

<b>A.P.N. No.:</b>	1420-34-810-004
<b>File No.:</b>	1382713 KDJ/BB
<b>Recording Requested By:</b>	
Stewart Title Company	
<b>When Recorded Mail To:</b>	
Evelyn Kennard	
825 Jackson Way	
Carson City, NV 89701	

(for recorders use only)

**Affidavit- Death of Trustee**

**(Title of Document)**

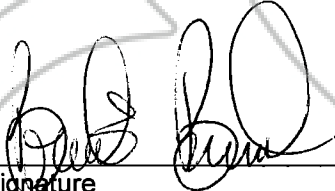
**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number 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 social security number of a person or persons as required by law: NRS 440.380

(State specific law)

  
Signature

Escrow Officer  
Title

Brandi Bernard  
Print Signature

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.

(Additional recording fee applies)

RECORDING REQUESTED BY:  
Stewart Title Company

WHEN RECORDED MAIL TO:  
Evelyn Kennard  
825 Jackson Way  
Carson City, NV 89701

ORDER NO. 1382713  
A.P.N. No.: 1420-34-810-004

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of } ss.

Evelyn Kennard of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Quitclaim Deed dated December 9, 2016, executed by Gary E. Kennard and Evelyn Kennard, husband and wife as joint tenants with right of survivorship to Gary E. Kennard and Evelyn Kennard, as Trustee's of The Kennard Family Trust Dated October 30, 1997, recorded as Instrument No. 2017-894991 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.

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

Lot 44 of SIERRA VIEW SUBDIVISION, according to the Map thereof, filed in the Office of the County Recorder of Douglas County, State of Nevada, on April 18, 1960, in Book 2, Page 105, as Document No. 15897.

- 2. That I 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 of 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 subject property.

Dated: 9/14, 2021

Evelyn Kennard  
By: Evelyn Kennard, as Successor Trustee of The Kennard Family Trust Dated October 30, 1997

State of Nevada  
County of Carson City

Subscribed and sworn to (or affirmed) before me on this 14th day of September, 2021 by Evelyn Kennard, as Successor Trustee of The Kennard Family Trust Dated October 30, 1997.

Signature [Signature] (Seal)



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

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

**CERTIFICATE OF DEATH**

CASE FILE NO. 3990102

**2017021998**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gary E KENNARD			2. DATE OF DEATH (Mo/Day/Year) November 21, 2017		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 and number) 825 Jackson Way		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		4. SEX Male
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 83	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) January 07, 1934
	9a. STATE OF BIRTH (If not US/CA, name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 13	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Evelyn HANSEN
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED]-1105		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of [REDACTED]) Maintenance Supervisor		14b. KIND OF BUSINESS OR INDUSTRY		Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Carson City	15c. CITY, TOWN OR LOCATION Carson City	15d. STREET AND NUMBER 825 Jackson Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Earl Mitchell KENNARD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Emma Marie KELLER			
	18a. INFORMANT - NAME (Type or Print) Evelyn KENNARD			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 825 Jackson Way Carson City, Nevada 89701			
POSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Funeral Services		19c. LOCATION City or Town State/ Las Vegas Nevada 89122		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD T HEARN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD228	20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #83 Carson City NV 89706			
TRADE CALL	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): SIGNATURE AUTHENTICATED REED DOPF MD			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)			
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) November 28, 2017		21c. HOUR OF DEATH 09:45		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703					23b. LICENSE NUMBER 13920	
	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 28, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					26. AUTOPSY (Specify Yes or No)	
	PART I (a) Terminal Complications Of Alzheimer's Pattern Dementia DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)					Interval between onset and death Years	
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Chronic Kidney Disease Stage III					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATE THE UNDERLYING CAUSE LAST	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: 4/2/2021

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

*Blaise Satariano*  
STATE REGISTRAR

