

APN# 1220-03-210-027

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: PATRICIA STERN

Address: 1130 Empire Ave Apt 217

City/State/Zip: Manteca CA 95336

Affidavit 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

EMILY TOBIAS

Printed Name

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

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

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Patricia Stern

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-03-210-027**

File No.: 143-2650013 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Patricia L. Stern as trustee** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Robert O. Stern** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **11/06/2021** at **Carson City, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **1/26/2010** executed by **Robert O. Stern and Patricia L. Stern** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **GRANT DEED** dated **1/26/2010** which was recorded as Instrument No. **0758742** in Book **0210**, Page **3018**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 4/7/22

**DECLARANT:**

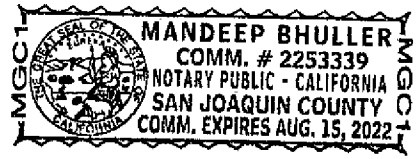
Patricia L. Stern  
Patricia L. Stern as trustee

State of CA )  
County of San Joaquin )<sup>SS</sup>

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County San Joaquin and State CA, this 7 day of April, 20 22 by Patricia L. Stern, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.  
[Signature]  
Signature \_\_\_\_\_

*This area for official notarial seal*



My Commission Expires: 8/15/22

Notary Name: Mandeep Bhuller Notary Phone: 209-825-2000  
Notary Registration Number: 2253339 County of Principal Place of Business: San Joaquin

**EXHIBIT 'A'**

**BEING A PORTION OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 3,  
TOWNSHIP 12 NORTH, RANGE 20 EAST FURTHER DESCRIBED AS FOLLOWS:**

**LOT 51, BLOCK J, AS SET FORTH ON FINAL SUBDIVISION MAP LDA 01-047 PLANNED  
UNIT DEVELOPMENT ARBOR GARDENS PHASE 1, FILED FOR RECORD IN THE OFFICE OF  
THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON OCTOBER 18,  
2002, BOOK 1002, PAGE 8115, AS DOCUMENT NO. 555262, AND BY CERTIFICATE OF  
AMENDMENT RECORDED FEBRUARY 20, 2003, IN BOOK 0203, AT PAGE 7818, AS  
DOCUMENT NO. 567590 AND RECORDED SEPTEMBER 28, 2004, IN BOOK 0904, AT PAGE  
11209, AS DOCUMENT NO. 625221.**

**STATE OF NEVADA**  
**CERTIFICATE OF VITAL RECORD**

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

CASE FILE NO. 4247838

**CERTIFICATE OF DEATH**

2021028369  
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) <b>Robert O STERN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 06, 2021</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) <b>Carson Tahoe Transitional Rehabilitation Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5 RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>97</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 26, 1923</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>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Patricia LaVerne SEXTON</b>	
13. SOCIAL SECURITY NUMBER <b>2751</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1425 Honey Locust Avenue</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Otto Ernest STERN</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ella KEIM</b>		
18a. INFORMANT- NAME (Type or Print) <b>Patricia LaVerne STERN</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1425 Honey Locust Avenue Gardnerville, Nevada 89410</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Anatomical Donation/Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BETHANY J RASMUSSEN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD969</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals &amp; Cremations - Sierra Chapel 875 West Second St Reno NV 89503</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>MARK D CANTY MD</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) <b>November 11, 2021</b>		21c. HOUR OF DEATH <b>01:15</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) <b>Mark D Canty MD 1495 Mill Street Reno, NV 89502</b>			
23b. LICENSE NUMBER <b>15475</b>		24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 15, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Acute Cervical Spinal Myelopathy</b>				Interval between onset and death <b>Weeks</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Ground Level Fall</b>				<b>Weeks</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Unknown Etiology</b>				<b>Weeks</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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	

000904512



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: 12/13/2021

STATE REGISTRAR

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

