

A.P.N. No.:	1420-08-214-014
File No.:	1640852 MDD
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Nazir A. Ansari	
637 Eagle Drive	
Incline Village, NV 89451	

DOUGLAS COUNTY, NV	2022-984069
Rec:\$40.00	
\$40.00 Pgs=4	04/22/2022 02:52 PM
STEWART TITLE COMPANY - NV	
KAREN ELLISON, RECORDER	

(for recorders use only)

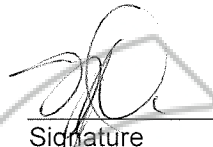
Affidavit – Death of Trustee – Succession of Successor Trustee
(Title of Document)

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)



Signature

Escrow Officer

Title

Michele Davis
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:
Nazir A. Ansari, Trustees of the Ansari Family 1990 Trust
dated June 22, 1990
637 Eagle Drive
Incline Village, NV 89451

ORDER NO. 1640852
A.P.N. No.: 1420-08-214-014

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Washoe } ss.

Nazir A. Ansari 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 Deed dated April 29, 2019, executed by Anderson, Dorn, and Rader, LTD as Successor Trustee of the Erickson Trust dated November 2, 1999, to Nazir A. Ansari and Mary B. Ansari, Trustees of the Ansari Family 1990 Trust dated June 22, 1990, recorded as Instrument No. 2019-931583 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Carson City, County of Douglas, State of Nevada.

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

Lot 2 in Block L, of SUNRIDGE HEIGHTS, PHASES 4 & 5A, A Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 1, 1994, in Book 794, Page 1, as Document No. 340968, 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: April 20, 2022

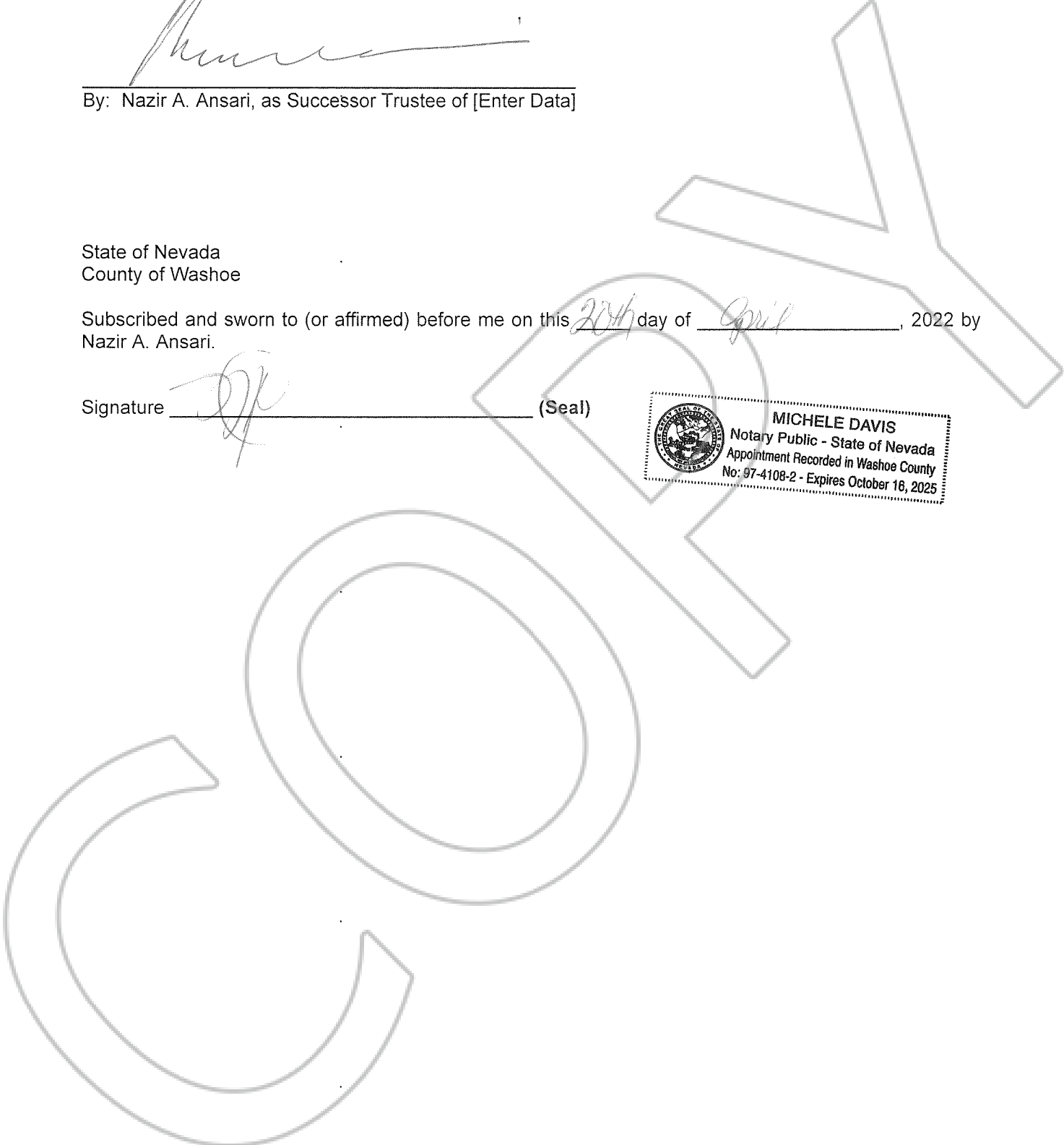
[Handwritten Signature]

By: Nazir A. Ansari, as Successor Trustee of [Enter Data]

State of Nevada
County of Washoe

Subscribed and sworn to (or affirmed) before me on this 20th day of April, 2022 by
Nazir A. Ansari.

Signature *[Handwritten Signature]* (Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

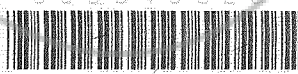
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4185221

CERTIFICATE OF DEATH

2020028520
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Mary Blanche ANSARI				2. DATE OF DEATH (Mo/Day/Year) December 18, 2020		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 address and telephone number) 3543 N. Sunridge Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		4. SEX Female
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE - Last birthday (Years) 81	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) January 15, 1939	
	9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 20	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Nazir ANSARI	
DECEDENT	13. SOCIAL SECURITY NUMBER ██████████4993		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Library Administrator		14b. KIND OF BUSINESS OR INDUSTRY UNIVERSITY		Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Carson City	15c. CITY, TOWN OR LOCATION Carson City	15d. STREET AND NUMBER 3543 N. Sunridge Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Reinhold SCHWEIKERT				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Blanche CRAFTON			
	18a. INFORMANT - NAME (Type or Print) Mark BRUCE			18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 4631 Sommerville Way Reno, Nevada 89519				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town - State Reno Nevada 89503			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals & Cremations - Sierra Chapel 875 West Second St Reno NV 89503				
TRADE CALL	TRADE CALL - NAME AND ADDRESS							
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOPF MD 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) December 18, 2020		21c. HOUR OF DEATH 10:45		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703					23b. LICENSE NUMBER 13920		
REGISTRAR	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 21, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
	PART I	(a) Respiratory Arrest					Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Respiratory Failure					Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF: (c) Malignant, Metastatic Lung Carcinoma					Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (d)					Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.						26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HON., 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		



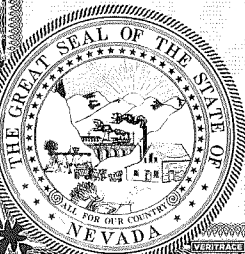
CERTIFIED COPY OF VITAL RECORDS

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:

12/28/2020

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



[Signature]
STATE REGISTRAR

