

Recording Requested By and  
When Recorded Mail To:

Rennee R. Dehesa, Esq.  
Lester, Schuck Becker, Dehesa & Hirschberg, LLP  
915 E. Main Street, Ste. A  
Santa Paula, CA 93060

APN: 1220-24-401-021

AFFIDAVIT OF DEATH OF TRUSTEE AND GRANTOR/TRUSTOR  
of the unrecorded  
THE STEVENS FAMILY TRUST

I, BRENT STEVENS, of legal age, being first duly sworn, depose and say:

1. That ROSS JEFFREY STEVENS and GAIL ELIZABETH STEVENS executed a Declaration of Trust on November 18, 2003 known as THE STEVENS FAMILY TRUST.
2. That on ROSS J STEVENS, the decedent mentioned in the attached certified copy of Certificate of Death, died on February 7, 2015, and is the same person as the Trustor and Trustee of the Trust, ROSS JEFFERY STEVENS.
3. That pursuant to the terms of the Trust and as a result of the death of ROSS JEFFERY STEVENS, GAIL ELIZABETH STEVENS became the sole trustee of the Trust.
4. That GAIL ELIZABETH STEVENS, the decedent mentioned in the attached certified copy of Certificate of Death, died on June 8, 2020, and is the same person as the Trustor and Trustee of the Trust, GAIL ELIZABETH STEVENS.
5. That upon the death of Gail Elizabeth Stevens, JULIE STEVENS (also known as Julie Hurley) became the trustee of the Trust. Julie Stevens resigned as trustee of the Trust on July 29, 2020. Upon the Resignation of Julie Stevens, BRENT STEVENS became the trustee of the Trust. Brent Stevens has accepted the position of trustee of the Trust and is now serving as the trustee of the Trust.
6. That on May 12, 2021, an order confirming trust assets was recorded in the County of Douglas, State of Nevada, as instrument number 2021-967261, which order transferred the real property located at 637 Derby Court, Gardnerville, Douglas County Nevada to BRENT STEVENS, as sole Trustee of the STEVENS FAMILY TRUST. The real property at 637 Derby Court, Gardnerville, NV is legally described as follows:

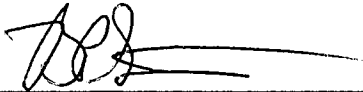
Mail Tax Statements to:  
Brent Stevens  
637 Derby Ct.  
Gardnerville, NV 89410

Those parcels of land located within a portion of the Southwest ¼ of section 24, Township 12 North, Range 20 East. M.D.B.&M., Douglas County, Nevada, being more particularly described as follows:

Parcel B as set forth on hat certain Parcel Map "#LDA 98-041" for Rauber Trust, filed for record on July 12, 1999 in Book 799, at Page 1728, Document No. 472272, Official Records of Douglas County, Nevada. APN 1220-24-401-021.

7. BRENT STEVENS, as the trustee of STEVENS FAMILY TRUST, now hold title to said described real property.

DATED: 11-16-2022, 2022




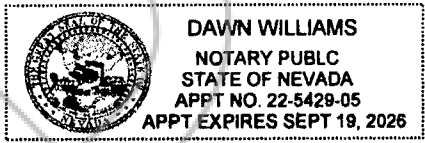
BRENT STEVENS, Trustee

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 Nevada )  
COUNTY OF Douglas ) ss.

Subscribed and sworn to (or affirmed) before me, a notary public, on this 16 day of November, 2022, by Brent P Stevens and \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
\_\_\_\_\_  
Notary Public



(seal)

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2015002096  
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) <b>Ross J STEVENS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 07, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or <b>637 Derby Ct</b>		3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>78</b>		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 06, 1936</b>		9a. STATE OF BIRTH (If not U.S.A., <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Gail E DAVIS</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-1912</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Fireman</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Fire Department</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>637 Derby Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Samuel STEVENS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Olive Gertrude JEFFREY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Gail E STEVENS</b>		18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State; Zip) <b>637 Derby Ct, Gardnerville, Nevada 89410.</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</b>	
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) <b>NITA SCHWARTZ M.D.</b> 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) <b>February 10, 2015</b>		21c. HOUR OF DEATH <b>20:02</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 11, 2015</b>		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).) PART I: <b>Idiopathic Cirrhosis</b>					
(a) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	

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.

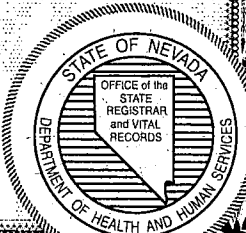
DATE ISSUED:

FEB 11 2015

STATE REGISTRAR

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

VRS-Rev-20120523a



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4149254

**CERTIFICATE OF DEATH**

**2020011767**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Gail Elizabeth STEVENS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 08, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>637 Derby Ct</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
	4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
DECEDENT	7a. AGE-Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
	8. DATE OF BIRTH (Mo/Day/Yr) <b>July 29, 1939</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>██████████-9253</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Resort</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
	15d. STREET AND NUMBER <b>637 Derby Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Lloyd Edward DAVIS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marian ARNOLD</b>		
	18a. INFORMANT- NAME (Type or Print) <b>Julie STEVENS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>120162 US HWY 395 Topaz, California 96133</b>			
POSITION	19a. BURIAL, CREMATION; REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmerelda Place Minden NV 89423</b>	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>NITA SCHWARTZ MD</b> 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) <b>June 09, 2020</b>		21c. HOUR OF DEATH <b>07:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
	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)		
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
	24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 10, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) <b>Perforated Viscous</b>				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Gastric Funduplication</b>				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Aspiration Pneumonia</b>				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Gastroesophageal Reflux Disease</b>				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. <b>Spinal Cord Injury</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>						
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		

000318977



CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED:

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STATE REGISTRAR  
*[Signature]*

