

APN# 1219-04-002-024

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: Caralee Clark White

Address: PO Box 1565

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:**  
Caralee White

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1219-04-002-024**

File No.: 143-2642156 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Caralee Clark White** ("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. **Dana Kent Clark** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **September 17, 2021** 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 **March 18, 2021** executed by **Dana Kent Clark** 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 AND SALE DEED** dated **10/16/2002** which was recorded as Instrument No. **0555170** in Book **1002**, Page **07767**, 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**

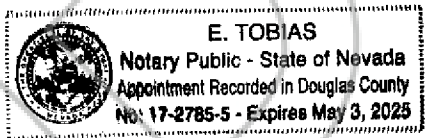
4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 12/29/21

**DECLARANT:**

Caralee Clark White  
Caralee Clark White

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 29 day of December, 20 21 by Caralee Clark White, 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*

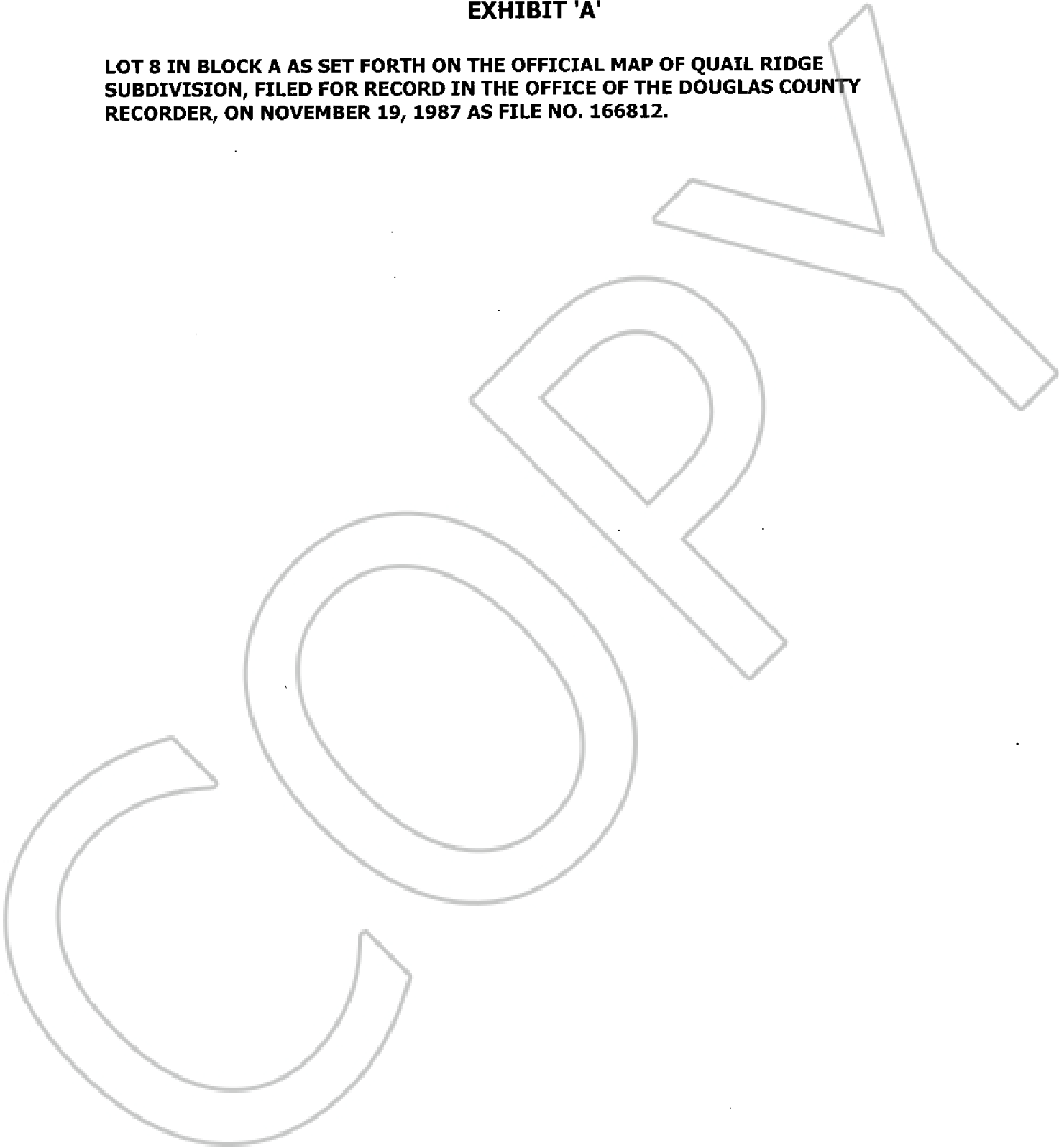
Signature E. Tobias

My Commission Expires: 5/3/25

Notary Name: E. Tobias Notary Phone: 775-782-5111  
Notary Registration Number: 17-2785-5 County of Principal Place of Business Douglas

**EXHIBIT 'A'**

**LOT 8 IN BLOCK A AS SET FORTH ON THE OFFICIAL MAP OF QUAIL RIDGE  
SUBDIVISION, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY  
RECORDER, ON NOVEMBER 19, 1987 AS FILE NO. 166812.**



**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4236946

**CERTIFICATE OF DEATH**

2021022790  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Dana Kent CLARK			2. DATE OF DEATH (Mo/Day/Year) September 17, 2021		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) 1201 Quail Ridge Road		3e. If Hosp. or Inst. indicate DOA,OP/Emer, Rm, Inpatient(Specify) Home		
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 92		7b. UNDER 1 YEAR MOS DAYS	
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 03, 1929		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10. EDUCATION 16		11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
	13. SOCIAL SECURITY NUMBER 7337		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		Ever in US Armed Forces? Yes	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1201 Quail Ridge Road	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Daniel Wesley CLARK				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Wanona Elizabeth LEWIS			
DISPOSITION	18a. INFORMANT- NAME (Type or Print) Caralee WHITE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 1565 Minden, Nevada 89423				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory			19c. LOCATION City or Town State Fallon Nevada 89407		
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JEFF T SMITH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD47		20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407			
	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) REED DOFF MD 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)			
	21b. DATE SIGNED (Mo/Day/Yr) September 18, 2021		21c. HOUR OF DEATH 06:50		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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) Reed Doff MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920			
CAUSE OF DEATH	24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 20, 2021		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).)							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I						Interval between onset and death	
	(a) Respiratory Arrest						Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Acute Respiratory Failure						Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF: Acute On Chronic Renal Failure						Interval between onset and death		
(d) DUE TO, OR AS A CONSEQUENCE OF: Hypertension						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. Possible Renal Cell Carcinoma, Coronary Heart Disease						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		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		

000892079



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:

9/20/2021

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



*Jeff Storey*  
STATE REGISTRAR

