

DOUGLAS COUNTY, NV

2021-976249

Rec:\$40.00

\$40.00

Pgs=4

10/28/2021 02:00 PM

STEWART TITLE COMPANY - NV

KAREN ELLISON, RECORDER

A.P.N. No.:	1219-15-002-023
File No.:	1459657 SA
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Karen L. Johnson	
2415 Mt. Como	
Gardnerville, NV 89410	

(for recorders use only)

Affidavit of Death of Trustee

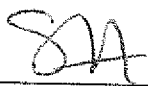
(Title of Document)

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.



Signature

Escrow Officer

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:

ORDER NO. 1459657
A.P.N. No.: 1219-15-002-023

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

Karen L. Johnson of legal age, being first duly sworn, deposes and says:

1. That Harold Lloyd Johnson 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, Bargain Sale Deed dated January 31, 2008, executed by John Huseby and Linda Huseby, Trustees of the John and Linda Huseby Family Revocable Trust, u.t.d. November 27, 2007 to Harold L. Johnson and Karen L. Johnson, Trustees of the Johnson Revocable Trust dated January 10, 1989, recorded February 14, 2008 recorded as Instrument No. 0718061 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

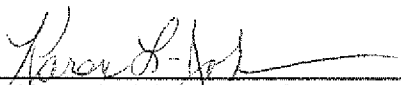
All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 5, in Block 2 as set forth on that certain Planned Unit Development 2014-1 of JOB'S PEAK RANCH UNIT 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 13, 1997 in Book 697 at Page 3042 as Document NO. 415114, Official Records and by Certificate of Amendment recorded February 5, 1999, in Book 299, at Page 1198 as Document No. 460418, Official Records.

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: 10-25, 2021

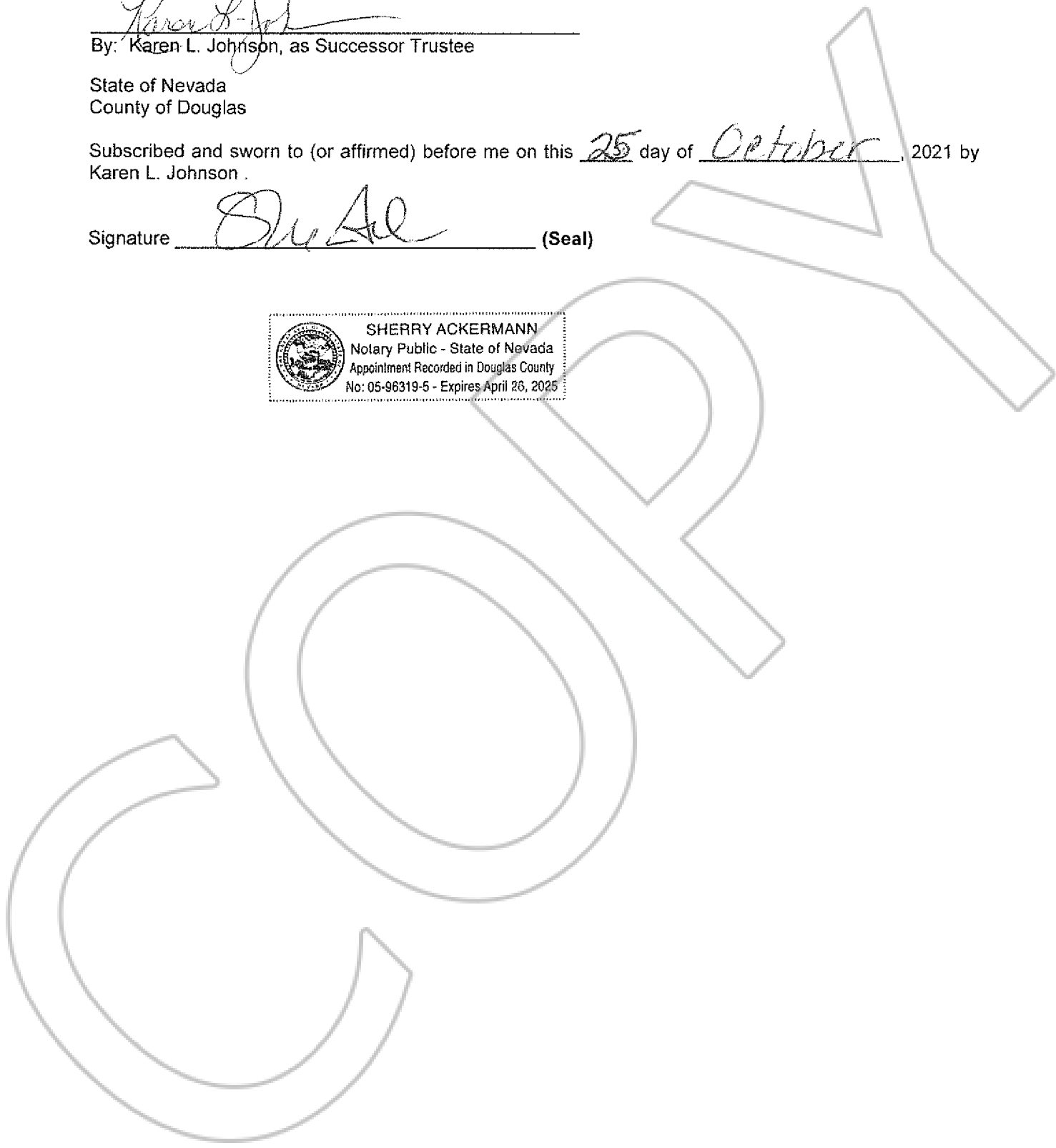
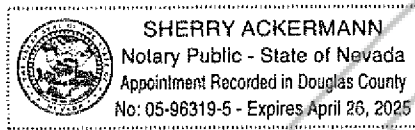
The Johnson Revocable Trust dated January 10, 1989


By: Karen L. Johnson, as Successor Trustee

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 25 day of October, 2021 by
Karen L. Johnson .

Signature  (Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2010013927
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) Harold Lloyd JOHNSON		2. DATE OF DEATH (Mo/Day/Year) September 16, 2010		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 289 Five Creek Road		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 92		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) March 23, 1918		9a. STATE OF BIRTH (If not U.S.A., name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16+		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Karen CORDELL	
13. SOCIAL SECURITY NUMBER [REDACTED]-4280		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Registered Civil Engineer		14b. KIND OF BUSINESS OR INDUSTRY Engineering	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 289 Five Creek Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. EVER IN US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Wallace Frank JOHNSON			17. MOTHER - NAME (First Middle Last Suffix) Elizabeth BRETNOR		
18a. INFORMANT - NAME (Type or Print) Karen JOHNSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 289 Five Creek Road Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) GARRETT DONALD SCHWARTZ M.D. <i>SIGNATURE AUTHENTICATED</i>			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) September 16, 2010		21c. HOUR OF DEATH 05:10		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) Garrett Donald Schwartz M.D. 1107 Highway 395 Gardnerville, NV 89410				23b. LICENSE NUMBER 9086	
24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 20, 2010		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) Cerebrovascular Accident				Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) No	
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	

STATE REGISTRAR



352601

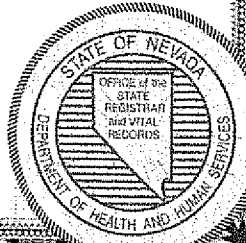
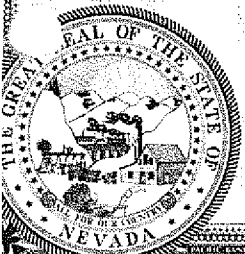
CERTIFIED COPY OF VITAL RECORDS

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: **09/20/2010**

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



VRS-Rev-20100218