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|--------------------------------|-----------------|
| A.P.N. No.: | 1220-17-512-001 |
| File No.: | 1497056 SA |
| Recording Requested By: | |
| Stewart Title Company | |
| When Recorded Mail To: | |
| Michele Mary Romero | |
| 1333 Granborough Drive | |
| Gardnerville, NV 89410 | |

| | |
|----------------------------|---------------------|
| DOUGLAS COUNTY, NV | 2021-978098 |
| Rec:\$40.00 | |
| \$40.00 Pgs=5 | 12/07/2021 11:11 AM |
| STEWART TITLE COMPANY - NV | |
| KAREN ELLISON, RECORDER | |

(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-

- 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: NRS 440.380(1)(A) and NRS 40.525(5)

SA

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.

RECORDING REQUESTED BY:

Stewart Title Company

WHEN RECORDED MAIL TO:

Larry E. Plemmons and Judith Mary Plemmons, Trustees
of The Plemmons Family Trust, Dated August 23, 1989

ORDER NO. 1497056

A.P.N. No.: 1220-17-512-001

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada
County of Douglas

}
} ss.

Michele Mary Romero of legal age, being first duly sworn, deposes and says:

1. That the decedents Larry E. Plemmons and Judith Mary Plemmons mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Individual Grant Deed dated July 25, 1995, executed by Larry E. Plemmons and Judith M. Plemmons, husband and wife to Larry E. Plemmons and Judith Mary Plemmons, Trustees of the Plemmons Family Trust dated August 23, 1989, recorded as Instrument No. 367190 of the Official Records of Douglas County, Nevada, on July 31, 1995 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 88, in Block D, as shown on the final map of PLEASANTVIEW PHASE 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 7, 1993, in Book 1293, Page 1194, as Document No. 324312, 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.

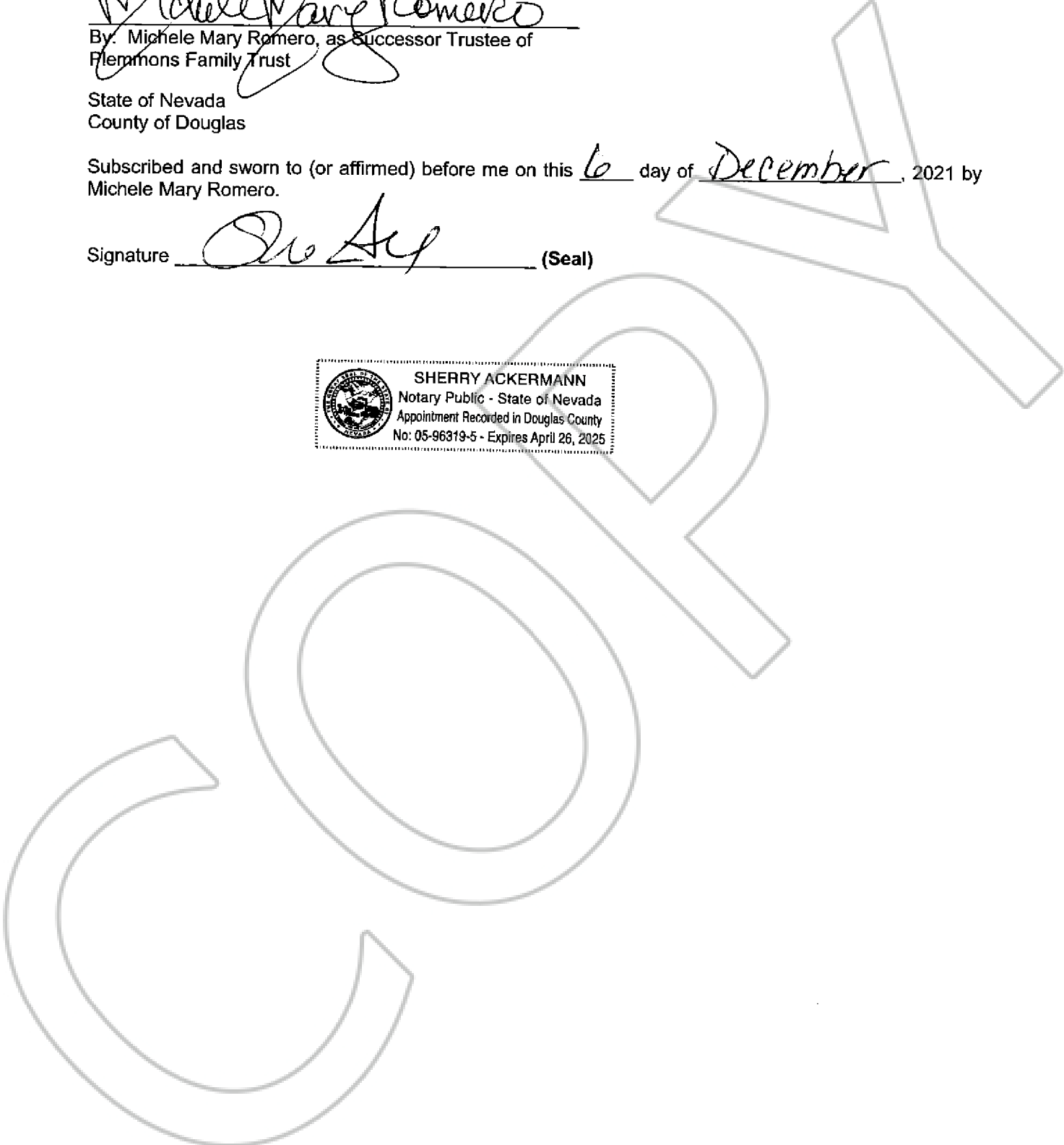
Dated: November 30, 2021

Michele Mary Romero
By: Michele Mary Romero, as Successor Trustee of
Pieramons Family Trust

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 6 day of December, 2021 by
Michele Mary Romero.

Signature *Michele Mary Romero* (Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010006827
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

| | | | | | |
|--|--|--|--|--|--|
| 1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Larry E PLEMMONS | | 2. DATE OF DEATH (Mo/Day/Year) April 09, 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) 988 Springfield Drive | | 3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? (Specify) No - Non-Hispanic | | 7a. AGE-Last Birthday (Years) 67 | |
| 7b. UNDER 1 YEAR MOS. DAYS | | 7c. UNDER 1 DAY HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) February 18, 1943 | |
| 9a. STATE OF BIRTH (If not U.S.A., name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 14 | |
| 11. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE OR DOMESTIC PARTNER Judith BREKAS | | 13. SOCIAL SECURITY NUMBER 3247 | |
| 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Manager - Tree Program | | 14b. KIND OF BUSINESS OR INDUSTRY P G & E | | Ever in US Armed Forces? Yes | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. INSIDE CITY LIMITS (Specify Yes or No) Yes | |
| 15d. CITY, TOWN OR LOCATION Gardnerville | | 16d. STREET AND NUMBER 988 Springfield Drive | | | |

PARENTS

| | | | |
|---|--|--|--|
| 16. FATHER - NAME (First Middle Last Suffix) Ervin E PLEMMONS | | 17. MOTHER - NAME (First Middle Last Suffix) Vera LaVella DAVALT | |
|---|--|--|--|

DISPOSITION

| | | | |
|--|--|--|--|
| 18a. INFORMANT - NAME (Type or Print) Judi PLEMMONS | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town; State; Zip) 988 Springfield Drive Gardnerville, Nevada 89460 | |
| 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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 217 | |
| | | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville, NV 89410 | |

TRADE CALL

| | |
|-------------------------------|--|
| TRADE CALL - NAME AND ADDRESS | |
|-------------------------------|--|

CERTIFIER

| | | | |
|---|--|--|--|
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RYAN GRANT 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) RYAN GRANT SIGNATURE AUTHENTICATED | |
| 21b. DATE SIGNED (Mo/Day/Yr) May 05, 2010 | | 21c. HOUR OF DEATH 16:59 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22b. DATE SIGNED (Mo/Day/Yr) April 09, 2010 | |
| | | 22c. HOUR OF DEATH 16:59 | |
| | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) April 09, 2010 | |
| | | 22e. PRONOUNCED DEAD AT (Hour) | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) DEPUTY CORONER RYAN GRANT P. O. BOX 218 Minden, NV 89423 | | 23b. LICENSE NUMBER 443 | |

REGISTRAR

| | | | | | |
|---|--|--|--|---|--|
| 24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 12, 2010 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|---|--|--|--|---|--|

CAUSE OF DEATH

| | | | |
|--|--|--|--|
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | Interval between onset and death | |
| PART I | | | |
| (a) Arteriosclerotic Cardiovascular Disease | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | Interval between onset and death | |
| (b) 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) | | Interval between onset and death | |
| PART II | | | |
| 26a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) | | 26. AUTOPSY (Specify Yes or No) Yes | |
| 28b. DATE OF INJURY (Mo/Day/Yr) | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | |
| 28c. HOUR OF INJURY | | | |
| 28d. DESCRIBE HOW INJURY OCCURRED | | | |
| 28e. INJURY AT WORK (Specify Yes or No) | | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | |
| 28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | | |

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

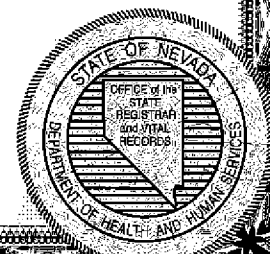
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **05/12/2010**

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



VRS Rev. 20090602

3532541

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4234978

CERTIFICATE OF DEATH

2021021804
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) Judith Mary PLEMMONS | | 2. DATE OF DEATH (Mo/Day/Year) September 08, 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) 78 | |
| 9a. STATE OF BIRTH (If not US/CA, name, country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 11. MARITAL STATUS (Specify) Widowed | |
| 13. SOCIAL SECURITY NUMBER ██████████-1259 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY HOME | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 988 Springfield Dr. | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | 8. DATE OF BIRTH (Mo/Day/Yr) May 15, 1943 | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank BREKAS | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary SCHLEY | | |
| 18a. INFORMANT: NAME (Type or Print) Michele Mary ROMERO | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1333 Granborough Dr. Gardnerville, Nevada 89410 | | | |
| 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) NORMA M FINKES | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD987 | | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden, NV 89423 | |
| 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) AMANDA M GRIFFITH DO | | | 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 08, 2021 | | 21c. HOUR OF DEATH 07:08 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703 | | | | 23b. LICENSE NUMBER DO1685 | |
| 24a. REGISTRAR (Signature) BLAISE SATARIANO | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 10, 2021 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | |
| PART I (a) Acute Respiratory Distress Syndrome | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | Interval between onset and death | |
| (b) Acute Hypoxemic Respiratory Failure | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | Interval between onset and death | |
| (c) Bilateral Pneumonia | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | Interval between onset and death | |
| (d) COVID-19 | | | | 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: GI Bleed, Atrial Fibrillation, Morbid Obesity | | | | 26. AUTOPSY (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 | |
| 28e. INJURY AT WORK (Specify Yes or No) | | 28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 28d. DESCRIBE HOW INJURY OCCURRED | |
| 28g. LOCATION | | STREET OR R.F.D. No. | | CITY OR TOWN | |
| | | | | STATE | |



CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED: **9/13/2021**

Janey Gray
STATE REGISTRAR

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

