

<b>A.P.N. No.:</b>	1420-29-715-027
<b>File No.:</b>	1580500 sa
<b>Recording Requested By:</b>	
Stewart Title Company	
<b>When Recorded Mail To:</b>	
Bruce W. Tellardin	
3263 Vineyard Ave Space 7	
Pleasanton, CA 94566	

DOUGLAS COUNTY, NV	<b>2022-982665</b>
Rec:\$40.00	
\$40.00 Pgs=4	03/18/2022 09:57 AM
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)

*SA*

Signature

Sherry Ackermann  
Print Signature

Escrow Officer  
Title

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

RECORDING REQUESTED BY:  
Stewart Title Company

WHEN RECORDED MAIL TO:  
Bruce W. Tellardin, Successor Trustee of the Bruce and  
Barbara Tellardin Family Trust dated February 21, 2018,  
and any amendments thereto

ORDER NO. 1580500  
A.P.N. No.: 1420-29-715-027

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**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of Douglas } ss.

Bruce W. Tellardin 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 22, 2020, executed by Bruce W. Tellardin and Barbara A. Tellardin, husband and wife as joint tenants with right of survivorship to Bruce W. Tellardin and Barbara A. Tellardin, Trustess of the Bruce and Barbara Tellardin Family Trust dated February 21, 2018, and any amendments thereto, recorded as Instrument No. 2020-945163 on April 24, 2020 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.

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

Lot 343 in Block F, as shown on the Final Map #PD99-02-08 of SARATOGA SPRINGS ESTATES UNIT 8, A PLANNED DEVELOPMENT, filed in the office of the Douglas County Recorder, State of Nevada, on October 18, 2004, in Book 1004, Page 7206, as Document No. 626992, Official Records.

2. That I am named within the aforementioned trust as Successor 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.

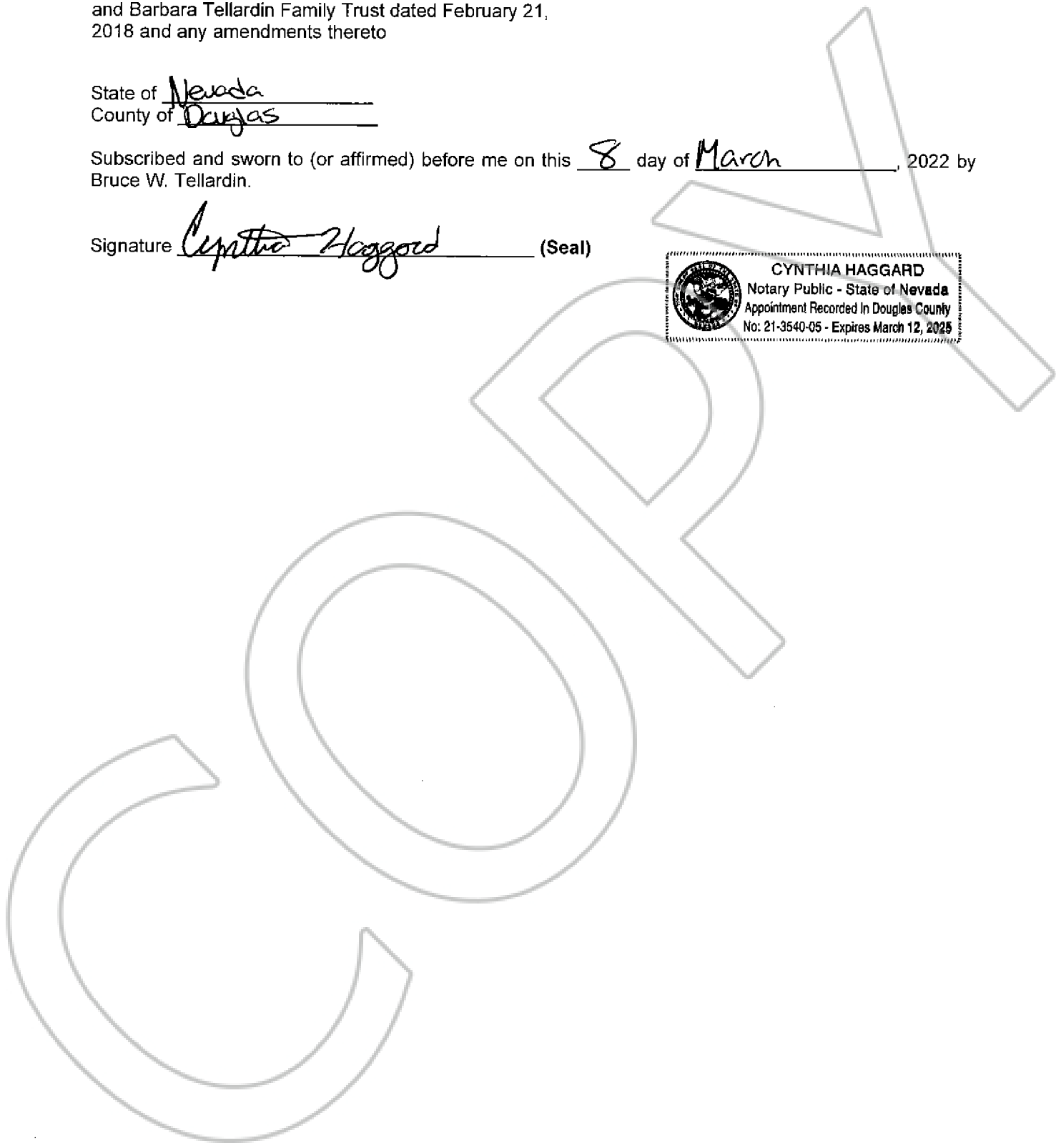
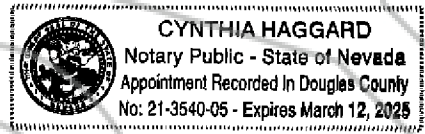
Dated: 3-8, 2022

Bruce W. Tellardin  
By: Bruce W. Tellardin, as Successor Trustee of The Bruce and Barbara Tellardin Family Trust dated February 21, 2018 and any amendments thereto

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 8 day of March, 2022 by Bruce W. Tellardin.

Signature Cynthia Haggard (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. 4207655

**CERTIFICATE OF DEATH**

2021009224  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

PRECEDENT

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) <b>Barbara Anne TELLARDIN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 09, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION (Name (If not either, give street or number) <b>1114 San Marcos Circle</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No Non-Hispanic		7a. AGE-Last birthday (Years) <b>72</b>	
7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 16, 1948</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Bruce TELLARDIN</b>			
13. SOCIAL SECURITY NUMBER <b>██████████-7403</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>SECRETARY</b>		<b>GOVERNMENT</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1114 San Marcos Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT -NAME (First, Middle, Last Suffix) <b>Raymond BREVES</b>			17. MOTHER/PARENT -NAME (First, Middle, Last Suffix) <b>Esther FLORES</b>		
18a. INFORMANT- NAME (Type or Print) <b>Bruce TELLARDIN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1114 San Marcos Circle Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</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) <b>B A BOTTENBERG DO</b> 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) <b>April 13, 2021</b>		21c. HOUR OF DEATH <b>08:07</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) <b>B A Bottenberg DO 550 W Washington #1 Carson City, NV 89706</b>				23b. LICENSE NUMBER <b>DO674</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 14, 2021</b>		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				Interval between onset and death	
(a) <b>Undetermined Malignancy Of The Brain</b>				Interval between onset and death	
(b) <b>Unknown Etiology</b>				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>				Interval between onset and death	
(d) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>				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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify: Yes or No) <b>No</b>					
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

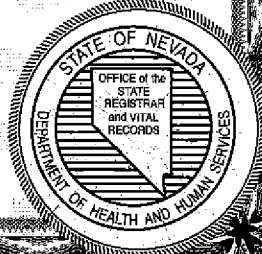
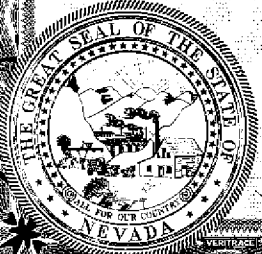
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**4/20/2021**

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

*John J. [Signature]*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE