

APN# 1320-33-229-018

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Edward L. Baird, as Trustee

Address: 1702 Chiquita Cir

City/State/Zip: Minden NV 89423

**AFFIDAVIT - DEATH OF TRUSTEE**

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

**EMILY TOBIAS**

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

Edward L. Baird  
1702 Chiquita Cit  
Minden NV 89423

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1320-33-229-018**

File No.: 143-2637964 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Edward L. Baird** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Bonnie Jean Baird** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **10/22/2019** at **Gardnerville, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **August 8, 2013** executed by **Edward L. Baird and Bonnie J. Baird** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Sale Deed** dated **9/17/2018** which was recorded as Instrument No. **2018-920259** in Book **N/A**, Page **N/A**, of Official Records of **Douglas** County, Nevada as legally described as follows:

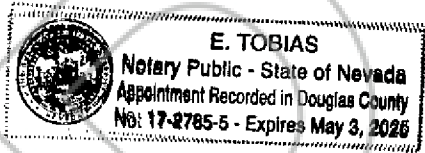
**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 11.3.2021

**DECLARANT:**

Edward L. Baird  
**Edward L. Baird**



State of NV )  
County of Douglas )ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 3 day of November, 20 21 by Edward L. Baird, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

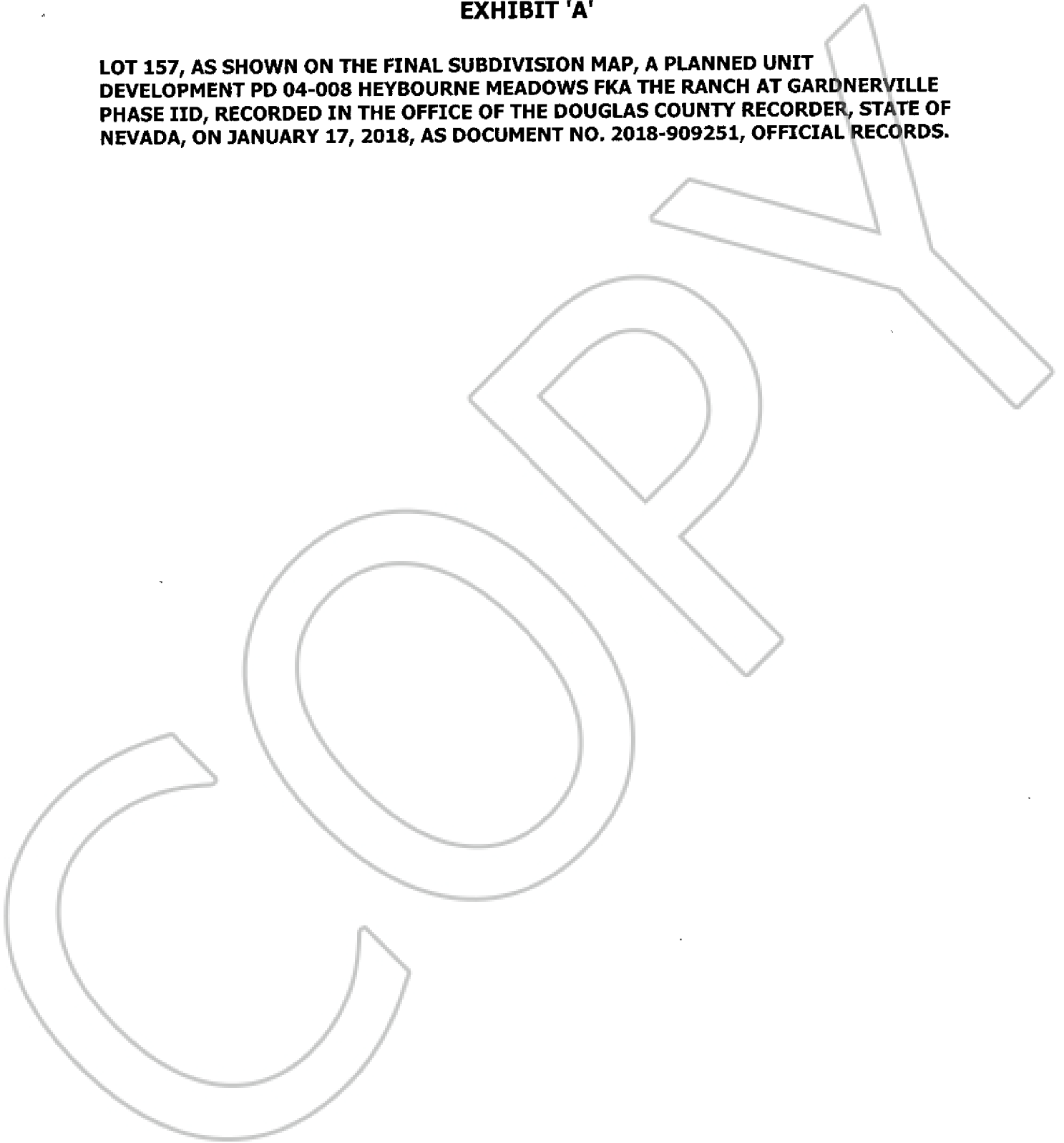
Signature [Signature]

My Commission Expires: 5/3/25

Notary Name: E. TOBIAS Notary Phone: 775 782-5411  
Notary Registration Number: 17-2785-5 County of Principal Place of Business: Douglas

**EXHIBIT 'A'**

**LOT 157, AS SHOWN ON THE FINAL SUBDIVISION MAP, A PLANNED UNIT DEVELOPMENT PD 04-008 HEYBOURNE MEADOWS FKA THE RANCH AT GARDNERVILLE PHASE IID, RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON JANUARY 17, 2018, AS DOCUMENT NO. 2018-909251, OFFICIAL RECORDS.**



**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. 4109840

2019020806  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Bonnie Jeanne BAIRD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 22, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not Leath, give street number) <b>1215 Lasso Lane</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>74</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>March 14, 1945</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Florida</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Edward BAIRD</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>7175</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Bookkeeper</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
POSITION	15d. STREET AND NUMBER <b>1215 Lasso Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Bernard STALTER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marjorie HENDERSON</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Edward BAIRD</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1215 Lasso Lane Gardnerville, Nevada 89410</b>		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Happy Homestead Cemetery</b>		19c. LOCATION City or Town State <b>South Lake Tahoe California 96150</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funeral &amp; Creations 1600 Buckeye Rd Minden NV 89423</b>	
	TRADE CALL - NAME AND ADDRESS -					
REGISTERAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>DOUGLAS VACEK DO</b>			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) <b>October 22, 2019</b>		21c. HOUR OF DEATH <b>10:03</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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) <b>Douglas Vacek DO 850 6th Street Lovelock, NV 89419</b>			
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>1125</b>		24a. REGISTRAR (Signature) <b>BREECE D FLORES</b> SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 23, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
	PART I					Interval between onset and death
CAUSE OF DEATH	(a) <b>Cardiac Arrest</b>					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
CAUSE OF DEATH	(b) <b>Electrolyte Imbalance</b>					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
CAUSE OF DEATH	(c) <b>Parkinson's Dementia</b>					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
CAUSE OF DEATH	(d) <b>Advanced Parkinson's Disease</b>					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. Type 1 Diabetes					26. AUTOPSY (Specify Yes or No) <b>No</b>
CAUSE OF DEATH	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					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	
CAUSE OF DEATH	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	

Information Corrected, State Affidavit# 70217, 10/30/2019 - 3c 15d 18b

000790247



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: 10/30/2019

*Jan Stogdill*  
ADMINISTRATOR

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

