



KAREN ELLISON, RECORDER

The undersigned hereby affirms that this document submitted for recording does contain a social security number as required by NRS 440.380(1) (A) & NRS 40.525(5)

A.P.N. 1420-29-612-010
 1219-10-001-024
 1220-21-510-177

When Recorded Return to:
 Scott J. Heaton, Esq.
 P.O. Box 605
 Carson City, NV 89702

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
 CARSON CITY)

KELLY CULLEY, Successor Trustee of THE JEANETTE O. FORD REVOCABLE LIVING TRUST Dated June 25, 1996, of legal age, being duly sworn, deposes and says:

That JEANETTE HELEN OLIVA FORD, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as JEANETTE O. FORD, Trustee of THE JEANETTE O. FORD REVOCABLE LIVING TRUST Dated June 25, 1996 named as one of the parties in:

1. That certain Grant, Bargain Sale Deed dated October 1, 2012 executed by JEANETTE O. FORD, a married woman as her sole and separate property, to JEANETTE O. FORD, Trustee of THE JEANETTE

O. FORD REVOCABLE LIVING TRUST Dated June 25, 1996 recorded as Document Number 0810419 on October 8, 2012 of Official Records of Douglas County, Nevada, covering the following described property:

Lot 287, in Block C, as shown on the Final Map #PD99-02-08 of Saratoga Springs Estates Unit 8, a Planned Development filed in the Office of the Douglas County Recorder on October 18, 2004, as Document No. 626992.

A.P.N. 1420-29-612-010

2. That certain Quitclaim Deed dated June 25, 1996 executed by JEANETTE O. FORD, an unmarried woman, to THE JEANETTE O. FORD REVOCABLE LIVING TRUST Dated June 25, 1996, JEANETTE O. FORD, TRUSTEE, recorded as Document Number 391106 on January 28, 1996 in BK 0696 PG 5183 of the Official Records of Douglas County, Nevada, covering the following described property:

LOT 7, AS SHOWN ON THE OFFICIAL PLAT OF CARY CREEK ESTATES, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 25, 1977, IN BOOK 577, PAGE 1350, AS DOCUMENT NO. 09494.

A.P.N. 1219-10-001-024

3. That certain Grant, Bargain and Sale Deed dated April 24, 2008 executed by JEANETTE O. FORD, A MARRIED WOMAN AS HER SOLE AND SEPARATE PROPERTY, to THE JEANETTE O. FORD REVOCABLE LIVING TRUST Dated June 25, 1996 recorded as Document Number 0722542 on May 1, 2008 of Official Records of Douglas County, Nevada, covering the following described property:

Lot 267 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

A.P.N. 1220-21-510-177

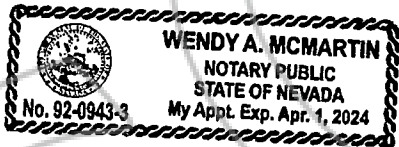
DATED this 22nd day of September, 2021.

Kelly Culley
KELLY CULLEY, Successor Trustee
of THE JEANETTE O. FORD
REVOCABLE LIVING TRUST Dated
June 25, 1996

STATE OF NEVADA)
) ss.
CARSON CITY)

On September 22, 2021, personally appeared before me, the undersigned, a Notary Public, KELLY CULLEY, Successor Trustee of THE JEANETTE O. FORD REVOCABLE LIVING TRUST Dated June 25, 1996, who acknowledged to me that she executed the above instrument.

Wendy A. McMartin
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4190569

CERTIFICATE OF DEATH

2021000919
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) Jeanette Helen OLIVA FORD		2 DATE OF DEATH (Mo/Day/Year) January 12, 2021		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 number) Carson Tahoe Regional Medical Center		3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 88	
7b UNDER 1 YEAR MOS		7c UNDER 1 DAY DAYS		7d UNDER 1 DAY HOURS	
7e UNDER 1 DAY MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 01, 1933		4 SEX Female	
9a STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 16	
11 MARITAL STATUS (Specify) Widowed		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13 SOCIAL SECURITY NUMBER [REDACTED]-8594		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) TEACHER		14b KIND OF BUSINESS OR INDUSTRY EDUCATION	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1187 Cary Creek Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16 FATHER/PARENT - NAME (First Middle Last Suffix) John Emanuel OLIVA			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Alice Jeanette MAURINO		
18a. INFORMANT - NAME (Type or Print) Kelly CULLEY			18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 455 Antelope St. Elverta, California 95626		
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/Burial		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) BETHANY J RASMUSSEN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
20a. SIGNATURE AUTHENTICATED					
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) SQUIRE D HEPWORTH 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)		
21b DATE SIGNED (Mo/Day/Yr) January 16, 2021			21c HOUR OF DEATH 15:44		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) Squire D Hepworth MD 1600 Medical Pkwy Carson City, NV 89703			23b LICENSE NUMBER 18140		
24a REGISTRAR (Signature) BLAISE SATARIANO			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 19, 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 (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Hypoxic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) _____ 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. Severe Constipation, Ogilvie Syndrome			26 AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) 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	

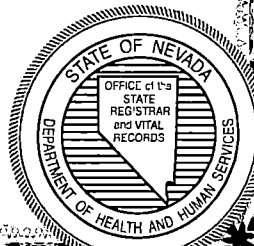


CERTIFIED COPY OF VITAL RECORDS

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:

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE