

WHEN RECORDED MAIL TO:

Gerald R. Rasmussen
1827 Skyview Drive
Hemet CA 92545

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02203927-RLT

APN No.: 1220-24-601-030

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Gerald R Rasmussen, being duly sworn, deposes and says:

1. Dolores M. Rasmussen , the decedent mentioned in attached copy of Certificate of Death, is the same person as Dolores Rasmussen named as one of the trustee(s) in that certain Quitclaim Deed dated October 5, 1998, executed by Gerald R Rasmussen and Dolores Rasmussen to Gerald R Rasmussen and Dolores Rasmussen as trustees of the Rasmussen Family Trust, dated May 16, 1991 , recorded on Nov 19,1998 as instrument number 0454419, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Gerald R Rasmussen, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: 10.26.22

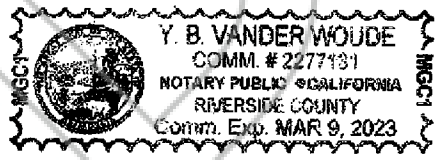
Gerald R. Rasmussen
Gerald R Rasmussen, Surviving Trustee

(15)

STATE OF NEVADA ^{CA}
COUNTY OF DOUGLAS ^{Riverside} } SS:

This instrument was acknowledged before me on 10/26/2022
by Gerald R Rasmussen

Y B Vanderwoude
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4063254

CERTIFICATE OF DEATH

2019001412
STATE FILE NUMBER

TYPE-OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Dolores M RASMUSSEN		2. DATE OF DEATH (Mo/Day/Year) January 24, 2019		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 address) Ormsby Acute Rehab Center		3e. If Hosp. or inst. indicate DOA,OP/Emer. Rm. inpatient(Specify) Residential Care Facility	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) June 20, 1931		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) Gerald RASMUSSEN	
PARENTS	13. SOCIAL SECURITY NUMBER 9024		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 720 Cutter Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Manuel PIEXOTE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary SIVA		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Gerald RASMUSSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 720 Cutter Lane Gardnerville, Nevada 89410			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	21. TRADE CALL - NAME AND ADDRESS					
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOSE AGUIRRE MD		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) January 28, 2019		21c. HOUR OF DEATH 03:00		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) ANGELICA RAMIREZ			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 28, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				26. AUTOPSY (Specify Yes or No) No	
	PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	(a) Cardiopulmonary Arrest				Interval between onset and death	
	(b) Hypertension				Interval between onset and death	
DATE ISSUED: JAN 31 2019	(c) Aphagia				Interval between onset and death	
	(d) Cerebrovascular Accident				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. Peripheral Vascular Disease; Unknown Etiology						
28a. ACC, SUICIDE, H.M., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		
28g. INJURY AT WORK (Specify Yes or No)		28h. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

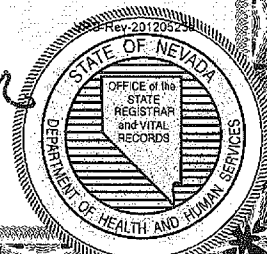
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JAN 31 2019

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

Order No.: 02203927-RLT

EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Parcel 4A, as set forth on Parcel Map #2 for LAURA JEANNE HAMMER, filed for record in the office of the County Recorder of Douglas County, State of Nevada on October 5, 1993, in Book 1093, Page 479, as Document No. 319390.

APN: 1220-24-601-030

