

APN# 1320-33-213-006

Recording Requested by/Mail to:

Name: Larry L. Minihan

Address: 1226 Hat Band Ct

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Larry L. Minihan

Address: 1226 Hat band Ct.

City/State/Zip: Gardnerville, NV 89410



KAREN ELLISON, RECORDER

### Affidavit of 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

Larry L. Minihan

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recording requested by:  
Larry L. Minihan  
1226 Hat Band Ct.  
Gardnerville, NV 89410

And when recorded, mail to:  
Larry L. Minihan  
1226 Hat Band Ct.  
Gardnerville, NV 89410

APN: 1320-33-213-006

For recorder's use

## AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada )

)

) ss.

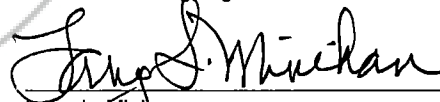
County of Douglas )

Larry L. Minihan, of legal age, being first duly sworn, deposes and says:

1. Joann Martha Minihan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Joann M. Minihan named as Trustee in the Declaration of Trust dated January 2, 2014, and executed by Larry L. Minihan and Joann M. Minihan as Grantors and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1226 Hat Band Ct., Gardnerville, NV 89410, which property is described in a Deed which was executed by KDH Builders The Ranch, LLC, a Nevada Limited Liability Company as Grantor on October 5, 2018, and recorded as Document No.2018-921133 of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
Lot 86, as shown on FINAL MAP PLANNED UNIT DEVELOPMENT PD 04-008 HEYBOURNE MEADOWS PHASE IIC, recorded in the office of the Douglas County Recorder, State of Nevada on September 19, 2017, as Document No. 904214. Official Records.
4. I am the named surviving Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

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

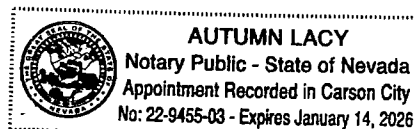
Dated 3-10-2022

  
Larry L. Minihan

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 10 day of  
March, 20 22 by Larry L. Minihan, proved to me on the basis  
of satisfactory evidence to be the person who appeared before me.

Signature 



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

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

CASE FILE NO. 4242906

**CERTIFICATE OF DEATH**

2021026184  
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)<br><b>Joann Martha MINIHAN</b>   |  | 2 DATE OF DEATH (Mo/Day/Year)<br><b>October 15, 2021</b>  |   | 3a COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>  |  | 3c HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number)<br><b>Carson Valley Medical Center</b>   |   | 3e If Hosp or inst indicate DOA,OP/Emer Rm Inpatient (Specify)<br><b>Emergency Room / Outpatient</b>                     |  |
| 4 SEX<br><b>Female</b>  |  | 5 RACE (Specify)<br><b>White</b>  |   | 6 Hispanic Origin? Specify No - Non-Hispanic   |  |
| 7a AGE-Last birthday (Years)<br><b>77</b>   |  | 7b UNDER 1 YEAR<br><b>MOS</b>   |   | 7c UNDER 1 DAY<br><b>HOURS</b>   |  |
| 8 DATE OF BIRTH (Mo/Day/Yr)<br><b>December 21, 1943</b>   |  | 9a STATE OF BIRTH (If not US/CA, name country)<br><b>Nebraska</b>   |   | 9b CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  |
| 10 EDUCATION<br><b>16</b>   |  | 11 MARITAL STATUS (Specify)<br><b>Married</b>   |   | 12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Larry Lee MINIHAN</b>                               |  |
| 13 SOCIAL SECURITY NUMBER<br><b>-6628</b>   |  | 14a USUAL OCCUPATION (Give Kind of Work Done During Most of)<br><b>Executive Assistant</b>  |   | 14b KIND OF BUSINESS OR INDUSTRY<br><b>Oil</b>   |  |
| 15a RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>   |   | 15c. CITY, TOWN OR LOCATION<br><b>Gardnerville</b>   |  |
| 15d STREET AND NUMBER<br><b>1226 Hat Band Court</b>   |  | 15e INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>  |   | Ever in US Armed Forces? <b>No</b>   |  |
| 16 FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Harry Simon STRATE</b>   |  |   | 17 MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Edith A ECKHARDT</b> |  |  |
| 18a INFORMANT- NAME (Type or Print)<br><b>Larry Lee MINIHAN</b>   |  | 18b MAILING ADDRESS (Street or R F D No, City or Town, State Zip)<br><b>1226 Hat Band Court Gardnerville, Nevada 89410</b>  |   |  |  |
| 19a BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b CEMETERY OR CREMATORY - NAME<br><b>Sierra Crematory</b>   |   | 19c LOCATION City or Town State<br><b>Reno Nevada 89503</b>  |  |
| 20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>PHILLIP R MAYFIELD</b><br><b>SIGNATURE AUTHENTICATED</b>  |  | 20b FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD887</b>   |   | 20c NAME AND ADDRESS OF FACILITY<br><b>Neptune Society of Reno</b><br><b>5890 S Virginia St. Suite 4-E Reno NV 89502</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)<br><b>TREVOR PHAN MD</b><br><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)<br><b>October 21, 2021</b>  |  | 21c HOUR OF DEATH<br><b>02:15</b>   |   | 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)  |  |
| 22e PRONOUNCED DEAD AT (Hour)   |  | 23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Trevor Phan MD 1107 Highway 395 Gardnerville, NV 89410</b> |   |  |  |
| 23b LICENSE NUMBER<br><b>12765</b>  |  | 24a REGISTRAR (Signature)<br><b>DARAN GRISSOM</b><br><b>SIGNATURE AUTHENTICATED</b>   |   |  |  |
| 24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>October 22, 2021</b>   |  | 24c DEATH DUE TO COMMUNICABLE DISEASE<br><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>Metabolic Encephalopathy</b>   |  |   |   | <b>Days</b>  |  |
| (b) <b>Acute Renal Failure</b>  |  |   |   | <b>Weeks</b>   |  |
| (c) <b>Congestive Heart Failure</b>   |  |   |   | <b>Years</b>   |  |
| (d) <b>Diabetes Type II</b>   |  |   |   | <b>Years</b>   |  |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I<br><b>Pneumonia, Diabetic Foot Ulcer</b>                  |  |   |   | 26 AUTOPSY (Specify Yes or No)<br><b>No</b>  |  |
| 27 WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>  |  | 28a ACC SUICIDE, HOW UNDERT 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   |  |



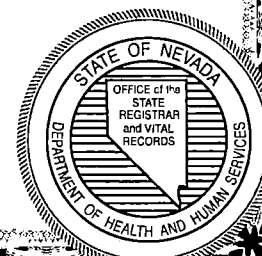
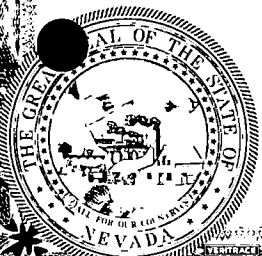
CERTIFIED COPY OF VITAL RECORDS

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: 10/27/2021

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

*Alan J. Grissom*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE