

APN# 1420-07-611-041



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: MARK A. WINTER

Address: 801 N. DIVISION STREET

City/State/Zip: CARSON CITY, NV 89703

Mail Tax Statements to:

Name: LANA M. BANKS

Address: 6527 EAGLE PEAK DRIVE

City/State/Zip: CARSON CITY, NV 89701

AFFIDAVIT OF DEATH OF TRUSTEE

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

MARK A. WINTER

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recorded at the request of:
Mark A. Winter
801 N. Division Street
Carson City, NV 89703
When recorded, mail to:
Mail tax statements to:
Lana M. Banks
6527 Eagle Peak Drive
Carson City, NV 89701

AFFIDAVIT OF DEATH OF TRUSTEE

APN: 1420-07-611-041

STATE OF NEVADA) : ss.
CARSON CITY)

Lana M. Banks being first duly sworn, deposes and says:

1. Leslie D. Sanford died on the 13th day of August, 2023, in the state of Nevada, and that a certified copy of her Death Certificate is attached hereto.

2. That at the date of her death, Leslie D. Sanford was Trustee of the Leslie D. Sanford Family Trust dated August 12, 1997, which is the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

See Exhibit A attached hereto and incorporated herein by said reference

3. That said ownership was created by a Deed dated October 25, 2013, and recorded on November 4, 2013, as Document Number 833306 in the Douglas County Recorder's Office.

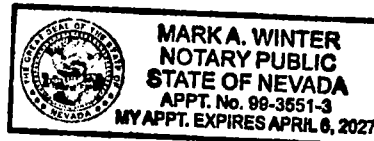
4. That upon the death of Leslie D. Sanford, Lana M. Banks became the sole Trustee of the Leslie D. Sanford Family Trust dated August 12, 1997..

Lana M. Banks

Lana M. Banks

SUBSCRIBED and SWORN to before me
this 28th day of August, 2023.

Mark A. Winter
Notary Public



LOT 14, IN BLOCK C, OF THE FINAL MAP OF SUNRIDGE HEIGHTS
PHASE 2, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN
THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE
OF NEVADA, ON SEPTEMBER 30, 1993, BOOK 993, PAGE 6482, AS
DOCUMENT NO. 319089.

APN: 1420-07-611-041

EXHIBIT "A"

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4364891

CERTIFICATE OF DEATH

2023018397
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) Leslie Dell SANFORD		2. DATE OF DEATH (Mo/Day/Year) August 13, 2023		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, OPI/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 09, 1946		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) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 6142		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SECRETARY		14b. KIND OF BUSINESS OR INDUSTRY Architecture	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3552 Shadow Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald JACKS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois NISSEN		
18a. INFORMANT - NAME (Type or Print) Guy FALKENGREN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 146 Snake Meadow Road Moosup, Connecticut 06354			
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) CAITLYN A OTTMANN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1003		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) MARILYN A BRANINBURG 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) MARILYN A BRANINBURG SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) August 29, 2023		21c. HOUR OF DEATH 15:20		22b. DATE SIGNED (Mo/Day/Yr) August 13, 2023	
22c. HOUR OF DEATH 15:20		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 13, 2023		22e. PRONOUNCED DEAD AT (Hour) 15:20	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Marilyn A Braninburg 911 E Musser St Carson City, NV 89701					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 30, 2023		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					
(a) Complications Of Colonoscopy Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unknown Etiology Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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) Yes
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) NATURAL		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

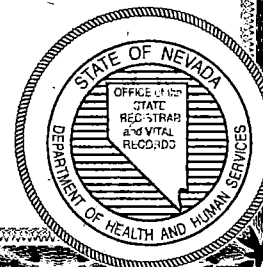
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Cody L. Phinney

DATE ISSUED: **9/1/2023**

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