


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



ANDERSON, DORN & RADER, LTD.

APN: 1320-33-719-028

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Ste, 860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Ste, 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Anderson, Dorn & Rader, Ltd., Trustee
500 Damonte Ranch Parkway, Ste, 860
Reno, Nevada 89521

AFFIDAVIT OF SUCCESSOR TRUSTEE

ANDERSON, DORN & RADER, LTD., the undersigned Trustee, affirms under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated August 20, 1999, JEANNE M. LAMB executed THE 1999 JEANNE M. LAMB REVOCABLE TRUST (the "Trust").

(2) JEANNE M. LAMB deceased on September 7, 2021, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said JEANNE M. LAMB.

(3) Said trust appoints ANDERSON, DORN & RADER, LTD. to serve as Successor Trustee upon the death of JEANNE M. LAMB.

(4) Pursuant to the terms of the Trust, ANDERSON, DORN & RADER, LTD., has assumed the responsibilities of Successor Trustee.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) ANDERSON, DORN & RADER, LTD., is authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to ANDERSON, DORN & RADER, LTD., as Trustee.


Executed in the County of Washoe, State of Nevada, on January 28, 2022.



ANDERSON, DORN & RADER, LTD., Trustee
By: Ryan Gonda, Trust Officer

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on January 28, 2022, by Ryan Gonda, Trust Officer, ANDERSON, DORN & RADER, LTD., Trustee.



Notary Public

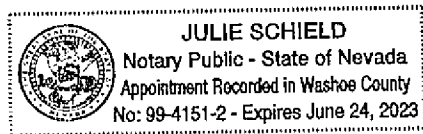


EXHIBIT "A"

Legal Description

Lot 50 in Block D, of CHICHESTER ESTATES PHASE 13 Final Subdivision Map No. 1006-13, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 04, 2004, in Book No. 1004, at Page 1052, as Document No. 625784.

APN: 1320-33-719-028

Property Address: 1472 Cardiff Drive, Gardnerville, Nevada

COOPER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4235543

CERTIFICATE OF DEATH

2021023192
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) Jeanne Marilyn LAMB		2. DATE OF DEATH (Mo/Day/Year) September 07, 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 and number) 1472 Cardiff Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - PORTUGUESE		7a. AGE-Last birthday (Years) 81	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
13. SOCIAL SECURITY NUMBER [REDACTED]-9009		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 Gardnerville	
15d. STREET AND NUMBER 1472 Cardiff Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		11. MARITAL STATUS (Specify) Never Married	
16. FATHER/PARENT - NAME (First-Middle Last Suffix) Gerald George LAMB		17. MOTHER/PARENT - NAME (First-Middle Last Suffix) Beatrice HEDEGAARD			
18a. INFORMANT - NAME (Type or Print) Bryan Keith LAMB		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town; State, Zip) 1472 Cardiff Drive Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) PHILLIP R MAYFIELD SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV - 89502	
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) [Signature]		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) JOSE A GUTIERREZ SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) October 20, 2021		21c. HOUR OF DEATH 01:15		22b. DATE SIGNED (Mo/Day/Yr) October 20, 2021	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 01:15		22d. PRONOUNCED DEAD (Mo/Day/Yr) September 07, 2021	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Jose A Gutierrez P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 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).)					
PART I		(a) Hypertensive And Atherosclerotic Cardiovascular Disease Interval between onset and death			
		DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology Interval between onset and death			
		DUE TO, OR AS A CONSEQUENCE OF: (c) [REDACTED] Interval between onset and death			
		DUE TO, OR AS A CONSEQUENCE OF: (d) [REDACTED] 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	
28a. ACC. SUICIDE, HGM. 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)		28g. LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE	
28c. DESCRIBE HOW INJURY OCCURRED					

000898663



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:

STATE REGISTRAR

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

