DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00

09/2

2022-990412 09/29/2022 03:05 PM

DENNIS LIPPITT, ESQ

Pgs=4

00160766202209904120040040 KAREN ELLISON, RECORDER

**RECORDING REQUESTED BY:** 

DENNIS LIPPITT, ESQ.

AND WHEN RECORDED MAIL TO:

DOROTHY S. GLANTZ, TRUSTEE 1741 Harte Drive San Jose, CA 95124

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**APN:** 1319-18-412-013

Commonly known as: 297 Andria Drive, City of Stateline, NV 89449

## AFFIDAVIT - DEATH OF SETTLOR/TRUSTEE

That DOROTHY S. GLANTZ, being of legal age, being first duly sworn, deposes and says:

- 1. That SHIRLEY ANN GLANTZ is the decedent mentioned in the attached certified copy of Certificate of Death and is the same person as SHIRLEY A. GLANTZ named as the Settlor and Trustee in that certain TRUST DECLARATION, dated July 9, 2008, and executed by SHIRLEY A. GLANTZ, as Settlor and Trustee.
- 2. At the time of SHIRLEY A. GLANTZ's death, SHIRLEY A. GLANTZ was the sole record owner, as trustee, of the real property located in the City of Stateline, County of Douglas, State of Nevada and further described as follows:

Lot 11, as shown on the Amended Map of Kingsbury Village Subdivision Unit No. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on July 10, 1963, Document No. 22952.

- 3. That DOROTHY S. GLANTZ, is the successor trustee of the aforesaid TRUST DECLARATION, and she currently is and has continued to serve as trustee.
- 4. That DOROTHY S. GLANTZ, as trustee, is the record owner of the real property and improvements described herein.

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.

Date: Sept. 12, 2022

OROTHY S. GLANTZ



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 Santa Clara

Subscribed and sworn to (or affirmed) before me on this 12 day of SEPTEM, 2022, by DOROTHY S. GLANTZ, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature\_

K. C. Shab



## **COUNTY of SANTA CLARA**

## **PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION**

	3052021270143  CERTIFICATE OF DEATH STATE FILE NUMBER  STATE FILE NUMBER  STATE FILE NUMBER  CERTIFICATE OF DEATH USE BLACK USC VIV. NO FRAUPES, WHITELD IS ON ALTERATORS VS-11 (RETV. VS-1) (RETV. VS-1			3	32021430099	188
						MBER
1	1. NAME OF DECEDENT-FIRST (Given) SHIRLEY	2 MIDDLE ANN	GL	ANTZ		\ \
ATA	AKA, ALSO KNOWN AS - Include the AKA (FIRST, MIDD) F, LA		4 DATE OF BIRTH mitt/dd/c	OV S AGE YOU FUND	ER ONE YEAR FUND	DER 24 HOURS 6 SEX
IAL C	,		10/01/1936	85 Months	Days House	Mirales F
ÖŞ.	9. BUTTH STATE/FOREICN COUNTRY 10. SOCIAL SEC	URITY MUMBER 11. EVER IN U.S. ARK		S/SRDP (at Tisse of Death) 7. DA	TE OF DEATH man/dat/ca	
SPE	PA	700   Tes X			/29/2021	0157
ENT	13. EDUCATION - 1-Squart Law/Drogram   14/15, WAS DECEDENT HISPANICALATINO(A/SPANISH? (If yes, yes worksheet on back)   16. DECEDENT'S FACE - Up to 3 races may be listed (see worksheet on back)   TYPE   TY					
CED	H BACHELOR					
5	TEACHER	EDUC		BY SURE YOUR CO-SUBCOUL S	AND THE RESERVE AND THE PROPERTY AND THE	19 YEARS IN OCCUPATION
	20 DECEDENT'S RESIDENCE (Street and rumber, or location)					
USUAL RESIDENCE	1741 HARTE DRIVE					
USUA	21, CITY	22, COUNTY/PROVINCE	23, ZIP CODE	796	25. STATE/FOREIGN CO.	YHTML
- #	SAN JOSE	SANTA CLARA	95124	75.	CA	
INFOR-	25. DE CRAMMITS NAME RELATIONSHIP  DOROTHY GLANTZ, DAUGHTER  27. DE CRAMMITS NAME RELATIONSHIP  1394 LANSING AVENUE, SAN JOSE, CA 95118					n and zip)
SPOUSE/SRDP AND PARENT INFORMATION	-	- /	/ I- I	\ \	\	
	S1. NAME OF FATHER/PARENT-FIRST	32. MIDDLE	33, LAST		1	34. BURTH STATE
	THEOPHILUS	WILLIAM	GREEN			RJ
	35. NAME OF MOTHER/PARENT-FIRST EDITH	B.	37. LAST (BURT		/	ENGLAND
		-			COLINTY	ENGLAND
RAL DIRECTOR/ AL REGISTRAR	23. DISPOSITION DATE IMPRESSITION DATE IMPRESSITION SCATTER AT SEA OFF THE COAST OF MARIN COUNTY 11/05/2021					
	41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF	76.			43. LICENSE NUMBER
	CREMATE/SCATTER AT SEA	▶ NOT EM	BALMED  BER   48. SIGNATURE OF LOCAL RE	Ole That		47. DATE mm/dd/ceyy
FUNERAL LOCAL R	44 NAME OF PUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF CENTR CALIFORNIA	FD1322	SARA H. COD		<i>E</i>	11/02/2021
	10: PLACE OF DEATH RESIDENCE	1	102 IF HOSPITAL, SPEC	75	R THAN HOSPITAL, SPE	CIFY ONE
S E				P DOA Hospice		X Decedent's Cither
PLACE OF DEATH		DRESS OR LOCATION WHERE FOUND (SIT RTE DRIVE	set and municiper, or location)	1	SAN JOSE	
		rds — diseases, injuries, or complications — the initiality areas, or versionizer for Bation without sh	il directly caused death. DO NOT enter t	ermanal evente such	Time Interval Between 10	8. DEATH REPORTED TO CORONER?
CAUSE OF DEATH	as cardiac arrest, reac IMMEDIATE CAUSE (A) COMPLICATIONS			E	Oncest and Dojuh	YES X VO
	(Final disease or condition resulting		/		YEARS	REFERMAL HUNGER
	in death) (B) Sequentially, list		\ \	,	(err) 16	194 BTOPSY PERFORMENT
	conditions, if any, leading to cause		-+-+		(CT) 11	ID. AUTOPSY PERFORMED?
	OT, Line A. Eriter UNDFRLYING CAUSE (disease or		1 1		{ }	∐ YES X NO
	Injury that Indistried the events (D) resulting in death) LAST				(DT) 1°	1. USED IN DETERMINING CAUSE?
		DESTRUCTION DESCRIPTION DESTRUCTION	NAME OF STREET			∐ YE3
	112, OTHER BIGNERICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
Apple of the second	113, WAS OPERATION PERFORMED FOR ANY CONDITION IN NO	JTEM 107 OR 1127 (7 yes, fist type of operat	ion and date.)	****	113A FR	ELIALE, PREGNANT IN LAST YEAR?
	1	The same of the sa	J 1			E3   NO   UNK
PHYSICIAN'S CERTIFICATION	114.1 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCUP AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	A ITAINITED DIANE	UACCERTY MD		116 LICENSE NUMBER	44/00/0004
	Decedent Attended Since Decedent Last Seen Allw (A) mm/dd/ccyy (B) mm/dd/ccyy	JENNIFER DIANE	NAME, MAILING ADDRESS, ZIP CO	DE ICHNICED DI	A104935	11/02/2021
훈등	10/22/2021 10/29/2021	400 RACE STREET	101, SAN JOSE, C	A 95126	ANE HAGGE	טוא, זוא:
		IR, DATE, AND PLACE STATED FROM THE CAUSES	STATED. 120. INJUS	ED AT WORK?	121, INJURY DATE men	0.0/ccyy 122, HOUR (24 Hours)
	119. I CERTIFY THAT IN MY CRINION DEATH OCCURRED AT THE HOL		YES YES	NO UNK		
	119. I CERTIFY THAT IN MAY CPINION DEATH OCCURRED AT THE HOU MANNER OF DEATH NALIRE ACCOUNTED HO	micida Sulcida Pending Investigation	datanamed			
ONLY	119. I CERTIFY THAT IN MY CRINION DEATH OCCURRED AT THE HOL	knyestigation	dotamined			
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CORONER'S USE ONLY	119. LOCATION OF INJURY (Street and number, or location, 4	of dreat, etc.)  Intestigation  and dreat, etc.)		ME, TITLE OF CORONER/D	EPUTY CORDNER	
ST7	TIPL CERTIFY THAT IN MAY CONDUCT BEATH OCCURRED AT THE HOLI MANNERS OF DEATH ON NALmal Account Ho T23 PLACE OF INJURY (e.g., home, construction size, woods T24, DESCRIBE HOW BY, URY DCCURRED Events which test T25, LOCATION OF INJURY (Street and number, or location, if T26, SIGNATURE OF COROMER / DEPUTY CORONER  T27, SIGNATURE OF COROMER / DEPUTY CORONER	in mestigation and area, etc.)  Insectigation and area, etc.)  Insectigation and area area area area area area area are	T mm/dd/cyy 128 TYPE NA		EPUTY CORONER  FAX AUTH.	CENSUS TRACT
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**CERTIFIED COPY OF VITAL RECORDS** 

STATE OF CALIFORNIA COUNTY OF SANTA CLARA DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

SARA H CODY / HEALTH OFFICER AND LOCAL HEG
OF BIRTHS AND DEATHS
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
PBVLOIRFIGHT