

APN# 1220-21-710-033

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: Powers 2011 Family Trust

Address: 31409 Russian Olive Lane

City/State/Zip: Parma ID 83660

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:**  
Powers 2011 Family Trust

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-21-710-033**

File No.: 143-2648748 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Shirley R. Powers, 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. **Richard M. Powers** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **June 11, 2017** at **Colorado Springs, CO** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **June 22, 2011** executed by **Richard M. Powers and Shirley R. Powers** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **QUITCLAIM DEED** dated **February 20, 2013** which was recorded as Instrument No. **0818801** in Book **0213**, Page **6291**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 4-19-2022

**DECLARANT:**

Shirley R. Powers, Trustee  
Shirley R. Powers, as Trustee

State of ID )  
 )ss  
County of Canyon )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Canyon and State ID, this April 19th day of April, 2022 by Shirley R. Powers, Trustee, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

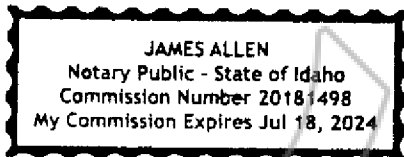
WITNESS my hand and official seal.

*This area for official notarial seal*

Signature [Signature]

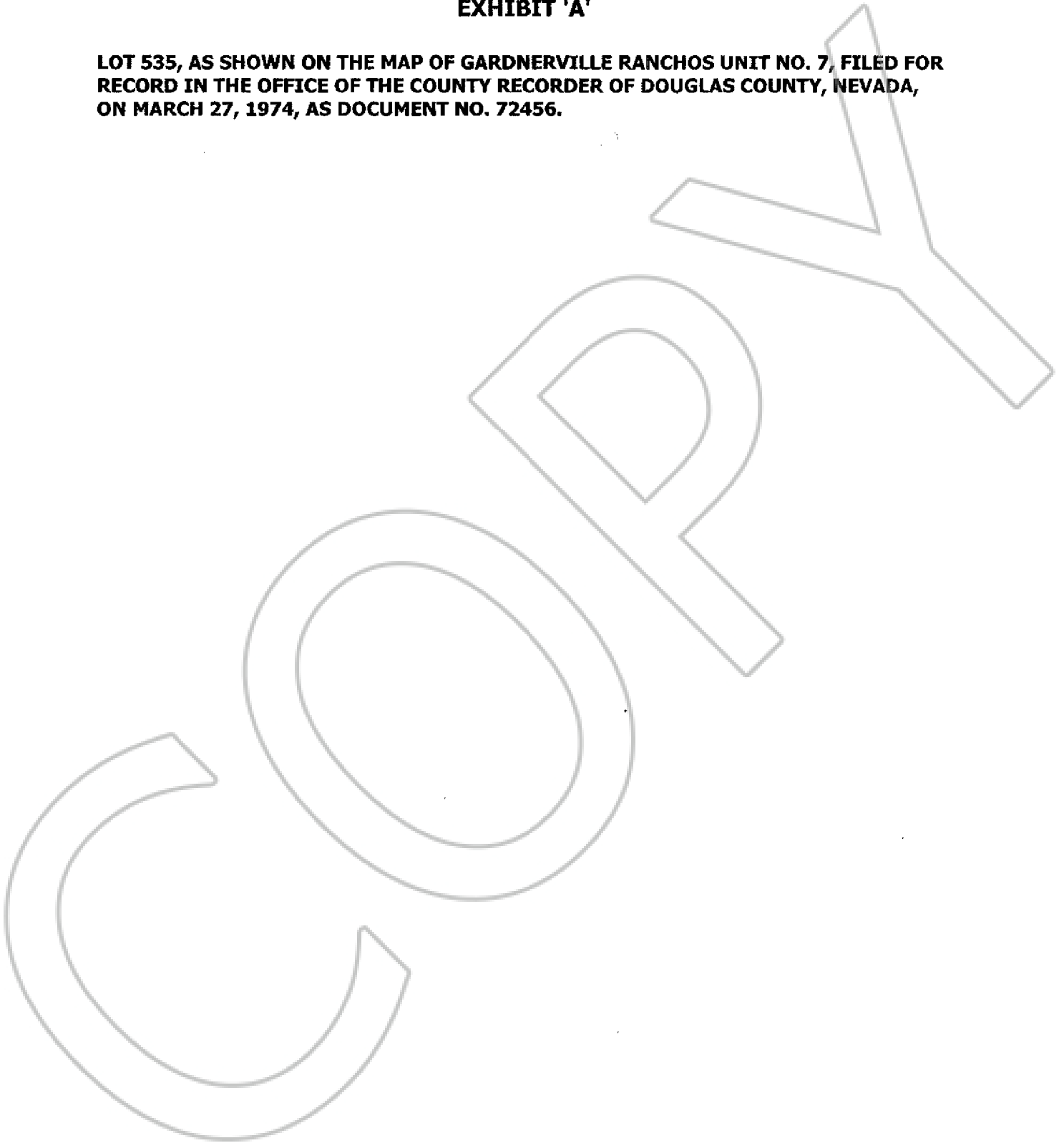
My Commission Expires: July 18, 2024

Notary Name: James Allen Notary Phone: 208-258-0285  
Notary Registration Number: 20181498 County of Principal Place of Business Ada



**EXHIBIT 'A'**

**LOT 535, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR  
RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA,  
ON MARCH 27, 1974, AS DOCUMENT NO. 72456.**



**STATE OF COLORADO**  
**CERTIFICATION OF VITAL RECORD**

**CERTIFICATE OF DEATH**

STATE FILE NUMBER 1052017017527

DECEDENT'S LEGAL NAME RICHARD MULLER POWERS				DATE OF DEATH JUNE 11, 2017			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED] 4781	AGE-Last Birthday (Years) 83	UNDER 1 YEAR Months	UNDER 1 DAY Days	DATE OF BIRTH (Mo/Day/Yr) MARCH 05, 1934	BIRTHPLACE (State or Foreign Country) IOWA	
IF DEATH OCCURRED IN HOSPITAL			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL SON'S RESIDENCE				
Facility Name (If not institution, give street & number) 4450 WITCHES HOLLOW LANE			CITY, TOWN OR LOCATION OF DEATH COLORADO SPRINGS		COUNTY OF DEATH EL PASO		
RESIDENCE - STREET AND NUMBER 1346 LEONARD ROAD				APT. NO.	ZIP CODE 89460	INSIDE CITY LIMITS YES	
RESIDENCE STATE NEVADA			COUNTY DOUGLAS		CITY OR TOWN GARDNERVILLE		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MINISTER				KIND OF BUSINESS/INDUSTRY RELIGION		DECEDENT'S EDUCATION MASTER'S DEGREE	
DECEDENT OF HISPANIC ORIGIN				DECEDENT'S RACE			
EVER IN US ARMED FORCES NO	MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If not give name prior to first marriage) SHIRLEY BECKER				
FATHER'S NAME GLENN THOMAS POWERS			MOTHER'S NAME PRIOR TO FIRST MARRIAGE WILHELMINA BREMER				
INFORMANT'S NAME DANIEL POWERS			INFORMANT'S RELATIONSHIP TO DECEASED SON				
NAME OF FUNERAL HOME SWAN LAW FUNERAL DIRECTORS			CITY AND STATE OF FUNERAL HOME COLORADO SPRINGS COLORADO			WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION COLORADO SPRINGS MORTUARY AND CREMATORY SERVICES		LOCATION - CITY, COUNTY, STATE COLORADO SPRINGS EL PASO COLORADO				
INJURY AT WORK	IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY		
PLACE OF INJURY							
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code)							
DESCRIBE HOW INJURY OCCURRED							
WAS DECEDENT UNDER HOSPICE CARE	ACTUAL OR PRESUMED TIME OF DEATH UNKNOWN		DATE PRONOUNCED DEAD (MO/DA/YR) JUNE 11, 2017		TIME PRONOUNCED DEAD 18:30 MIL		
MANNER OF DEATH NATURAL		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?			
<b>CAUSE OF DEATH</b>							
PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)		Enter the chain of events - diseases, injuries, or complications that directly caused the death.				Approximate interval: Onset to death YEARS	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		a. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE				_____	
		b. _____				_____	
		c. _____				_____	
		d. _____				_____	
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I							
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN					DATE SIGNED		
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER ROBERT C. BUX COUNTY CORONER 2741 E LAS VEGAS STREET COLORADO SPRINGS CO 80906 EL PASO					DATE SIGNED JULY 10, 2017		
DATE FILED BY REGISTRAR JUNE 14, 2017							

AMENDED

DATE ISSUED JULY 11, 2017

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with high resolution border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

*A. Alex Quintana*  
A. ALEX QUINTANA  
STATE REGISTRAR



\* 008319556 \*

