

DOUGLAS COUNTY, NV

2022-990531

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\$40.00

Pgs=4

10/04/2022 11:41 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN No.: 1318-22-002-031

Escrow No.: 22029491-DR

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

When Recorded Return to:
The Glenn Family Trust dated as of May 5, 1991
2700 Johnson Avenue
San Luis Obispo, CA 93401

Mail Tax Statements to:
Craig Eugene Zager, Trustee of The Craig E.
Zager Living Trust dated 5-23-2019
P.O. Box 10051
Zephyr Cove, NV 89448

SPACE ABOVE FOR RECORDERS USE

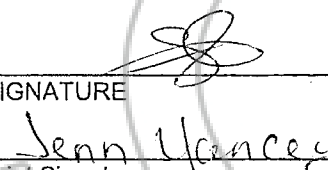
AFFIDAVIT OF DEATH OF TRUSTEE
(Title of Document)


Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 (state specific law).

SIGNATURE

TITLE


Print Signature


TITLE

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.

SPACE BELOW FOR RECORDER

APN: 1318-22-002-031
Escrow No. 22029491-DR

When Recorded Return to:
Fred L. Glenn, Surviving Trustee of The Glenn Family
Trust dated as of May 5, 1991
2700 Johnson Avenue
San Luis Obispo, CA 93401

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

Fred L. Glenn, of legal age, being duly sworn, deposes and says

That Ardel Mary Glenn, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Ardel M. Glenn named as one of the parties in that certain Grant, Bargain, Sale Deed dated May 8, 2000 executed by Janet Dolores Roberts, Stanley Allen Roberts, Douglas Leroy Roberts and Cynthia Marie Roberts Britton, Trustee(S) of the Bobby Allen Roberts Irrevocable Family Trust under Instrument dated March 7, 1997 to Fred L. Glenn and Ardel M. Glenn, as Trustees of the Glenn Family Trust dated as of May 5, 1991 recorded as Instrument No.493524, on June 6, 2000 in Book 600, Page 1227 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 45 of Block 2, Official Map of Oliver Park, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on February 2nd, 1959, as Document No. 14034.

Assessors Parcel No.: 1318-22-002-031

Fred L. Glenn
Fred L. Glenn

Dated: 9/21/22

STATE OF NEVADA

COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____, 20____, by _____.

Notary Public

PLEASE SEE ATTACHED CERTIFICATE OF ACKNOWLEDGEMENT

ACKNOWLEDGMENT

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 SAN LUIS OBISPO

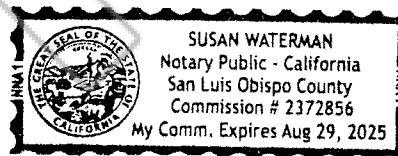
On SEPT. 21, 2022 before me, SUSAN WATERMAN NOTARY PUBLIC
(insert name and title of the officer)

personally appeared FRED L. GLENN,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)

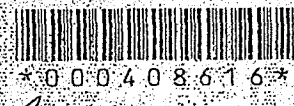


STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN LUIS OBISPO
 SAN LUIS OBISPO, CALIFORNIA

3052018012565		CERTIFICATE OF DEATH	5201840000109	
STATE FAS (FIRST)		USE BLACK INK ONLY TO COMPLETE THIS FORM OR ALTERATIONS		LOCAL REGISTRATION NUMBER
1. NAME OF DECEASED - FIRST (LAST)		2. MIDDLE	3. LAST (Given)	
ARDEL		MARY	GLENN	
4. DATE OF BIRTH (mm/dd/yyyy)		5. AGE Yrs	6. SEX	7. DATE OF DEATH (mm/dd/yyyy)
02/11/1932		85	F	01/18/2018
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES	12. MARRIAGE STATUS (M, S, D, W, V, L, N)
CA		7829	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MARRIED
13. EDUCATION - HIGHEST GRADE		14. RACE		15. HOURS OF DEATH
HS GRADUATE		WHITE		2250
16. OCCUPATION (Type of work for or out of home. DO NOT USE RETIRED)		18. KIND OF BUSINESS OR INDUSTRY		19. YEARS IN OCCUPATION
ADMINISTRATIVE		SIERRA VISTA HOSPITAL		25
20. DECEASED'S RESIDENCE (Street and number of local city)				
2700 JOHNSON AVE				
21. CITY		22. COUNTY/COUNTIES	23. ZIP CODE	24. YEARS OF RESIDENCE
SAN LUIS OBISPO		SAN LUIS OBISPO	93401	55
25. DECEASED'S MARITAL STATUS		27. DECEASED'S MARITAL ADDRESS (Street and number of local city)		
FRED GLENN, HUSBAND		2700 JOHNSON AVE, SAN LUIS OBISPO, CA 93401		
28. NAME OF SURVIVING SPOUSE (Last)		29. MIDDLE	30. LAST (BIRTH NAME)	
FRED		LOWELL	GLENN	
31. NAME OF FATHER/PARENT (First)		32. MIDDLE	33. LAST	
RAMOND		JULIUS	OPSOMER	
34. BIRTH STATE		35. MIDDLE	36. LAST (BIRTH NAME)	
MI		MARY	MATHERS	
37. BIRTH STATE		38. BIRTH STATE		
OR		OR		
39. DECEASED'S DATE		40. PLACE OF FINAL DISPOSITION		
01/25/2018		LOS OSOS VALLEY MEMORIAL PARK 2260 LOS OSOS VALLEY RD, LOS OSOS, CA 93402		
41. TYPE OF DECEASED		42. SIGNATURE OF REGISTRAR	43. LICENSE NUMBER	
BU		WILLIAM MOHR	53	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. SIGNATURE OF JUDICIAL REGISTRAR	
REIS FAMILY MORTUARY AND CREMATORY		ED949	PENNY BORENSTEIN, MD	
47. DATE (mm/dd/yyyy)		48. DATE (mm/dd/yyyy)		
01/22/2018		01/22/2018		
49. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE
RESIDENCE		<input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> I		<input checked="" type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> O <input type="checkbox"/> C
50. COUNTY		51. CITY		
SAN LUIS OBISPO		SAN LUIS OBISPO		
52. FACILITY ADDRESS OR LOCATION (Street and number of local city)		53. CITY		
2700 JOHNSON AVE		SAN LUIS OBISPO		
54. CAUSE OF DEATH		55. PERIOD FROM 10 2009-2011		56. PERIOD FROM 2012-2018
IMMEDIATE CAUSE (Multiple Myeloma)		3 YRS		18R-0073
57. UICR (Cause of death)		58. UICR (Cause of death)		59. UICR (Cause of death)
NONE		NONE		NONE
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UICR (Cause of death)		61. UICR (Cause of death)		
NONE		NONE		
62. UICR (Cause of death)		63. UICR (Cause of death)		
NONE		NONE		
64. UICR (Cause of death)		65. UICR (Cause of death)		
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66. UICR (Cause of death)		67. UICR (Cause of death)		
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198. UICR (Cause of death)		199. UICR (Cause of death)		
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200. UICR (Cause of death)		201. UICR (Cause of death)		
NONE		NONE		

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA)
 COUNTY OF SAN LUIS OBISPO) SS
 JAN 23 2018
 DATE ISSUED



Dr. Penny Borenstein Health Officer



This copy not valid unless prepared on engraved border displaying seal and signature of County Registrar.
 END OF DOCUMENT

ANY ALTERATION OR FALSIFICATION OF THIS CERTIFICATE