

A.P.N. No.:	1320-32-210-014
File No.:	1483676 SA
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Darryl R. Land	
4790 Amie Drive	
Silver Springs, NV 89429	

DOUGLAS COUNTY, NV **2021-978557**
 Rec:\$40.00
 \$40.00 Pgs=4 12/17/2021 10:40 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



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:
Darryl R. Land, Trustee(s) or successor Trustee(s) of the
Land Family Trust Dated August 14, 2007

ORDER NO. 1483676
A.P.N. No.: 1320-32-210-014

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

Darryl R. Land of legal age, being first duly sworn, deposes and says:

1. That Janice Marie Land 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 Quitclaim Deed dated August 24, 2016, executed by Darryl R. Land and Janice M. Land, husband and wife as joint tenants with right of survivorship to Darryl R. Land and Janice M. Land, trustee(s) or successor trustee(s) of the LAND FAMILY TRUST DATED August 14, 2007, recorded on August 24, 2016 recorded as Instrument No. 2016-886556 of the Official Records of [Enter Data] County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.

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

Lot 6, in Block 2, of WILDROSE SUBDIVISION NO. 2, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 5, 1966, in Book 46, Page 286, as Document No. 34825.

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: 12-3, 2021

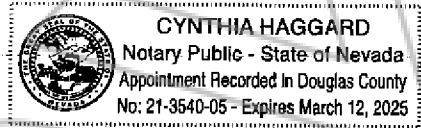
Darryl R Land

By: Darryl R. Land, as Successor Trustee of Land Family Trust

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 3 day of December, 2021 by Darryl R. Land.

Signature Cynthia Haggard (Seal)



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4167796

CERTIFICATE OF DEATH

2020020254
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Janice Marie LAND		2. DATE OF DEATH (Mo/Day/Year) September 15, 2020		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1536 Wildrose Drive		3e. If Hosp. or Inst. Indicate DOA,OP/Emr. Rm. Inpatient!(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) South Dakota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Darryl LAND			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]-7395		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1536 Wildrose Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Henry Tracy LOWE	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice May LOWE		18a. INFORMANT - NAME (Type or Print) Darryl LAND			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1536 Wildrose Drive Minden, Nevada 89423				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/Burial	
	19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1800 Buckeye Rd Minden NV 89423	
	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) JOHN R HOLMAN MD		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 15, 2020		21c. HOUR OF DEATH 11:07		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) John R Holman MD 925 Ironwood Dr Minden, NV 89423			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 16, 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).)					
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	PART I (a) Cerebrovascular Accident		Interval between onset and death 2 Hours		26. AUTOPSY (Specify Yes or No) No	
	(b) ESSENTIAL HYPERTENSION		Interval between onset and death 40 Years		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
(c) HYPERLIPIDEMIA		Interval between onset and death 40 Years				
(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.						
28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY -At home, farm, street, factory, office building, etc. (Specify)		28f. 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: **9/25/2020**

Wesley T Storey
STATE REGISTRAR

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

