

<b>A.P.N. No.:</b>	1220-22-310-157
<b>File No.:</b>	1495389 WLD
<b>Recording Requested By:</b>	
Stewart Title Company	
<b>When Recorded Mail To:</b>	
Kenneth Lee Decker	
16813 Aileen Way	
Grass Valley, CA 95949	

DOUGLAS COUNTY, NV	<b>2021-978751</b>
Rec:\$40.00	
\$40.00 Pgs=4	12/21/2021 02:54 PM
STEWART TITLE COMPANY - NV	
KAREN ELLISON, RECORDER	

(for recorders use only)

**Affidavit 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 contain the social security number of a person or persons as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

Signature

Wendy Dunbar  
Print Signature

Escrow Officer  
Title

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:  
Kenneth Lee Decker, Successor Trustee of The Martha Remington 2018 Living Trust dated March 13, 2018, and any amendments thereto  
16813 Aileen Way  
Grass Valley, CA 95949

ORDER NO. 1495389  
A.P.N. No.: 1220-22-310-157

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of Douglas } ss.

Kenneth Lee Decker of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as Martha Remington named as one of the parties in that certain Quitclaim Deed dated March 13, 2018, executed by Martha E. Remington to Martha Remington, Trustee, or any successors in trust under The Martha Remington 2018 Living Trust dated March 13, 2018 and any amendments thereto, recorded as Instrument No. 2018-911801 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 real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 781, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

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: December 9, 2021

*Kenneth Lee Decker*

By: Kenneth Lee Decker

State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2021 by  
Kenneth Lee Decker.

Signature \_\_\_\_\_ (Seal)

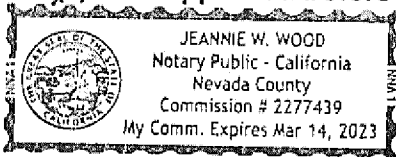
*All attached compliant  
California - Wood  
JEANNE WOOD  
NOTARY PUBLIC*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of NEVADA

Subscribed and sworn to (or affirmed) before me on this 10<sup>th</sup>  
day of DECEMBER, 2021, by KENNETH LEE  
DECKER

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature JWH

DOCUMENT: AFFIDAVIT - DEATH OF TRUSTEE -  
SUCCESSION OF SUCCESSOR TRUSTEE,  
DATED DECEMBER 10, 2021

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4228387

**CERTIFICATE OF DEATH**

2021018754

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) <b>Martha Ellen REMINGTON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 05, 2021</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>79</b>	
9a. STATE OF BIRTH (if not US/CA, name country) <b>Colorado</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 06, 1942</b>	
13. SOCIAL SECURITY NUMBER <b>██████-3823</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Hospitality</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>688 Ann Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
18. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Theodore Charles DECKER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Cretta Margaret PICKEREL</b>		
18a. INFORMANT- NAME (Type or Print) <b>Kenneth Lee DECKER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>16813 Aileen Way Grass Valley, California 95949</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BETHANY J RASMUSSEN</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD969</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden NV 89423</b>	
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) <b>AMANDA M GRIFFITH DO</b> <b>SIGNATURE AUTHENTICATED</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>August 06, 2021</b>		21c. HOUR OF DEATH <b>22:32</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>DO1685</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 10, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)).					
PART I				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Acute Hypoxemic Respiratory Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Pneumonia</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Pulmonary Edema</b>					
PART II OTHER SIGNIFICANT CONDITIONS -Conditions contributing to death but not resulting in the underlying cause given in Part I. Ischemic Cardiomyopathy; Left Leg Wounds; Strep Pneumonia Bacteremia; Coronary Artery Disease; Unknown Etiology				26. AUTOPSY (Specify Yes or No) <b>No</b>	
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	
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	

000886201



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: **8/20/2021**

*Jan Stuyck*  
STATE REGISTRAR

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

