DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 HERITAGE LAW 2022-990690

10/10/2022 03:35 PM

Pgs=4

APN: 1320-33-811-014 Recording Requested By: HERITAGE LAW 1625 Highway 88, Suite 304 Minden, NV 89423

Mail Future Tax Statements To: KATHLEEN M. ROBBINS, Trustee 1333 Windsor Drive Gardnerville, NV 89410

The undersigned hereby affirms that the document Submitted for recording DOES contain personal information as required by law: Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

00161106202209906900040048

KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
	: SS.
COUNTY OF DOUGLAS)

KATHLEEN ROBBINS, also known as KATHLEEN M. ROBBINS, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That DENNIS L. ROBBINS, also known as DENNIS ROBBINS, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as DENNIS L. ROBBINS, Settlor of the *Robbins Family Trust, dated June 6, 2011,* and any amendments thereto, and named as one of the grantees in that certain Grant Deed executed on June 6, 2011, by DENNIS ROBBINS, also known as DENNIS L. ROBBINS, and KATHLEEN ROBBINS, also known as KATHLEEN M. ROBBINS, husband and wife as joint tenants, and recorded on August 10, 2011, as Document No. 0787705 of Official Records of Douglas County, State of Nevada, which Grant Deed pertains to property situated at 1333 Windsor Drive, Gardnerville, Douglas County, Nevada, and more precisely described as:

Lot 26, Block C, as set forth on FINAL SUBDIVISION MAP No. 1006-4 for CHICHESTER ESTATES, PHASE 4, filed in the office of the County Recorder of Douglas County, Nevada and recorded December 11, 1997 in Book 1297, Page 2264, as Document No. 428220.

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant Deed recorded on August 10, 2011, as Document No. 0787750 of Official Records of Douglas County, State of Nevada.

KATHLEEN M. ROBBINS shall forthwith serve as sole Trustee of the *Robbins Family Trust, dated June 6, 2011,* and any amendments thereto.

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

Dated: September 29, 2022.

(A)THLEEN ROBBINS

also known as KATHLEEN M. ROBBINS

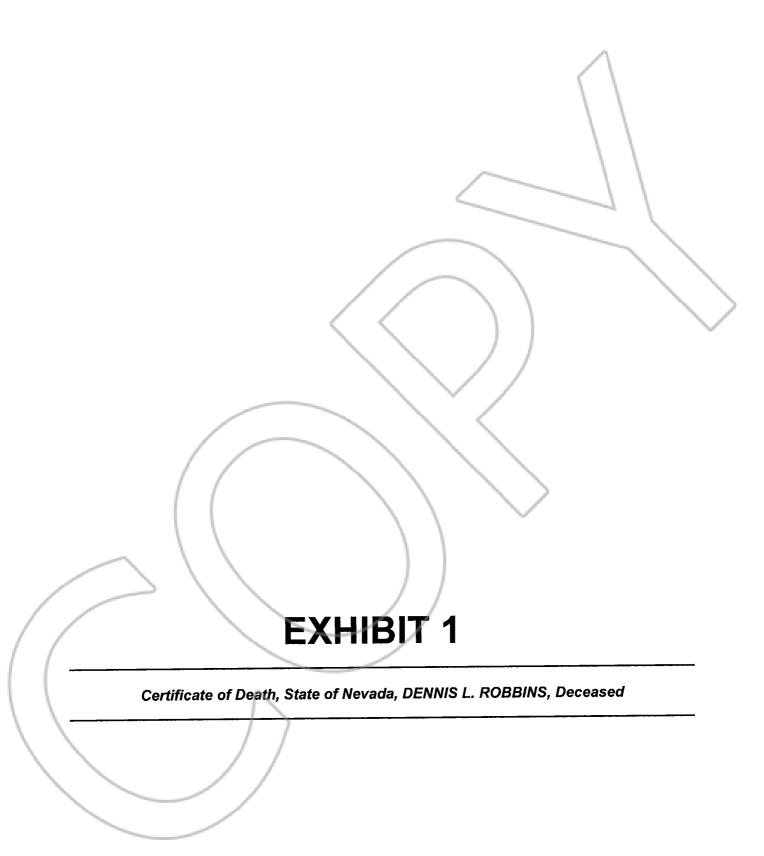
STATE OF NEVADA) : ss. COUNTY OF DOUGLAS)

On September 29, 2022, before me, <u>a Notary Public</u>, personally appeared KATHLEEN ROBBINS, also known as KATHLEEN M. ROBBINS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

la Andrew Hebberns

Notary Public

MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025





DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

	CERTIFICATE OF DEATH							2013007152 STATE FILE NUMBER					
TYPE OR	1a, DECEASED-NAME (FIRST, MIDDI	LE,LAST,SUFFIX)				2 DATE	OF DEATH			li .	OF DEAT	<u></u>	
ERMANENT	Dennis Lee		ROBBINS				April 26,		7	3a. COUNTY OF DEATH			
BLACK INK	3b. CITY, TOWN, OR LOCATION OF	DEATH 3c. HOSPITAL OF		UTION -Nam	e(If not eithe	er, give street		or Inst. indic	ate DOA (- 10	Douglas	SEX	
		and number)				, 5	Inpatient(S	pecify)	- \	1	···· ··· \		
DECEDENT	Gardnerville 5. RACE. White	le Piene	nic Origin? Spec	indsor Dri	ve AGE-Last	Ter Love			-lome			Male	
8:	(Specify)		on-Hispanic		nday (Years)	MOS	ER 1 YEAR	HOURS I	MINS	1	٠.	• •	
8						70	1		- \[70	nber 01,	<u>.</u>	
F DEATH	9a. STATE OF BIRTH (If not U.S.A., name country) California	9b. CITIZEN OF WHAT		DUCATION	11. MARRIE DIVORCED	D, NEVER MA (Specify) Mar	RRIED, WID		12. SURVI maiden na	IVING SPO			
SEE HANDBOOK	13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPA				AF.						n BAKEI	
REGARDING	8481	140.1	14b. KIND OF BUSINESS OR INDUSTRY Manufacturing Ever in US Armer Forces? Yes										
RESIDENCE	15a. RESIDENCE - STATE 15b. C	of Working Life, Even II	15c. CITY, TOW			15d. STREET.	T AND NUMBER 15e. INSIDE CITY						
ITEMS	Nevada	Douglas	Ga	rdnerville		1333 Wind	leor Drive		The Real Property lies, the Persons Lies, the Pe		LIMITS (Sp or No)	pecify Yes Yes	
8	16. FATHER/PARENT - NAME (First		- 00	TOTIC! VIIIC	117 MOTE	ER/PARENT -		st Middle 1	ast Suffi	v)	- 1	100	
PARENTS		mar ROBBINS				ILIOI / U(LIVI	7%.	lary JOS		~ ~~		N	
	18a. INFORMANT- NAME (Type or Pri	•	18b, MAILI	NG ADDRES	S (Street	or R.F.D. No,	City or Town	State, Zip)			7	1	
	Kathleen RC			/ .		Vindsor Dri	ve Gardne	erville, Ne	vada 89	3410	1		
8:	19a, BURIAL, CREMATION, REMOVA	L, OTHER (Specify) 19b.	CEMETERY OR	CREMATORY	- NAME			19c. LOC/	ATION	City or Tow	n State	\ /	
SPOSITION			7%	Valton's S	erra Crer	natory)]	(Carson (City Neva	ada 897	06	
8	20a. FUNERAL DIRECTOR - SIGNATI			UNERAL TOR LICENS		NAME AND				D	:-! 0:-		
8	CURT KO		1511/20	823	- 1		City Mer 1614 N Cun					ety	
ERADE CALL	TRADE CALL - NAME AND ADDRESS	AUTHENTICATED					01414 001	, oneer t	Ja15011 C	ity ivo c	357 03		
			me, date and pla	ce and	≥ 22a.	On the basis o	f examination	and/or inve	stigation i	n my opinie	n death o	ccurred at	
	교 전 due to the cause(s) stated. (Sig	gnature & Title) SIGNAT	URE AUTHEN	TICATED	B 문 the ti	me, date and p							
S CEDTIFIED	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MARK THOMAS BRUNE M.D. 21b. DATE SIGNED [Mo/Day/Yr) 21c. HOUR OF DEATH April 30, 2013 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pight) 22a. On the basis of examination and/or investigation, in my opinion death of the time, date and place and due to the cause(s) stated. (Signature & Title) 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pight)												
CERTIFIER	S April 30, 2013				15				MO/Day/Yr) 226. HO			OR OF DEATH	
8		HYSICIAN IF OTHER THA			8 6	PRONOUNCE	D DEAD (M	η/Day(Yr)	22e. PR	ONOUNCE	D DEAD A	AT (Hour)	
XX	21d NAME OF ATTENDING P			. 1	₽8 4.	30.00			1			,/	
8: 8:	23a. NAME AND ADDRESS OF CERT							Print)	23b.	LICENSE			
8		homas Brune M.D.	1701 County	Th.	- 10		Title	>			7134		
REGISTRAR		NICOLE SH		(Mo	. DATE REC /Day/Yr)	EIVED BY RE	754 48	24c. DE.		то сомм		DISEASE	
8		SIGNATURE AUTHEN			VIII I	May 01,	2013		YES		io X		
CAUSE OF		ITER ONLY ONE CAUSE FO	PER LINE FOR (a	i), (b), AND (d	:).)				: h	nterval betv	veen onset	t and death	
DEATH	(a) DUE TO, OR AS A C	16.						<u> </u>					
8: 8:	DUE TO, OR AS A C	ONSEQUENCE OF							11	nterval bety	veen onset	and death	
SCONDITIONS IF	(b)	ONSEQUENCE OF			-								
GAVE RISE TO	DUE TO, OR AS A C	ONSEQUENCE OF:			/ /	/			; h	nterval betv	veen onset	t and death	
CAUSE ->	DUE TO, OR AS A C	ONSEQUENCE OF			/	-			 	nterval bety	men onco	t and doc"	
UNDERLYING CAUSE LAST		SHOUNDE OF.	No.	and the same of th						IIIGIASI DEN	ween unser	t and death	
8:	(d) PART II OTHER SIGNIFICANT CON	OITIONS-Conditions contri	nuting to death hi	it not resultin	g in the und	edvina cause o	iven in Dari	1 120	AUTOPSY	/ 1~~	. WAS CASE	C DEECDO	
8:	PART II STILL SIGHT ISSUE GOIL	zz.io congicilo con	raang to doubt be		g ale alla	criting Gause y	recit in Fait	. 120	AUTUPST	' Z/	. WAS CASE	Coocify V	

STATE REGISTRAR

28c, HOUR OF INJURY

28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION

VRS-Rev-20120523a

STATE

1.2705

28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)

28e INJURY AT WORK (Specify

CERTIFIED COPY OF VITAL RECORDS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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:

05/02/2013

28b. DATE OF INJURY (Mo/Day/Yr)

building, etc. (Specify)

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



STREET OR R.F.D. No.

CITY OR TOWN



AL OF