

APN# 1420-08-214-006

Recording Requested by:

Name: LIFELINE ESTATE SERVICES, INC.

Address: 3708 LAKESIDE DR. STE. 202

City/State/Zip: RENO/NEVADA/89509

When Recorded Mail to:

Name: LIFELINE ESTATE SERVICES, INC.

Address: 3708 LAKESIDE DR. STE. 202

City/State/Zip: RENO/NEVADA/89509

Mail Tax Statement to:

Name: Laune S. Swanson

Address: PO BOX 3

City/State/Zip: Genoa, NV 89441

Affidavit re: Death of initial trustee &
assumption of trusteeship by successor 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 not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380

(State specific law)

Signature

OFFICE MANAGER

Title

Stefanie Hughes
Printed Name

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.

APN # : 1420-08-214-006
RECORDING REQUESTED
AND RETURN TO:
Lifeline Estate Services, Inc.
3708 Lakeside Dr. STE 202
Reno, NV 89509

MAILTAX STATEMENTS TO:
Laurie S. Swanson, Trustee
P.O. Box 3
Genoa, NV 89441

**AFFIDAVIT REGARDING DEATH OF INITIAL TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR TRUSTEE**

The following described real estate in Douglas County, State of Nevada:

See Attachment Exhibit "A"

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues, and profits thereof.

The undersigned, LAURIE S. SWANSON, hereby declares that, DOLORES EARLE, died on OCTOBER 20, 2020, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as DOLORES EARLE, named as one of the initial Trustee in that certain Declaration of Trust titled the JACK E. EARLE AND DOLORES EARLE REVOCABLE TRUST DATED NOVEMBER 11, 1990.

Declarants further declare that they are the Successor Trustee named in the Declaration of trust and that she hereby assumes the position of Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 16 th day of November, 20 22, in the City of Reno,
County of Washoe, State of Nevada.

VERIFICATION

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

Laurie S. Swanson
LAURIE S. SWANSON, Successor Trustee of
the JACK E. EARLE AND DOLORES
EARLE REVOCABLE TRUST DATED
NOVEMBER 11, 1990

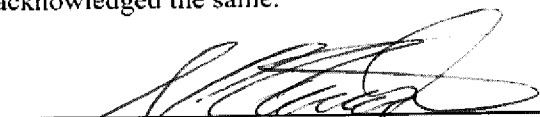
// //
/

STATE OF NEVADA

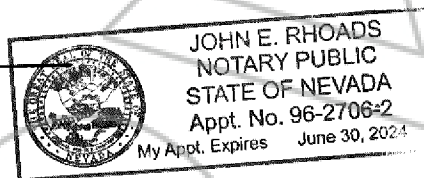
)
) SS:
)

COUNTY OF WASHOE

Personally came before me this 16 day of Nov, 2022, the above named LAURIE S. SWANSON, to me known to be the people who executed the foregoing instrument and acknowledged the same.



John E. Rhoads, Notary Public
Washoe County, Nevada
My Commission 06/30/2024



COPY

Exhibit "A"

Real property in the City of CARSON CITY, County of DOUGLAS, State of Nevada, described as follows:

Lot 5, IN BLOCK K, OF SUNRIDGED HEIGHTS, PHASES 4 & 5A, A PLANNED UNIT DEVELOPMENT, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JULY 1, 1994, IN BOOK 794, PAGE 1, AS DOCUMENT NO. 340968. TOGETHER WITH ALL AND SINGULAR THE TENEMENTS, HEREDITAMENTS AND APPURTENANCES THEREUNTO BELONGING OR IN ANYWISE APPERTAINING.

Being all of that certain property conveyed to JACK E. EARLE AND DOLORES EARLE, TRUSTEES, OR SUCCESSOR TRUSTEE(S) OF THE JACK E. EARLE AND DOLORES EARLE FAMILY TRUST DATED NOVEMBER 11, 1990 from, by deed dated and recorded of official records.

Commonly known as: 1027 RIDGEVIEW CT, CARSON CITY, NV 89705

APN #: 1420-08-214-006

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

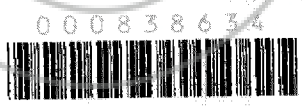
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4174166

CERTIFICATE OF DEATH

2020024033
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Dolores EARLE		2. DATE OF DEATH (Mo/Day/Year) October 20, 2020		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 number) Carson Tahoe Care Center		3e. If Hosp. or inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) Care Center	
	4. SEX Female					
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 91	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 10, 1929	
	9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) JACK Edward EARLE			
	13. SOCIAL SECURITY NUMBER 8571		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
	14c. Ever in US Armed Forces? No					
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
	15d. STREET AND NUMBER 1027 Ridgeview Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank SLIVKA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Julia PRISTAS		
DISPOSITION	18a. INFORMANT- NAME (Type or Print) Jack Edward EARLE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1027 Ridgeview Ct. Carson City, Nevada 89705			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Fitzenry's Funeral Home 3945 Fairview Dr Carson City NV 89701	
TRADE CALL	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) RICARDO R ALMAGUER DO 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) November 03, 2020		21c. HOUR OF DEATH 23:10		22b. DATE SIGNED (Mo/Day/Yr)	
CERTIFIER	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) Ricardo R Almaguer DO 1001 Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER DO925			
REGISTRAR	24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 03, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					Interval between onset and death
	PART I					
CAUSE OF DEATH	(a) Cardiopulmonary Arrest					Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Arrest					Interval between onset and death
	(c) DUE TO, OR AS A CONSEQUENCE OF: Sepsis					Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(d) DUE TO, OR AS A CONSEQUENCE OF: Etiology Otherwise Unknown					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				25. AUTOPSY (Specify Yes or No) No	
	26. ACC., SUICIDE, HGM., UNDET. OR PENDING INVEST. (Specify)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a. INJURY AT WORK (Specify Yes or No)		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		



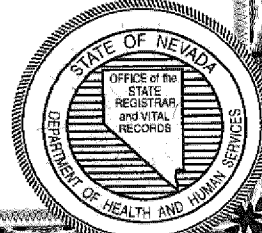
CERTIFIED COPY OF VITAL RECORDS

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.

Janey Stapp
STATE REGISTRAR

DATE ISSUED: 11/4/2020

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE