

A.P.N. No.:	1221-06-001-013
File No.:	1552167 SA
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Jeff Van Pelt and Linda Jorgensen	
14295 Bowie Road	
Weeki Wachee, FL 34614	

DOUGLAS COUNTY, NV		2022-980564
Rec:\$40.00		
\$40.00	Pgs=5	01/31/2022 02:56 PM
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)


 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.

THIS DOCUMENT IS EXECUTED IN COUNTERPART

RECORDING REQUESTED BY:
Stewart Title Company

WHEN RECORDED MAIL TO:

ORDER NO. 1552167
A.P.N. No.: 1221-06-001-013

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

Jeff Van Pelt and Linda Jorgensen 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 named as one of the parties in that certain Grant Bargain and Sale Deed dated April 29, 2009, executed by Thresa Van Pelt, a widowed unmarried woman to Thresa Van Pelt, Trustee of the Thresa Van Pelt Family Trust dated April 29, 2009, recorded as Instrument No. 0752233 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.

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

Lot 12 as shown on the Official Map of FISH SPRINGS ESTATES, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 30, 1973, in Book 873, Page 1006 as Document No. 68451, Official Records.

2. That I am named within the aforementioned trust as Successor Co-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: January 26, 2022

The Thresa Van Pelt Family Trust dated April 29, 2009

By: Jeff Van Pelt , as Co- Successor Trustee

Linda Jorgensen Trustee
By: Linda Jorgensen, as Co-Successor Trustee

State of
County of

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2022 by
Jeff Van Pelt


Signature _____ (Seal)

^{JOT}
State of ~~Nevada~~ Texas
County of ~~Douglas~~ ^{XXXXXX}Travis

^{JOT}
Subscribed and sworn to (or affirmed) before me on this 26th day of January, 2022 by
Linda Jorgensen.

Signature Jennifer Jo Thomas (Seal)
Notary Public, State of Texas

Notarized online using audio-video communication

	Jennifer Jo Thomas
	ID NUMBER 133341819
	COMMISSION EXPIRES September 20, 2025

The Thresa Van Pelt Family Trust dated April 29, 2009

Jeff Van Pelt
By: Jeff Van Pelt, as Co-Successor Trustee

By: Linda Jorgensen, as Co-Successor Trustee

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 27 day of January, 2022 by
Jeff Van Pelt

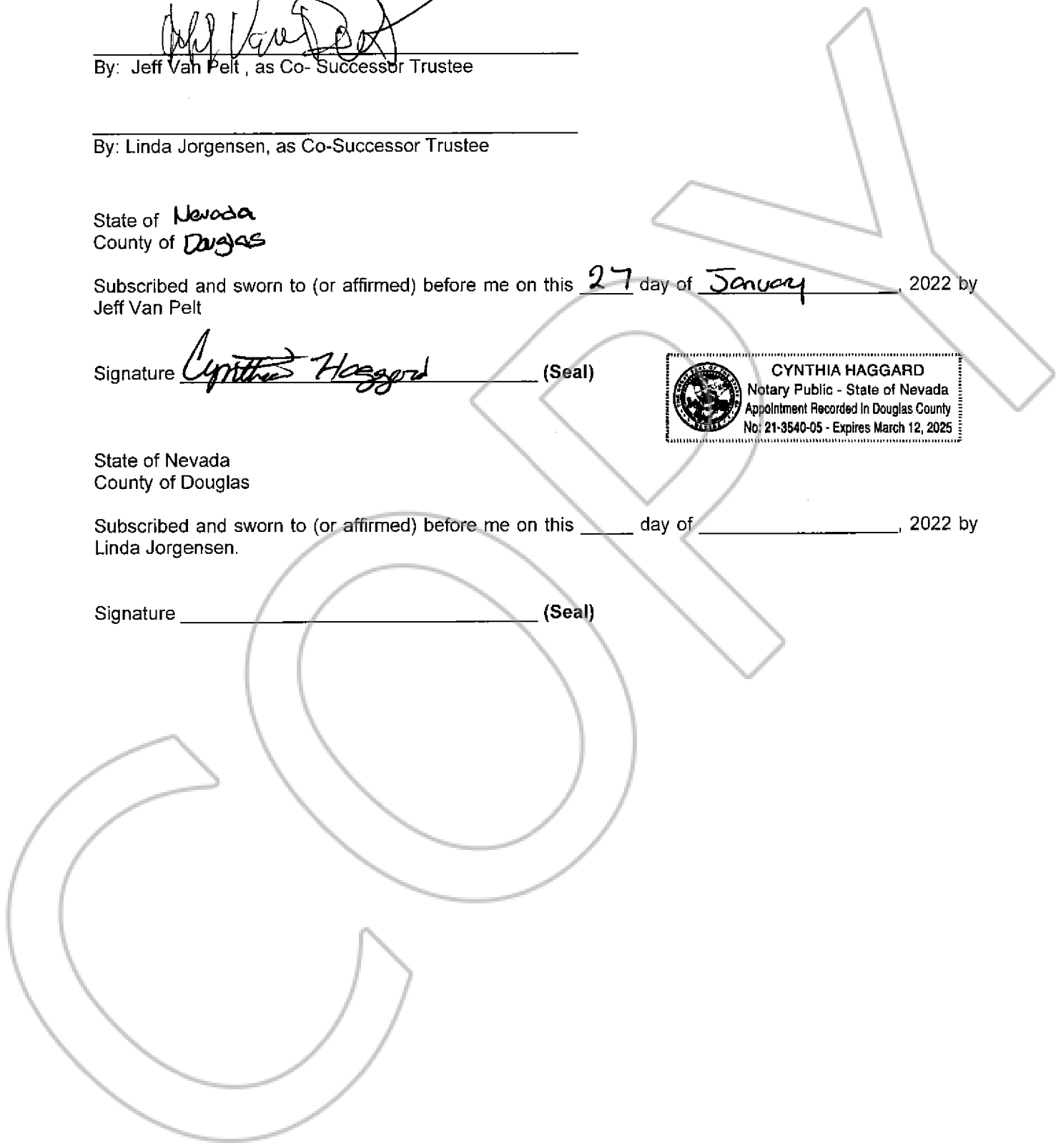
Signature *Cynthia Haggard* (Seal)



State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2022 by
Linda Jorgensen.

Signature _____ (Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4054463

CERTIFICATE OF DEATH

2018023587

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) Thresa Doris VAN PELT		2. DATE OF DEATH (Mo/Day/Year) December 06, 2018		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) 2070 Fish Springs Road		3e. If Hosp. or Inst. Indicate DCA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 13, 1931		9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 7944		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Office Clerk		14b. KIND OF BUSINESS OR INDUSTRY Nevada Department Of Motor Vehicles	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 2070 Fish Springs Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Pasco PAYNE	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Stella STEVENS		18a. INFORMANT- NAME (Type or Print) Jeff VAN PELT		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town; State; Zip) 2070 Fish Springs Road Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR-CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) December 12, 2018		21c. HOUR OF DEATH 23:37		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)	
22b. DATE SIGNED (Mo/Day/Yr)		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) BREECE D FLORES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 12, 2018	
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).)			
PART I		(a) Emphysema		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(b)		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(c)		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC. SUICIDE, MOM, 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	

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: **DEC 12 2018**

Julie Katchear
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

