

Recording requested by (name):  
Ryan Love  
When recorded mail to  
and mail tax statements to:  
Ryan Love  
14581 Lava Dome Way  
Nevada City CA 95959



KAREN ELLISON, RECORDER

Recorder's Use Only

# AFFIDAVIT – DEATH OF TRUSTEE

Assessor's Parcel No. (APN):  
94-333-490

### Declaration of Exemption From Gov't Code § 27388.1 Fee

- Transfer is exempt from fee per GC § 27388.1(a)(2):
  - recorded concurrently "in connection with" transfer subject to DTT
  - recorded concurrently "in connection with" a transfer of residential dwelling to an owner-occupier
- Transfer is exempt from fee per GC 27388.1(a)(1):
  - Fee cap of \$225.00 reached
  - Not related to real property

Ryan Love, of legal age, being first duly sworn, deposes and says:  
1. Kenton Edison Love, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Kenton E. Love named as Trustee in the Declaration of Trust dated March 12, 1996 and executed by Kenton E. Love as Trustor(s).

2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as (address) 1760 Merino Circle, Gardnerville, NV 89410, which property is described in a Deed which was executed by Kenton E. Love as Grantor(s), March 12, 1996 and recorded on March 23, 2022 as Instrument No. 2022-982867 of Official Records of Douglas County, Nevada.

3. The legal description of said property is as follows:

Lot 3 in Block A of PRUETT RANCHES SUBDIVISION, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on February 3, 1997, as Document No. 405966 and by Certificate of Amendment recorded July 30, 1997, in Book 797, Page 5323, as Document No. 418341.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Dated 4/26/2022

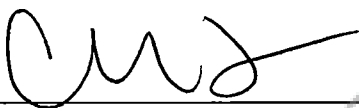
(Signature of declarant)  
Ryan Love

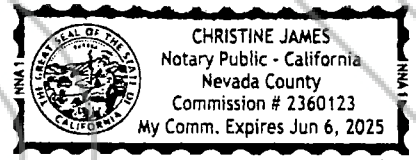
(Type or print name of declarant)

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 Nevada )

Subscribed and sworn to (or affirmed) before me on this 26th day of April,  
20 22, by Ryan Love,  
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature  (Seal)



*COPIES*

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SOLANO**

HEALTH AND SOCIAL SERVICES DEPARTMENT

3052022070459

**CERTIFICATE OF DEATH**

3202248000946

STATE FILE NUMBER 3052022070459		LOCAL REGISTRATION NUMBER 3202248000946	
1. NAME OF DECEDENT—FIRST (Given) <b>KENTON</b>		2. MIDDLE <b>EDISON</b>	
3. LAST (Family) <b>LOVE</b>		4. DATE OF BIRTH mm/dd/yyyy <b>02/07/1944</b>	
5. AGE Yrs. <b>78</b>		6. SEX <b>M</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>2904</b>	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at Time of Death) <b>DIVORCED</b>	
13. EDUCATION—(Highest Level/Degree) <b>ASSOCIATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		7. DATE OF DEATH mm/dd/yyyy <b>03/15/2022</b>	
8. HOUR (24 Hour) <b>2039</b>		17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>LAND SURVEYOR</b>	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>LAND SURVEYING</b>		19. YEARS IN OCCUPATION <b>30</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>406 BANNING WAY</b>			
21. CITY <b>VALLEJO</b>		22. COUNTY/PR/VINCE <b>SOLANO</b>	
23. ZIP CODE <b>94591</b>		24. YEARS IN COUNTY <b>78</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>RYAN LOVE, SON</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>14581 LAVA DOME WAY, NEVADA CITY, CA 95959</b>		28. NAME OF SURVIVING SPOUSE/SDP—FIRST <b>-</b>	
29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
31. NAME OF FATHER/PARENT—FIRST <b>CLOVIS</b>		32. MIDDLE <b>EDISON</b>	
33. LAST <b>LOVE</b>		34. BIRTH STATE <b>MO</b>	
35. NAME OF MOTHER/PARENT—FIRST <b>CHRISTINE</b>		36. MIDDLE <b>L.</b>	
37. LAST (BIRTH NAME) <b>GREEN</b>		38. BIRTH STATE <b>MO</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>03/22/2022</b>		40. PLACE OF FINAL DISPOSITION <b>HAZELGREEN CEMETERY 32000 U.S. ROUTE 66, RICHLAND, MO 65556</b>	
41. TYPE OF DISPOSITION(S) <b>CREMATE/TRANSIT/BURIAL</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>TWIN CHAPELS MORTUARY</b>	
45. LICENSE NUMBER <b>FD788</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>BELA MATYAS MD, MPH</b>	
47. DATE mm/dd/yyyy <b>03/22/2022</b>		101. PLACE OF DEATH <b>THE LODGE AT GLEN COVE</b>	
102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EY/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY <b>SOLANO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>140 GLEN COVE MARINA ROAD</b>	
106. CITY <b>VALLEJO</b>		107. CAUSE OF DEATH Enter the chain of events — disease, injury, 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. <b>(A) PULMONARY FIBROSIS</b>	
108. DEATH REPORTED TO CORONER? Time Interval Between Death and Death Referral Number (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		109. BIOPSY PERFORMED? (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy <b>03/10/2022</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>CHAINARONG LIMVARAPUSS, MD</b>	
116. LICENSE NUMBER <b>A80619</b>		117. DATE mm/dd/yyyy <b>03/21/2022</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>CHAINARONG LIMVARAPUSS, MD 100 HOSPITAL DR STE 110, VALLEJO, CA 94589</b>		119. 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. HOUR (24 Hour)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR	A	B	C
	D	E	
FAX AUTH.#		CENSUS TRACT	

**CERTIFIED COPY OF VITAL RECORDS**  
 STATE OF CALIFORNIA, COUNTY OF SOLANO



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 **MAR 23 2022**

Bela S. 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 VOIDS THIS CERTIFICATE



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