

APN: 1420-28-312-002



Recorded at the Request of/Return To:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, NV 89423

KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
ZACHARY T. ROGERS, Trustee
2865 Del Mar Drive
Minden, NV 89423

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)

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

ZACHARY T. ROGERS, 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 his own personal knowledge:

That MICHAEL P. ROGERS, 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 persons as MICHAEL P. ROGERS, a Settlor/Trustee of the *Michael P. Rogers Revocable Trust, dated August 18, 2014*, and any amendments thereto, and named as a grantee in that certain Grant, Bargain, and Sale Deed executed on May 5, 2020, by MICHAEL P. ROGERS, and recorded on May 11, 2020, as Document No. 2020-945904 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, and Sale Deed pertains to property situated on 2865 Del Mar Drive, Minden, County of Douglas, State of Nevada, and more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"
AND INCORPORATED BY REFERENCE**

Pursuant to NRS 111.312, the above legal description was previously recorded in the Grant, Bargain, and Sale Deed recorded as Document No. 2020-945904 of Official Records of Douglas County, State of Nevada, on May 11, 2020.

ZACHARY T. ROGERS shall forthwith serve as sole Trustee of *Michael P. Rogers Revocable Trust, dated August 18, 2014*, 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: October 20, 2022.

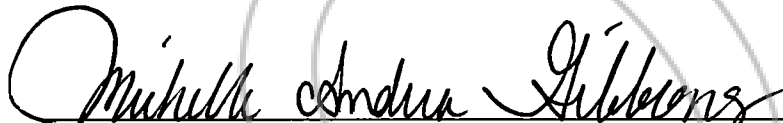
Michael P. Rogers Revocable Trust, dated August 18, 2014, and any amendments thereto



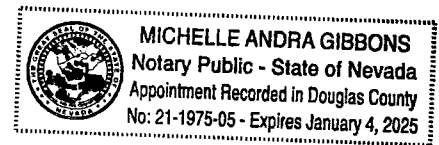
ZACHARY T. ROGERS, Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On October 20, 2022, before me, a Notary Public, personally appeared ZACHARY T. ROGERS, 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 he executed it.



Notary Public



APN: 1420-28-312-002

**EXHIBIT "A"
LEGAL DESCRIPTION**

Lot 184, Block D, as shown on the Final Map # PD99-02-06 for SARATOGA SPRINGS ESTATES UNIT 6, a Planned Development, recorded in the office of the County Recorder of Douglas County, Nevada, on June 28, 2002, in Book 602, at Page 10142, as Document No. 564028.

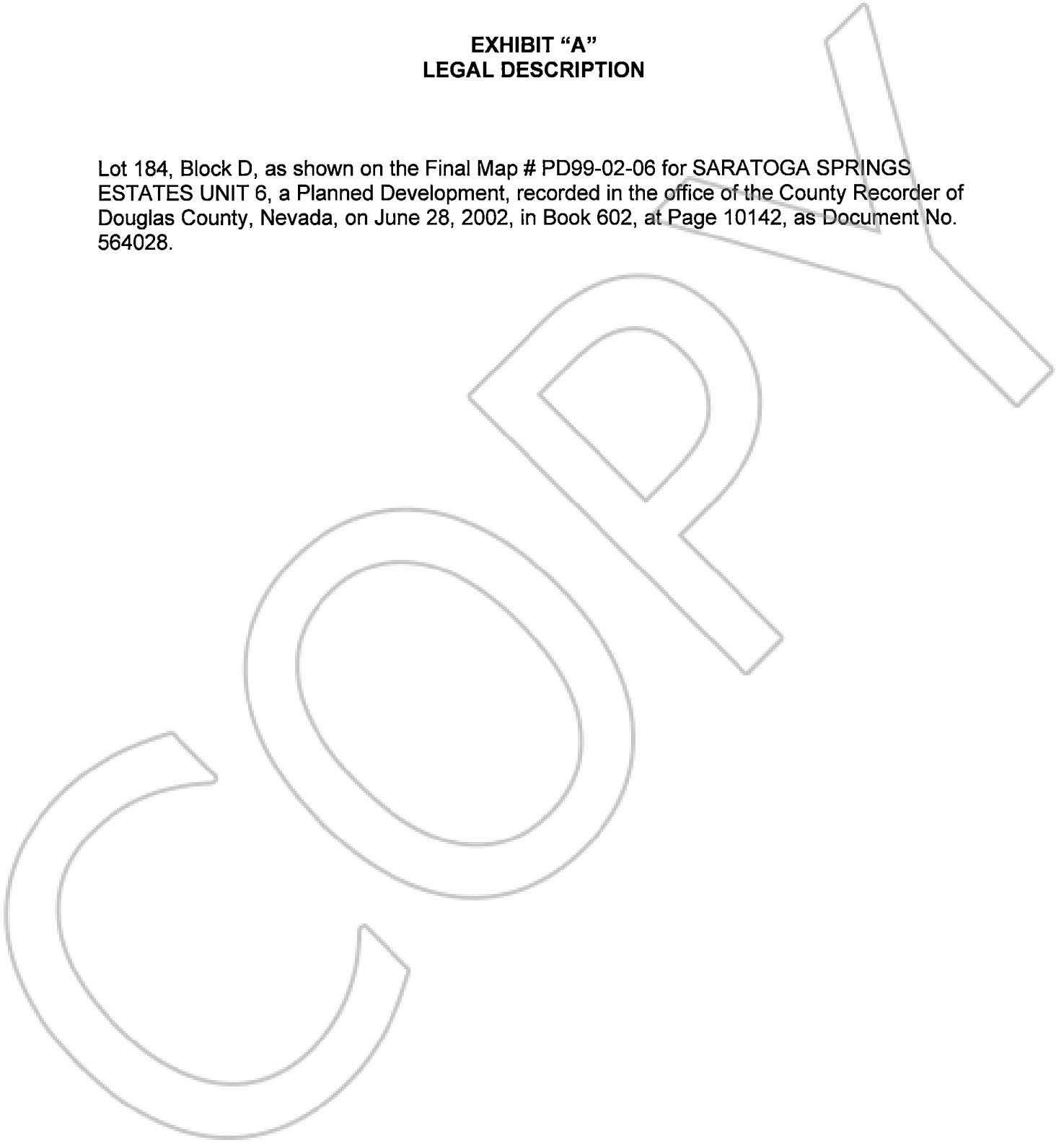




EXHIBIT 1

*Nevada Certificate of Death for MICHAEL P. ROGERS
Date of Death: September 16, 2022*

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4306304

CERTIFICATE OF DEATH

2022022690
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) Michael Peter ROGERS | | 2. DATE OF DEATH (Mo/Day/Year) September 16, 2022 | | 3a. COUNTY OF DEATH Carson City | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Tahoe Regional Medical Center | | 3e. If Hosp. or Inst. Indicate DOA,OP/ Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU) | |
| 4. SEX Male | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 63 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) August 17, 1959 | | 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 13 | | 11. MARITAL STATUS (Specify) Divorced | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | |
| 13. SOCIAL SECURITY NUMBER ██████████-8033 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Foreman | | 14b. KIND OF BUSINESS OR INDUSTRY Sanitation | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| 15d. STREET AND NUMBER 2865 Del Mar Drive | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | Ever in US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Darrell Dee ROGERS | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Patricia Louise SASS | | |
| 18a. INFORMANT - NAME (Type or Print) Zachary Tyler ROGERS | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2865 Del Mar Drive Minden, Nevada 89423 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKES SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD967 | | 20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3945 Fairview Dr 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) JORGE SANTIBANEZ MD 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) September 25, 2022 | | 21c. HOUR OF DEATH 04:42 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Hany Ghali MD | | 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) Jorge Santibanez MD 1600 Medical Parkway Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 13739 | |
| 24a. REGISTRAR (Signature) BLAISE STRESSMAN SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 26, 2022 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I | | | | Interval between onset and death | |
| (a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: | | | | 5 Minutes | |
| (b) Fever Neutropenia DUE TO, OR AS A CONSEQUENCE OF: | | | | 8 Days | |
| (c) Bacteremia DUE TO, OR AS A CONSEQUENCE OF: | | | | 8 Days | |
| (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. Pulmonary Embolism | | | | 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

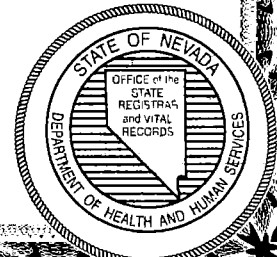
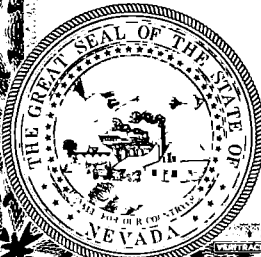
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

9/30/2022

DATE ISSUED:

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE