

APN# 1219-11-002-007

Recording Requested by/Mail to:

Name: MARK A. WINTER

Address: 801 N. DIVISION STREET

City/State/Zip: CARSON CITY, NV 89703

Mail Tax Statements to:

Name: SHARON L. BORDENKIRCHER

Address: 1015 GEORGIA LANE

City/State/Zip: GARDNERVILLE, NV 89460



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF CO-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

MARK A. WINTER

Printed Name

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

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

**Recorded at the request of:**

Mark A. Winter, Esq.  
801 N. Division Street  
Carson City, Nevada 89703

**When Recorded, mail to:**

**Mail Tax Statements to:**

Sharon L. Bordenkircher  
1015 Georgia Lane  
Gardnerville, NV 89460

**AFFIDAVIT OF DEATH OF CO-TRUSTEE**

APN: 1219-11-002-007

STATE OF NEVADA)

: ss.

CARSON CITY )

Sharon L. Bordenkircher being first duly sworn, deposes and says:

1. David W. Bordenkircher died on the 22nd day of January, 2021, in the state of Arizona, and that a certified copy of his Death Certificate is attached hereto.

2. That at the date of his death, David W. Bordenkircher and Sharon L. Bordenkircher were Co-Trustees of the DS Bordenkircher Revocable Trust dated November 20, 2013, which is the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

See Exhibit A attached hereto and incorporated herein by said reference

3. That said ownership was created by a Deed dated November 20, 2013, and recorded on November 21, 2013, as Document Number 0834267 in the Douglas County Recorder's Office.

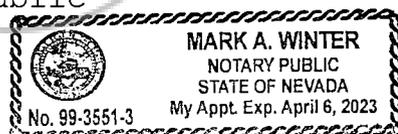
4. That upon the death David W. Bordenkircher, Sharon L. Bordenkircher became the sole Trustee of the DS Bordenkircher Revocable Trust dated November 20, 2013.

*Sharon L. Bordenkircher*

Sharon L. Bordenkircher

SUBSCRIBED and SWORN to before me  
this 11th day of November, 2021.

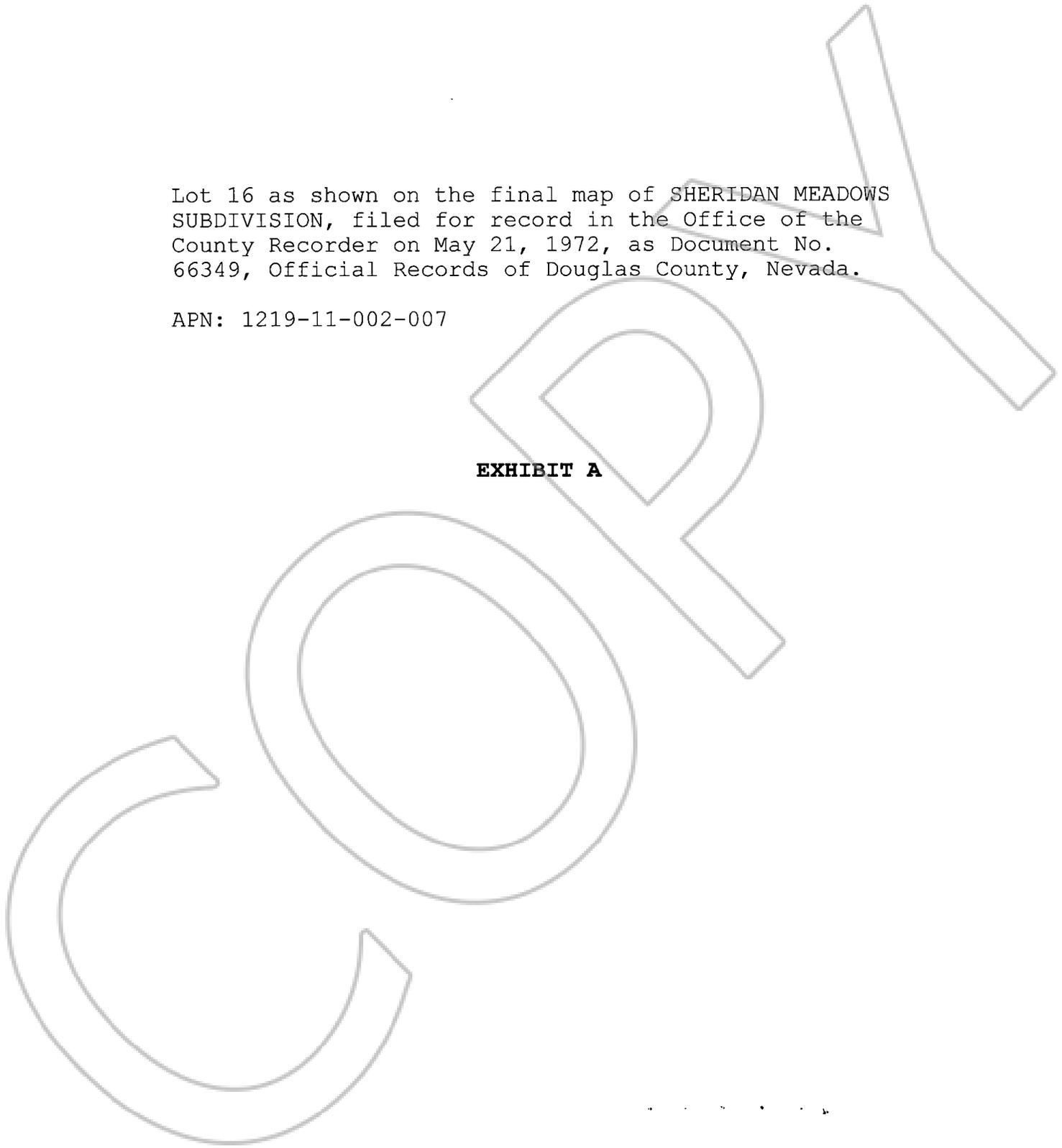
*M. Winter*  
Notary Public



Lot 16 as shown on the final map of SHERIDAN MEADOWS  
SUBDIVISION, filed for record in the Office of the  
County Recorder on May 21, 1972, as Document No.  
66349, Official Records of Douglas County, Nevada.

APN: 1219-11-002-007

**EXHIBIT A**



# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE COPY

### STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number  
102-2021-006980

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>DAVID, WILLIAM, BORDENKIRCHER</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>01/22/2021</b>	
4. SEX <b>MALE</b>		5. SOCIAL SECURITY NUMBER <b>[REDACTED]-1010</b>		6. DATE OF BIRTH <b>04/04/1939</b>	
7. AGE <b>81 YEARS</b>		8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>GLENDALE, MARICOPA, 85308</b>			
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>INPATIENT - ABRAZO ARROWHEAD CAMPUS</b>					
10. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>COSHOCTON, OHIO</b>		11. MARITAL STATUS <b>MARRIED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>SHARON, L., WINTER</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>1015 GEORGIA LANE, GARDNERVILLE, DOUGLAS, NV, 89460</b>					
14. DECEDENT'S HISPANIC ORIGIN(S) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S) <b>WHITE</b>		16. EVER IN ARMED FORCES <b>YES</b>	
17. OCCUPATION <b>MINISTER</b>		18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>DONALD, BORDENKIRCHER</b>			
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>VIRGINIA, WEIMER</b>		20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>SHARON, L., BORDENKIRCHER</b>			
21. RELATIONSHIP <b>SPOUSE</b>		22. INFORMANT'S MAILING ADDRESS <b>1015 GEORGIA LANE, GARDNERVILLE, NV, 89460</b>			
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>MENKE FUNERAL &amp; CREMATION CENTER 12420 N 103RD AVENUE, SUN CITY, AZ, 85351</b>		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>DUANE, PASCOFF</b>		25. LICENSE NUMBER <b>FDL-000849</b>	
26. METHOD(S) OF DISPOSITION <b>CREMATION</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>DECA CREMATION SERVICES, INC., PHOENIX, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH <b>ACUTE HYPOXIC RESPIRATORY FAILURE</b>				30. APPROXIMATE INTERVAL <b>2</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF: <b>PNEUMONIA</b>				32. APPROXIMATE INTERVAL <b>5</b>	
33. C. DUE TO OR AS A CONSEQUENCE OF: <b>COVID</b>				34. APPROXIMATE INTERVAL <b>5</b>	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I		38. INJURY? <b>NO</b>	39. INJURY AT WORK?	40. MANNER OF DEATH <b>NATURAL DEATH</b>	
		41. TIME OF DEATH <b>11:46 PM</b>	42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
<b>CAUSE AND MANNER CERTIFICATION</b>					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>MICHAEL, CASTRO</b>			45. DATE CERTIFIED <b>01/27/2021</b>
46. CERTIFIER'S ADDRESS <b>18275 N 59TH AVE #138, GLENDALE, AZ, 85308</b>					

Date Registered: 01/29/2021

Date Issued: 02/09/2021

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

*Krystal Colburn*  
KRISTAL COLBURN  
ASSISTANT STATE REGISTRAR



J2463960

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE