

DOUGLAS COUNTY, NV

2021-974801

Rec:\$40.00

\$40.00

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09/30/2021 08:42 AM

STEWART TITLE COMPANY - NV

KAREN ELLISON, RECORDER

A.P.N. No.:	1319-09-801-016
File No.:	1401453 sa
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Samantha Sherman	
P.O. Box 810	
Railroad Flat, CA 95248	

(for recorders use only)

Affidavit of 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-

x 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:



Escrow Officer

Signature

Title

Sherry Ackermann
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:
The Sandra E. Buffalo Trust, dated October 1, 2018 or
her successors in trust and any amendments thereto

ORDER NO. 1401453
A.P.N. No.: 1319-09-801-016

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Carson City } ss.

Samantha Sherman 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 Grant Deed dated October 18, 2018, executed by Sandra E. Buffalo, a widowed woman to Sandra E. Buffalo, Trustee of the Sandra E. Buffalo Trust, dated October 1, 2018, recorded as Instrument No. 2018-921129 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Genoa, County of Douglas, State of Nevada.

See Exhibit "A" attached hereto and made a part hereof.

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.

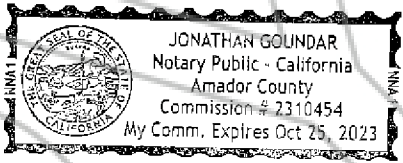
Dated: 9-25, 2021

Samantha Sherman
By: Samantha Sherman, as Successor Trustee of The
Sandra E. Buffaloe, Trust

State of California
County of Amador

Subscribed and sworn to (or affirmed) before me on this 25th day of September 2021 by
Samantha Sherman _____

Signature *[Handwritten Signature]* (Seal)

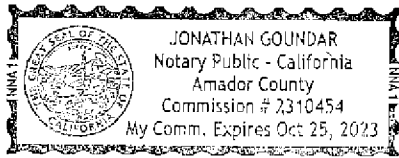


A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of AMADOR

Subscribed and sworn to (or affirmed) before me on this 25TH
day of SEPTEMBER, 2021, by SAMANTHA SHERMAN

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in cursive script, appearing to read 'Samantha Sherman', written over a horizontal line.

EXHIBIT "A"
LEGAL DESCRIPTION

File No.: 1401453

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

PARCEL 1

A parcel of land consisting of Lots 34, 35, 36, 37, 73, 74, 75 and 76, all in Block 5 of the map of Genoa Townsite by L.L. Hawkins, dated September, 1874, and more particularly described as follows:

COMMENCING at the Southeast corner of Section 9, Township 13 North, Range 19 East, M.D.B. & M., said corner being marked by a brass cap in a rock mound;
Thence North 50°02'08" West, a distance of 438.41 feet to the TRUE POINT OF BEGINNING;
Thence North 26°54'38" West, a distance of 244.00 feet;
Thence North 67°09'02" East, a distance of 207.90 feet;
Thence South 26°54'38" East, a distance of 216.00 feet;
Thence South 59°25'34" East, a distance of 207.00 feet to the TRUE POINT OF BEGINNING.

REFERENCE is made to Record of Survey and Boundary Line Adjustment, filed for record December 18, 1989, in Book 1289, Page 1910, as Document No. 216691, in Official Records of Douglas County, Nevada.

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. 4176670

2020024557
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

TRADE CALL

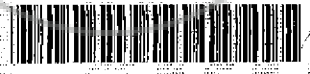
CERTIFIER

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) Sandra E BUFFALO		2. DATE OF DEATH (Mo/Day/Year) November 04, 2020		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) Sierra Place Senior Living		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Assisted Living Facility	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
9a. STATE OF BIRTH (If not US/CA, name country) Maryland		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) May 28, 1939	
13. SOCIAL SECURITY NUMBER ██████████-6957		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 194 Candy Dance Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Cummings YOUNG			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Betty TURNER		
18a. INFORMANT- NAME (Type or Print) Samantha SHERMAN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2619 Stoughton Way Sacramento, California 95827			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		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) TAMAR R BEULAC SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) DOUGLAS VACEK DO SIGNATURE AUTHENTICATED			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) November 04, 2020		21c. HOUR OF DEATH 00:43		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV. 89419				23b. LICENSE NUMBER 1125	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 2020		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).)				Interval between onset and death	
PART I (a) Cardiac Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Electrolyte Abnormality				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Metastatic Hepatocellular Carcinoma				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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 I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOV., 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	



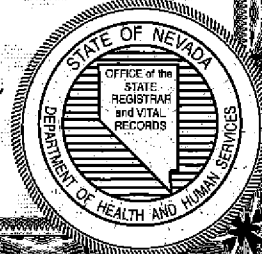
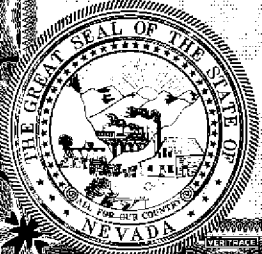
CERTIFIED COPY OF VITAL RECORDS

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: **DEC 30 2020**

John Shugart
STATE REGISTRAR
Administrator

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE