

APN# 1320-30-211-011

Recording Requested by:

Name: LIFELINE ESTATE SERVICES, INC.

Address: 3708 LAKESIDE DR. STE. 202

City/State/Zip: RENO/NEVADA/89509

When Recorded Mail to:

Name: LIFELINE ESTATE SERVICES, INC.

Address: 3708 LAKESIDE DR. STE. 202

City/State/Zip: RENO/NEVADA/89509

Mail Tax Statement to:

Name: Kenneth W. Gardner

Address: 832 Mahogany Dr.

City/State/Zip: Minden, NV 89423

Affidavit re: death of Initial Co-trustee
& assumption of trusteeship by 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 personal information 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 personal information of a person or persons as required by law: NRS 440.380

(State specific law)

Signature

Printed Name

OFFICE MANAGER

Title

Stefanie Hughes

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

APN # : 1320-30-211-011
RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services, Inc.
3708 Lakeside Dr. STE 202
Reno, NV 89509
MAILTAX STATEMENTS TO:
Kenneth W. Girdner, Trustee
832 Mahogany Dr.
Minden, NV 89423

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE(S)
AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR TRUSTEE**

The following described real estate in Douglas County, State of Nevada:

Lot 2, Block F, as shown on the Official Map of Westwood Village Unit No. 1, filed for record in the office of the County Recorder on October 5, 1979, in Book 1079, Page 440, Document No. 37417, and A Certificate of Amendment Recorded July 14, 1980, in Book 780, Page 783, and further A Certificate of Amendment recorded January 31, 1991, in Book 191, Page 3820, Official Records of Douglas County, Nevada.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues, and profits thereof.

The undersigned, KENNETH W. GIRDNER, hereby declares that, SANDRA L. GIRDNER, died on MAY 17, 2022, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as SANDRA L. GIRDNER, named as one of the initial Trustee in that certain Declaration of Trust titled the GIRDNER FAMILY TRUST DATED AUGUST 22, 2018.

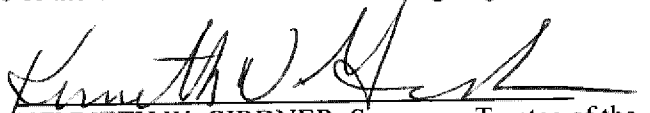
Declarant further declares that he is the Successor Trustee named in the Declaration of trust and that he hereby assumes the position of Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 29 th day of June, 2022, in the City of Reno,
County of Washoe, State of Nevada.

VERIFICATION

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


KENNETH W. GIRDNER, Successor Trustee of the
GIRDNER FAMILY TRUST DATED AUGUST 22,
2018

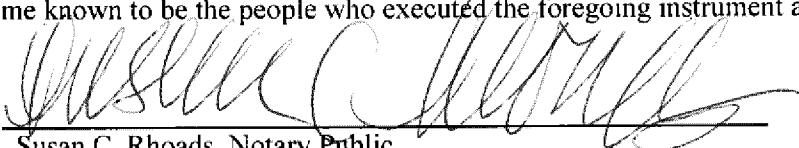
STATE OF NEVADA

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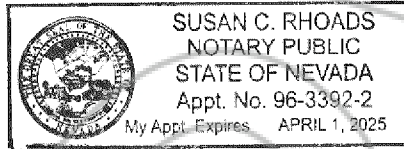
COUNTY OF WASHOE

) SS:
)

Personally came before me this 29th day of June, 2022, the above named KENNETH W. GIRDNER, to me known to be the people who executed the foregoing instrument and acknowledged the same.



Susan C. Rhoads, Notary Public
Washoe County, Nevada
My Commission 04/01/2025



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4284038

CERTIFICATE OF DEATH

202201236
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) Sandra Louise GIRDNER		2. DATE OF DEATH (Mo/Day/Year) May 17, 2022		3a. COUNTY OF DEATH Douglas	
3c. CITY, TOWN, OR LOCATION OF DEATH Minden		3b. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) 832 Mahogany Drive		3e. If Hosp. or Inst. Indicate DCA,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) 68		7b. UNDER 1 YEAR MOS DAYS 68		7c. UNDER 1 DAY HOURS MINS 68	
8. DATE OF BIRTH (Mo/Day/Yr) November 11, 1953		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kenneth GIRDNER	
13. SOCIAL SECURITY NUMBER 4740		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Human Resources Specialist		14b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 832 Mahogany Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Loniel Shafer HARRIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marilyn PETERSON		
18a. INFORMANT- NAME (Type or Print) Kenneth GIRDNER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 832 Mahogany Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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 A BOTTENBERG 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) May 18, 2022		21c. HOUR OF DEATH 00:29		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 A Bottenberg DO 4095 North Carson Street Carson City, NV 89706			
23b. LICENSE NUMBER DO674		24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 18, 2022		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) Malignant Neoplasm Of The Pancreas With Unknown Cell Type				Interval between onset and death	
(b) Unknown Etiology				Interval between onset and death	
(c)				Interval between onset and death	
(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 1. Hypertension				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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	



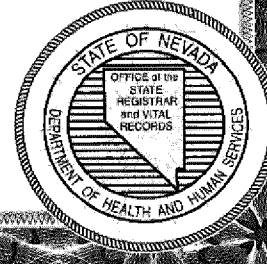
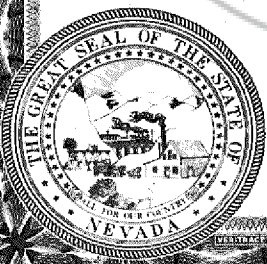
CERTIFIED COPY OF VITAL RECORDS

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: 5/24/2022

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

Scott Sheldon Spangler
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE