

APN: 1420-34-710-032

Recording Requested By/Return To:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
NANCY E. AHNLUND, Trustee
P.O. Box 1224
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording contains personal information as required by law: Affidavit of Death – NRS 440.380(1)(a) and NRS 40.525(5)

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

NANCY E. AHNLUND, 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 JAMES WALLACE AHNLUND, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of California attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as JAMES W. AHNLUND, Settlor of the *James & Nancy Ahnlund Trust, dated May 14, 2005*, and any amendments thereto, and named as one of the Grantees in that certain *Grant, Bargain, Sale Deed* recorded on August 24, 2010, as Document No. 769136 of Official Records of Douglas County, State of Nevada, which *Grant, Bargain, Sale Deed* pertains to property situated at 1542 Jones Street, Minden, Douglas County, State of Nevada, and more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A"
AND MADE A PART HEREOF**

Pursuant to NRS 111.312, the above legal description was previously recorded in *Grant, Bargain, Sale Deed* recorded as Document No. 769136 of Official Records of Douglas County, State of Nevada, on August 24, 2010..

I, NANCY E. AHNLUND shall forthwith serve as Sole Trustee of the *James & Nancy Ahnlund Trust, dated May 14, 2005*, and any amendments thereto

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

Dated: December 15, 2022.

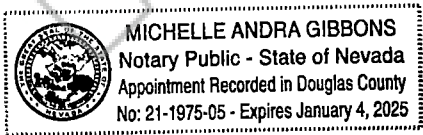
Nancy E. Ahnlund

NANCY E. AHNLUND
Surviving Settlor/Grantee/Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On December 15, 2022, before me, a Notary Public, personally appeared NANCY E. AHNLUND, 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.

Michelle Andra Gibbons
Notary Public



APN: 1420-34-710-032

**EXHIBIT "A"
LEGAL DESCRIPTION**

Lot 32, as shown on the map of SIERRA VIEW SUBDIVISION, filed in the office of the County Recorder on April 18, 1969, under File No. 15897, Official Records of Douglas County, Nevada.

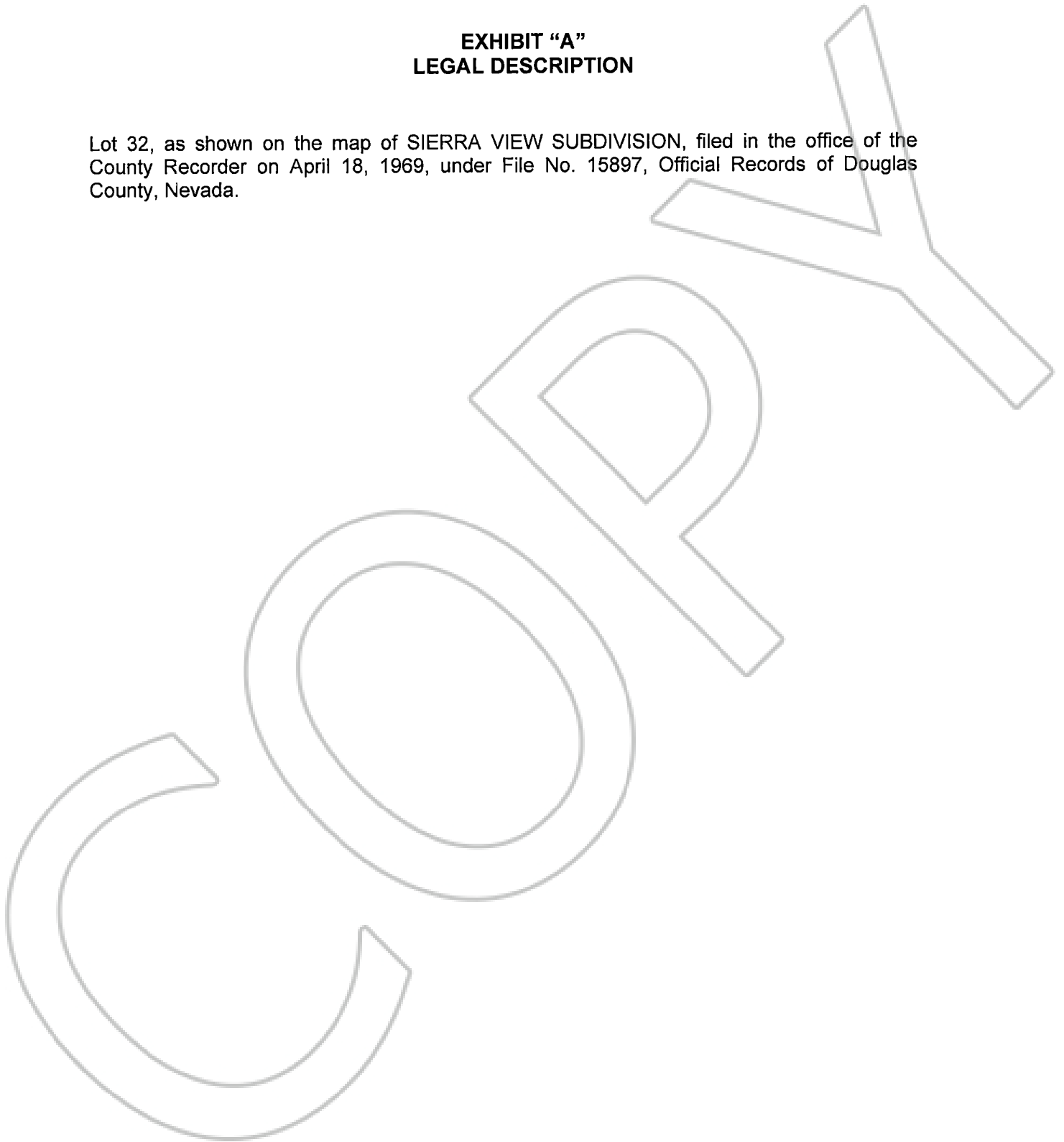




EXHIBIT 1

**AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST
APN: 1420-34-710-032**

*Certified Copy of Certificate of Death, State of California,
James W. Ahnlund, Deceased*

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201343009316

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE WALLACE		3. LAST (Family) AHNLUND	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH <i>mm/dd/yyyy</i> 01/22/1947		5. AGE Yrs. 66		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 8076		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP (at Time of Death) MARRIED		7. DATE OF DEATH <i>mm/dd/yyyy</i> 11/27/2013		8. HOUR (24 Hour) 1350	
13. EDUCATION - Highest Level/Degree SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SENIOR FACILITIES MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) SELF STORAGE		19. YEARS IN OCCUPATION 22	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1542 JONES STREET					
21. CITY MINDEN		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89423	
24. YEARS IN COUNTY 32		25. STATE/FOREIGN COUNTRY NV			
26. INFORMANT'S NAME, RELATIONSHIP ELISE AHNLUND, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1542 JONES STREET, MINDEN, NV 89423		
28. NAME OF SURVIVING SPOUSE/SROP - FIRST NANCY		29. MIDDLE ELISE		30. LAST (BIRTH NAME) HILBERT	
31. NAME OF FATHER/PARENT - FIRST NELS		32. MIDDLE WALLACE		33. LAST AHNLUND	
34. BIRTH STATE MN		35. NAME OF MOTHER/PARENT - FIRST STELLA		36. MIDDLE KINDEM	
37. LAST (BIRTH NAME) MN		38. BIRTH STATE MN			
39. DISPOSITION DATE <i>mm/dd/yyyy</i> 12/04/2013		40. PLACE OF FINAL DISPOSITION RES OF ELISE AHNLUND 1542 JONES STREET, MINDEN, NV 89423			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT SPANGLER MORTUARY		45. LICENSE NUMBER FD910		46. SIGNATURE OF LOCAL REGISTRAR SARA H. CODY, MD	
47. DATE <i>mm/dd/yyyy</i> 12/04/2013					
101. PLACE OF DEATH STANFORD HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 300 PASTEUR DR		106. CITY STANFORD	
107. CAUSE OF DEATH CARDIOGENIC SHOCK		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED BY DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 AORTIC VALVE DISEASE, ATRIAL FIBRILLATION, COPD, CHRONIC KIDNEY DISEASE, CHF					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) 11/26/2013 PLACEMENT OF RIGHT VENTRICULAR ASSIST DEVICE					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER ERIC CHUNG SUN M.D.		116. LICENSE NUMBER A117742	
117. DATE <i>mm/dd/yyyy</i> 09/12/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE STEPHEN J RUOSS M.D. 300 PASTEUR DR H3145, STANFORD, CA 94305		119. DATE <i>mm/dd/yyyy</i> 12/04/2013	
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE <i>mm/dd/yyyy</i> 122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE <i>mm/dd/yyyy</i>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By **DEC 09 2013**



This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Effective 10/12/2013

PERNCO (REV) 08/11

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

