

A.P.N. No.:	1220-24-401-016
File No.:	1652315 WLD
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Denise Jeanett McClennan Taber, Successor Trustee of The Don and Dolores Gaskins 1993 Trust, dated December 14, 1993 443 Kirby Court Vacaville, CA 95687	

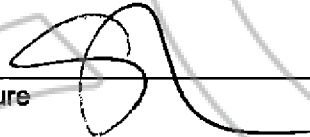
DOUGLAS COUNTY, NV **2022-984048**
 Rec:\$40.00
 \$40.00 Pgs=6 04/22/2022 12:54 PM
 STEWART TITLE COMPANY - NV
 KAREN ELLISON, RECORDER

(for recorders use only)

**Affidavit of Death
 (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 contain the social security number of a person or persons as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

Signature  _____ Escrow Officer
 Title
 Wendy Dunbar
 Print Signature

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:

Denise Jeanett McClennan Taber, Successor Trustee of
The Don and Dolores Gaskins 1993 Trust, dated
December 14, 1993
443 Kirby Court
Vacaville, CA 95687

ORDER NO. 1652315

A.P.N. No.: 1220-24-401-016

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

Denise Jeanett McClennan Taber of legal age, being first duly sworn, deposes and says:

1. That the decedents mentioned in the attached copies of Certificate of Death, are the same person as named as the parties in that certain Grant, Bargain and Sale Deed dated February 18, 2003, executed by Don Wesley Gaskins, Sr. and Dolores Maria Gaskins to Don Wesley Gaskins, Sr. and Dolores Maria Gaskins as Trustees of The Don and Dolores Gaskins - 1993 Trust, dated December 14, 1993, recorded as Instrument No. 0567339 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

See Exhibit "A" attached hereto and made a part hereof.

- 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: April 20, 2022

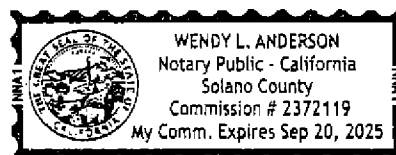
Denise Jeanett McClennan Taber

By: Denise Jeanett McClennan Taber, as Successor Trustee of The Don and Dolores Gaskins 1993 Trust

State of California
County of Solano

Subscribed and sworn to (or affirmed) before me on this 21 day of April, 2022 by Denise Jeanett McClennan Taber.

Signature *Wendy L. Anderson* (Seal)



CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

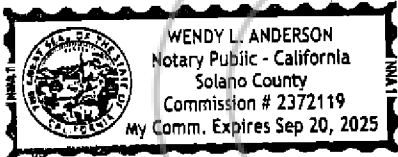
8 _____

Signature of Document Signer No. 1 _____ Signature of Document Signer No. 2 (if any) _____

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 SOLANO

Subscribed and sworn to (or affirmed) before me
 on this 21 day of April, 2022
 by _____ Date Month Year
 (1) Denise Jeanette McCullough Taylor



(and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Wendy Anderson
 Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit - Death of Trustee - Succession of Successor Trustee

Document Date: 4/20/2022 Number of Pages: 3

Signer(s) Other Than Named Above: None as Above

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014013354
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Dolores Maria GASKINS		2. DATE OF DEATH (Mo/Day/Year) August 08, 2014		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not altar, give street and number) 621 Stallion Ct		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
DECEDENT	5. RACE White		6. Hispanic Origin? Specify Yes - Puerto Rican		7a. AGE - Last birthday (Years) 78	
	7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 19, 1936	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Don GASKINS SR			
PARENTS	13. SOCIAL SECURITY NUMBER ████████-5977		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Floral	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 621 Stallion Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Juan MORALES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Petra MEDINA		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Don GASKINS SR			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 621 Stallion Ct, Gardnerville, Nevada 89410		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town State Carson City Nevada 89701	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JUDITH ROSSO DO 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) August 18, 2014		21c. HOUR OF DEATH 09:35		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) JUDITH ROSSO DO 1520 Virginia Ranch Rd Gardnerville, NV 89410			23b. LICENSE NUMBER 750		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 20, 2014		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) Cardiorespiratory Arrest Interval between onset and death						
(b) Ascites Interval between onset and death						
(c) Cirrhosis Interval between onset and death						
(d) Non Alcoholic Fatty Liver Disease 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.						
Esophageal Varices						
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		

STATE REGISTRAR

542584

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.

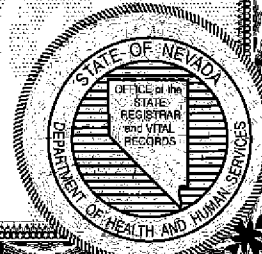
DATE ISSUED: **08/20/2014**

R. J. Luker
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SOLANO
 HEALTH AND SOCIAL SERVICES DEPARTMENT

3052021261740

CERTIFICATE OF DEATH

3202148003165

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS IC-11 (REV 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DON		2. MIDDLE WESLEY		3. LAST (Family) GASKINS, SR	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/21/1935	5. AGE Yrs. 86	6. SEX M	7. DATE OF DEATH mm/dd/yyyy 10/03/2021
8. BIRTH STATE/FOREIGN COUNTRY OK		10. SOCIAL SECURITY NUMBER ██████-1973		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED US POSTAL CARRIER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CIVIL SERVICE		19. YEARS IN OCCUPATION 33	
20. DECEDENT'S RESIDENCE (Street and number, or location) 2061 PEABODY RD #106					
21. CITY VACAVILLE		22. COUNTY/PROVINCE SOLANO		23. ZIP CODE 95687	
24. YEARS IN COUNTY 2		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP DENISE J.M. TABOR, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 443 KIRBY CT, VACAVILLE, CA 95687			
28. NAME OF SURVIVING SPOUSE/SROP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST ARVEL		32. MIDDLE WESLEY		33. LAST GASKINS	
34. BIRTH STATE OK		35. NAME OF MOTHER/PARENT - FIRST BEULAH		36. MIDDLE BELLE	
37. LAST (BIRTH NAME) RILEY		38. BIRTH STATE OK		39. BIRTH STATE OK	
40. DATE OF FINAL DISPOSITION mm/dd/yyyy 11/04/2021		41. PLACE OF FINAL DISPOSITION ST. ALPHONSUS CATHOLIC CEMETERY 1801 UNION AVE, FAIRFIELD, CA 94533			
42. TYPE OF DISPOSITION(S) CREMATE/BURIAL		43. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		45. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT BRYAN-BRAKER FUNERAL HOME		46. LICENSE NUMBER FD986		47. DATE mm/dd/yyyy 10/22/2021	
48. SIGNATURE OF LOCAL REGISTRAR BELA MATYAS MD, MPH		49. DATE mm/dd/yyyy 10/22/2021			
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/CP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SOLANO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or locality) 2061 PEABODY RD #106		106. CITY VACAVILLE	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) VASCULAR DEMENTIA		108. DEATH REPORTED TO CORONER? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BODY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. (C) STROKE		110. AUTOPSY PERFORMED? (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (E) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 STROKE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO				114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Allocated Since <input type="checkbox"/> Decedent: Last Seen Alive <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER HARNEET CHAWLA CHOPRA, MD		116. LICENSE NUMBER A106598	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HARNEET CHAWLA CHOPRA, MD 5401 OLD REDWOOD HWY SUITE 110, PETALUMA, CA 94954		118. DATE mm/dd/yyyy 10/03/2021		119. DATE mm/dd/yyyy 10/22/2021	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR	A	B	C	D	E	FAV AUTH.	CENSUS TRACT
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CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF SOLANO

000556033

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Solano County Health and Social Services Department, Public Health Division.

By , Deputy. DATE ISSUED **NOV 03 2021**

Bela T. Matyas
 BELA MATYAS, MD, MPH
 HEALTH OFFICER AND LOCAL REGISTRAR

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy.

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



CASOLANODJL

EXHIBIT "A" LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Being a portion of the Southwest 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B.&M., further described as follows:

Parcel 2-C, as set forth on Parcel Map No. 1 for P-K Construction, Inc., filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 29, 1988, in Book 288, Page 3966, as Document No. 173297 and further Certificate of Amendment recorded November 14, 1989, in Book 1189, Page 1714.

