

RECORDING REQUESTED BY:
MARLEEN BRADY KUTTNER

DOUGLAS COUNTY, NV

2022-981125

Rec:\$40.00

Total:\$40.00

02/14/2022 10:53 AM

MARLEEN KUTTNER

Pgs=3

AND WHEN RECORDED MAIL TO:
MARLEEN BRADY KUTTNER, ESQ.
1901 S. Bascom Ave. #1240
Campbell CA 95008



KAREN ELLISON, RECORDER

APN: 1022-09-001-056 AFFIDAVIT BY SUCCESSOR TRUSTEE

I, Laurie E. Hedin, declare:

1. Steven Roy Andrade, also known as Steven R. Andrade, was the Settlor/Grantor of the Steven Roy Andrade Family Trust 11/8/2018.
2. Steven Roy Andrade passed away on 11/26/2021, and is the person named in the attached certified copy of Certificate of Death.
3. The real property commonly known as 1240 Canyon Drive, Wellington NV 89444, with the following legal description, is held 100% in the Steven Roy Andrade Family Trust 11/8/2018:

LOT 94 AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 3, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 31, 1969, IN BOOK 1 OF MAPS, PAGE 221, AS DOCUMENT NO. 44091 AND IN BOOK 6 OF MAPS, DOCUMENT NO. 2015-865239 ON JUNE 25, 2015.

4. I, Laurie E. Hedin, Trustee, residing at 287 Marlin Court, Aptos CA 95003, am authorized to act under the terms of the Trust, to act as Trustee with respect to the Trust's interest in the described property.
5. The described property is administered by me as the Trustee of the Steven Roy Andrade Family Trust 11/8/2018.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Steven Roy Andrade Family Trust,

Laurie E. Hedin, Trustee
By: Laurie E. Hedin, Trustee

Dated: February 10, 2022

Tax Statement to: Laurie E. Hedin, Trustee, 287 Marlin Court, Aptos CA 95003

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4250916

CERTIFICATE OF DEATH

2021030036
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
HAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Steven Roy ANDRADE		2. DATE OF DEATH (Mo/Day/Year) November 26, 2021		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Continuicare Hospital of Carson Tahoe, Inc.		3e.If Hosp. or Inst, indicate DOA,OP/ Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - SPAIN	
7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 22, 1948		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER -9817		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 1240 Canyon Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Leroy ANDRADE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen Louise STALEY		
18a. INFORMANT- NAME (Type or Print) Laurie Ellen HEDIN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 287 Marlin Ct. Aptos, California 95003			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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 AUTHENTICATED AJAY TAGGAR 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) November 28, 2021		21c. HOUR OF DEATH 15:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Alay Taggar MD 235 W 6th Street Reno, NV 89503				23b. LICENSE NUMBER 15643	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 03, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Acute Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Interstitial Lung Disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Pulmonary Embolism					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Unknown Etiology					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (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	



CERTIFIED COPY OF VITAL RECORDS

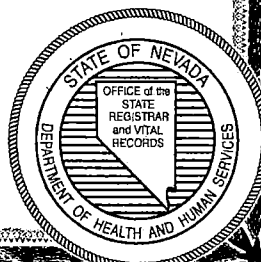
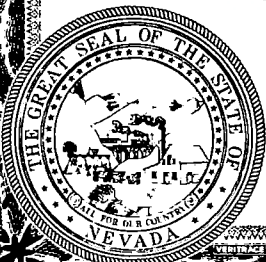
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

12/7/2021

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

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JURAT

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 Santa Clara)

Subscribed and sworn to (or affirmed) before me on February 10, 2022, by Laurie E. Hedin, who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Marleen R B Kuttner
Marleen R. B. Kuttner, Notary Public

