Rec:\$40.00

\$40.00

Mail Tax Statement to:

Name: YOHMOK

Address: 548 Janus M

City/State/Zip: Ouvd/18MU,

Afficiant Regardy death of initial cu-trusters ) and assumption it trusters hip by

(Title of Document) Survivy truster,

## 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)

Signatur

il Manager.

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 #: 1219-26-001-048 RECORDING REQUESTED AND RETURN TO: Lifeline Estate Services, Inc. 3708 Lakeside Dr. STE 202 Reno, NV 89509

#### **MAILTAX STATEMENTS TO:**

Patrick J. Brennan, Trustee 548 Jackson ranch Rd. Gardnerville, NV 89460

# AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE(S) AND ASSUMPTION OF TRUSTEESHIP BY SURVIVING TRUSTEE

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

# SEE ATTACHED EXHIBIT "A"

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, PATRICK JOSEPH BRENNAN, hereby declares that, TERRY ANN BRENANN, died on June 27<sup>th</sup>, 2021, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as TERRY ANN BRENNAN, named as one of the initial Trustee in that certain Declaration of Trust titled the PATRICK JOSEPH BRENNAN AND TERRY ANN BRENNAN 2004 REVOCABLE LIVING TRUST DATED MAY 26, 2004.

Declarant further declares that he is the Successor Trustee named in the Declaration of trust and that he 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 26 th day of AUGUST, 20 Z), 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.

PATRICK J. BRENANN, Surviving Trustee of the PATRICK JOSEPH BRENNAN AND TERRY ANN BRENNAN 2004 REVOCABLE LIVING TRUST

DATED MAY 26, 2004

| STATE OF NEVADA                                   | )<br>) SS:   |  |
|---|--|--|
| COUNTY OF WASHOE                                  | )  |  |
| the same.   | th day of August, 2021, the abee people who executed the for | ove named PATRICK JOSEPH regoing instrument and acknowledged                                     |
| Washoe County, Nevada<br>My Commission 04/01/2025 |  | SUSAN C. RHOADS NOTARY PUBLIC STATE OF NEVADA Appt. No. 96-3392-2 My Appt. Expires APRIL 1, 2025 |
|   |  |  |
|   |  |  |

#### **EXHIBIT A**

#### PARCEL 1:

That portion of the North ½ of Section 26, Township 12 North, Range 19 East, M.D.B.&M. in the County of Douglas, State of Nevada being more particularly described as follows: Beginning at the Southeasterly corner of Lot 7 of the Amended Record of Survey for Jerald R. Jackson, recorded in Book 0501 at Page 9960 as Document No. 515523 of Official Records of said Douglas County; thence Westerly along the Southerly line of said Lot 7, South 71°25'05" West, 341.85 feet to the Southwesterly corner of said Lot 7; thence Northerly along the Westerly line of lot 6 and lot 7 of said Amended Record of Survey, North 0°04'29" West, 421.81 feet to the Northwesterly corner of said Lot 6; thence Easterly along the Northerly line of said Lot 6, North 71°25'05" East, 186.09 feet; thence South 18°34'55" East, 4.50 feet to a point on a curve concave to the Southeast and having a radius of 55.00 feet, a radial line thorugh said point bears North 18°34'55" West; thence Southerly along said curve through a central angle of 57°33'49" an arc distance of 55.26 feet to a point on said curve, a radial line through said point bears North 76°08'44" West; thence South 71°25'05" West, 118.08 feet; thence South 0°04'29" East, 86.74 feet; thence South 27°13'27" East, 227.54 feet; thence North 71°25'05" East, 108.65 feet; thence North 5°26'58" West, 89.56 feet to a point on the Northerly line of said Lot 7; thence Easterly along said Northerly line North 71°25'05" East, 51.14 feet to the Northeasterly corner of said Lot 7; thence Southerly along the Easterly line of said Lot 7, South 18°25'00" East, 150.00 feet to the Point of Beginning.

#### PARCEL 2:

All roadway easements as set forth in Grant, Bargain, Sale Deed executed by Jerald R. Jackson Trustee and Irene M. Windholz, Trustee and filed for record with Douglas County Recorder on May 31, 2001 in Book 0501, Page 9960 as Document No. 0515524 and being futher depicted on the Amended Record of Survey for Jerald R. Jackson filed for record with the Douglas County Recorder on May 31, 2001 in Book 0501, Page 9960 as Document No. 0515523.

NOTE(NRS 111.312): The above metes and bounds description appeared previously in that certain Quitclaim Deed, recorded in the office of the County Recorder of Douglas County, Nevada on September 24, 2007, as Document No. 0709843, of Official Records.

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



### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

| CASE FI  | LE NO. 4221399   |  | CERTIFICATE OF DEATH   |  |   |   | 2021015698  |                               |                                       |             |
|--|--|--|--|--|---|---|---|-------------------------------|---------------------------------------|-------------|
| TYPE OR  | 1a. DECEASED-NAME (FIRST,MI  | PIPUP LACT CHICKY  |  |  |   | STATE FILE NUMBER   |   |                               |                                       |             |
| PRINT IN PERMANENT                                 | Terry Ann  |  | BRENNAN  |  |   |   | E OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH              |                               |                                       |             |
| BLACK INK  | 1  |  |  |  |   |   | ne 27, 2021   |                               | Douglas                               |             |
|  | 3b. CITY, TOWN, OR LOCATION OF DEATH 3c, HOSPITAL OR OTHER INSTITUTION. Name(If not either, give street an 3e If Hosp, or Inst. Indicate DOA, OP/Emer, Rm. 4, SEX Innumber)  |  |  |  |   |   |   |                               | SEX                                   |             |
| DECEDENT   | Gardnerville   | ,  |  | ckson Ranch F  |   | 1 '   |   | Home                          |                                       | Female      |
| DEGEDERI   | 5. RACE (Specify)  | l l  | . Hispanic Origin? Sp  |  |   |   | INDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr) |                               |                                       |             |
|  | White No - Non-Hispanic (Years)  |  |  |  |   | MOS D   | NAYS HOURS  | MINS                          | April 01, 19                          | 353         |
| IF DEATH   | 9a, STATE OF BIRTH (If not US/Ca   | A, 35. CITIZEN OF  | 68  <br>N OF WHAT COUNTRY 10 EDUCATION 11 MARITAL STATUS<br>Marned |  |   | IUS (Specify) 12. SURVIVING SPOUSE'S NAME (Last name prior to first m |   |                               |                                       |             |
| IF DEATH<br>OCCURRED IN<br>INSTITUTION SEE         | name country) California   |  | States   | 12   |   |   | Patrick Joseph BRENNAN                                    |                               |                                       |             |
| HANDBOOK<br>REGARDING                              | 13. SOCIAL SECURITY NUMBER   | 14a. USUAL OCC   | . USUAL OCCUPATION (Give Kind of Work Done During Most of 14       |  |   |   | 145. KIND OF BUSINESS OR INDUSTRY Ever in US Armed        |                               |                                       |             |
| COMPLETION OF<br>RESIDENCE<br>ITEMS                | -1650  |  |  | Probation  |   |   | LAW ENFORCEMENT Forces? No                                |                               |                                       |             |
| HEMB   | 15a. RESIDENCE - STATE 15  | b. COUNTY  | 16c. CITY, TO  | WN OR LOCATIO  | N 15d. STRE                             | EET AND NU  | JMBER   | The second name of the second | 15a, INSID<br>LIMITS (St              | ecify Yes   |
|  | Nevada   | Douglas  |  | <u>rdnervilie</u>  |   |   | Ranch Rd  |                               | or No)                                | Yes         |
| PARENTS  | 16. FATHER/PARENT - NAME (FI   |  |  |  | 17. MOTHER/PA                           |   | ME (First Middle  |                               | <b>N</b>                              | 1           |
|  | 77000 AWAS AND   | Louis LANDIN   |  |  |   | 770   | Catherine DE  |                               |                                       | - 1         |
|  | 13a. INFORMANT- NAME (Type or<br>Patrick Josep   |  | 18b. MA  | 37   | • | 76.   | or Town, State, Zip                                       |                               |                                       | . "         |
|  | 15a. BURIAL, CREMATION, REMO   |  | Has remercial  |  |   | Ranch Ro  | Gardnerville,   |                               |                                       | <u> </u>    |
| DISPOSITION  | Removal/Bu   |  |  | loly Cross Cat   |   | erv   | 196, LOC  | Colma Cali                    | r Town — State<br>fornia 94014        | 76          |
|  | 20a. FUNERAL DIRECTOR - SIGN   | 100 March 100 Ma | 25 S.C. 1 S.C. 1   |  |   |   | RESS OF FACILITY  |                               | 101111a 940   4                       | +           |
|  |  | THOMAS   | LICE   | ENSE NUMBER  | JUP ZUC. NAMI                           |   | /alton's Funera   |                               | ations                                |             |
|  | SIGNATU  | RE AUTHENTICATE  | D  | FD861  |   |   | Church Street   |                               |                                       | i           |
| TRADE CALL   | TRADE CALL - NAME AND ADOR   | SS Duggan's Sierra   | Mortuary 500 We  | stake Ave Dal  | City CA 940                             | 014   | 1   |                               | · · · · · · · · · · · · · · · · · · · |             |
|  | > 를 21a. To the best of my know  | edge, death occurred a   | the time, date and p   | lace and due   | 22a. On the b                           | asis of examin  | ration and/or investig                                    | jation, in my opinio          | n death occurred                      |             |
|  | 그 io the cause(s) stated.(Sign   |  | GNATURE AUTHE<br>R BAD   | HTICATED   7   | 글 at the time, da                       | ate and place a   | and due to the cause                                      | (s) stated, (Signat           | ure & Titte)                          |             |
| CERTIFIER  | In the cause(s) stated (Signature & Titte)  BRYAN L RICKS MD  21b. DATE SIGNED (Mo/Day/Yr)  21c. HOUR OF DEATH  33:26  21d. NAME CF ATTENDING PHYSICIAN IF OTHER THAN GERTIFIER  (Type or Print)  10 to the cause(s) stated (Signature & Titte)  BIGNATURE AUTHENTICATED  2 at the time, date and place and due to the cause(s) stated. (Signature & Titte)  22b. DATE SIGNED (Mo/Day/Yr)  22c. HOUR OF DEATH  33:26  23d. NAME CF ATTENDING PHYSICIAN IF OTHER THAN GERTIFIER  22d. PRONOUNCED DEAD AT (Hour Off DEAD (Mo/Day/Yr))  22e. PRONOUNCED DEAD AT (Hour Off DEAD (Mo/Day/Yr)) |  |  |  |   |   |   |                               |                                       |             |
|  | [ខ្លី 🎽 July 02, 2021  |  | 03:26  | Can  | PH C                                    | 1   |   | ľ                             |                                       |             |
|  | July 02, 2021  # 21d. NAME OF ATTENDING CType or Print)  | PHYSICIAN IF OTHE  | R THAN CERTIFIER   | 80   | 3 22d. PRON                             | OUNCED D  | EAD (Mo/Day/Yr)   | 22e. PRONO                    | UNCED DEAD /                          | AT (Hour)   |
|  |  |  |  | 4.14   |   |   |   | <u> </u>                      |                                       |             |
|  | 23a, NAME AND ADDRESS OF CE  | RTIFIER (PSYSICIAN,<br>Yan L. Ricks MD   |  |  |   |   | (Type or Print)   | 23b. LICE                     | NSE NUMBER<br>9435                    | 1           |
|  | 24a. REGISTRAR (Signature)   | BLAISE S   | The second   |  | ATE RECEIVED                            |   | RAR 24c D   | EATH DUE TO C                 |                                       | DISEASE     |
| REGISTRAR  |  | SIGNATURE AUT  |  | (Ma/D  | 06-8                                    | ly 07, 202  | No. 10 (1977)   | YES 🗍                         | NO X                                  |             |
| CAUSE OF   | 25. IMMEDIATE CAUSE  | ENTER ONLY ONE CA  |  | (a) (b) AND (c) )  | and of a size of the same of the same   | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                               |   | interva                       | i between onset                       | and death   |
| DEATH  | PART   (a) Cardiopuln  | nonary Arrest  |  |  | \ \                                     |   |   | -                             | ediate                                |             |
| DLAIII   |  | A CONSEQUENCE OF.  |  |  |   |   |   |                               | l between anset                       | and death   |
| CONDITIONS IF                                      | <sub>(b)</sub> Muscular [  | Disease  |  | , 10   |   |   |   | 2 Ye                          |                                       |             |
| GAVE RISE TO                                       | DUE TO, OR AS  | A CONSEQUENCE OF   |  | Tan m  |   |   |   |                               | I between onset                       | t and death |
| IMMEDIATE<br>CAUSE                                 | Uncertain  | Eticlogy   |  | /  | 1 /                                     |   |   | 30 Y                          |                                       | Cond death  |
| CAUSE<br>STATING THE ><br>UNDERLYING<br>CAUSE LAST | DUE TO, OR AS  | A CONSEQUENCE OF:  |  |  |   |   | <del></del>   |                               | l between onse                        | and death   |
| GAUGE CAG  | (d)  |  |  |  | s / su                                  |   |   | ;                             |                                       |             |
|  | PART II OTHER SIGNIFICANT CO   | DNDITIONS-Conditions   | contributing to death  | but not resulting in   | the underlying o                        | cause given i   |   | 5. AUTOPSY (Spe               | ecil 27. WAS CASE<br>REPERRED TO      |             |
| / /  |  | 7  |  |  |   |   | Y   | es or Na) No                  | REFERRED TO<br>(Specify Yes o         | K No) Vec   |
| / /  | 28a. ACC., SUICIDE, HOM., UNDET.<br>OR PENDING INVEST. (Specify)   | 286, DATE OF INJURY (Min/  | Pay/Yr) 28c. HC  | OUR OF INJURY  | 28d. DESCRIBE HO                        | OW INJURY O   | CCURRED   |                               | <del></del>                           | , G3        |
| 1 1  |  |  |  | Market State of the State of th |   |   |   |                               |                                       |             |
|  | 28e. INJURY AT WORK (Specify   | 8f. PLACE OF INJURY  | At home from street  | r fárifán effica   | 28g LOCATION                            | d erec  | EET OR R.F.D. No.   | . CITY OR TO                  | NAA.                                  | CTATE       |
| \ \  |  | ouilding, etc. (Specify)   | - лилина, кани, ѕиес   | a, ractory, unice  | Zeg LOCATION                            | y SIRE  | EET OK K.P.D. NO.   | . GIT ON IC                   | PIVVI                                 | STATE       |
| 1 1  | ·  |  |  |  |   |   |   |                               |                                       |             |





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. /30/2021

DATE ISSUED

STATE REGISTRAR

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

