

A.P.N. No.:	1319-30-628-020
Recording Requested By:	
Lelia Yvonne Needens	
When Recorded Mail To:	
The Needens 1997 Living Trust	
1329 HWY 395, Box 10130	
Gardnerville, NV 89410	



00173446202310011090040047

SHAWNYNE GARREN, RECORDER

(for recorders use only)

**Affidavit Death of 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 social security number 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 social security number of a person or persons as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

Lelia Yvonne Needens Trustee
Signature Title

Lelia Yvonne Needens
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

RECORDING REQUESTED BY:
Lelia Yvonne Needens

WHEN RECORDED MAIL TO:

A.P.N. No.: 1319-30-628-020

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of California }
County of Riverside } ss.

Lelia Yvonne Needens of legal age, being first duly sworn, deposes and says:

1. That Richard George Needens the decedent mentioned in the attached copy of Certificate of Death, is the same person as Richard George Needens named as one of the parties in that certain Grant, Bargain and Sale Deed dated July 17, 1998, executed by Karen W. Walters and Earl E. Schwenk to Richard George Needens and Lelia Yvonne Needens, Co-Trustees of The Needens 1997 Living Trust, recorded as Instrument No. 0446239 in Book No. 0898 Page No. 0743 on August 4, 1998 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Stateline, County of Douglas, State of Nevada.

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

PARCEL 1:

Unit 11, of the AMENDED MAP OF SNOWDOWN, being all of Lot 57, located in Tahoe Village Subdivision Unit No. 1, Douglas County, Nevada, filed for record on October 29, 1974, as Document No. 76174

PARCEL 2:

An undivided 1/26th interest in all of the "Common Area" as shown on the "Amended Map of Snowdown" being all of the Lot 57 in Tahoe Village Subdivision Unit No. 1, Douglas County, Nevada, filed for record on October 29, 1974, as Document No. 76174.

Assessors Parcel Number: 1319-30-628-020

2. That I am named within the aforementioned trust as Trustee;
3. That I hereby consent to act as Trustee of the aforementioned trust and do hereby assume the powers and duties of 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 subject property.

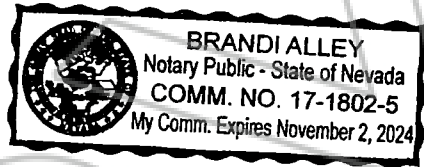
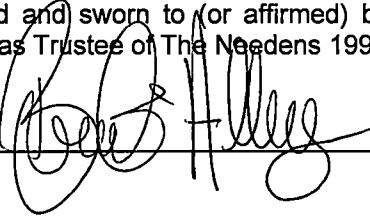
Dated: October 3, 2023

Leila Yvonne Needens
By: Leila Yvonne Needens, as Trustee of The Needens
1997 Living Trust

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 3rd day of October, 2023 by Leila Yvonne
Needens, as Trustee of The Needens 1997 Living Trust.

Signature _____ (Seal)



COPY

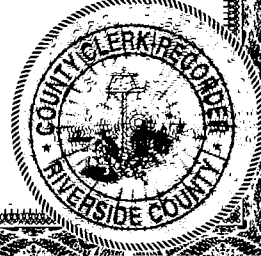
STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200433008201

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY! NO ERASURES, WHITEOUTS OR ALTERATIONS VS 11 (REV 104)		LOCAL REGISTRATION NUMBER			
1 NAME OF DECEDENT FIRST (Given)		2 MIDDLE		3 LAST (Family)			
RICHARD		GEORGE		NEEDENS			
4 DATE OF BIRTH mm/dd/yyyy				5 AGE Yrs	6 SEX		
04/18/1935				69	M		
9 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER	11 EVER IN U.S. ARMED FORCES? (If yes, see worksheet on back)	12 MARITAL STATUS (at Time of Death)	7 DATE OF DEATH mm/dd/yyyy		
COLORADO		0411	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	MARRIED	08/20/2004		
13 EDUCATION - Highest Level/Degree (Use worksheet on back)		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	18 DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back)				
HS GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			WHITE		
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)	19 YEARS IN OCCUPATION			
ENGINEERING CONTRACTOR			CONSTRUCTION	40			
20 DECEDENT'S RESIDENCE (Street and number or location)							
1324 HIGHWAY 395 #10130							
21 CITY		22 COUNTY/PROVINCE	23 ZIP CODE	24 YEARS IN COUNTRY	25 STATE/FOREIGN COUNTRY		
GARDNERVILLE		DOUGLAS	89410	6	NEVADA		
26 INFORMANT'S NAME, RELATIONSHIP			27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state ZIP)				
LELIA NEEDENS - WIFE			1324 HIGHWAY 395 #10130, GARDNERVILLE, NEVADA 89410				
28 NAME OF SURVIVING SPOUSE - FIRST		29 MIDDLE	30 LAST (Varden Name)				
LELIA		YVONNE	HANDLEY				
31 NAME OF FATHER - FIRST		32 MIDDLE	33 LAST		34 BIRTH STATE		
GEORGE		-	NEEDENS		COLORADO		
35 NAME OF MOTHER - FIRST		36 MIDDLE	37 LAST (Maiden)		38 BIRTH STATE		
LAVINA		-	WALKER		COLORADO		
39 DISPOSITION DATE mm/dd/yyyy		40 PLACE OF FINAL DISPOSITION					
08/26/2004		SAN JOAQUIN VALLEY NATIONAL CEMETERY, 32053 McCABE ROAD, GUSTINE, CA 95322					
41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALMER		43 LICENSE NUMBER			
BURIAL		<i>Robert Byrley</i>		8469			
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER	46 SIGNATURE OF LOCAL REGISTRAR		47 DATE mm/dd/yyyy		
PALM SPRINGS MORTUARY, CATHEDRAL CITY		FD 1513	<i>Bery Johnson MD</i>		08/24/2004		
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE		103 IF OTHER THAN HOSPITAL, SPECIFY ONE			
COUNTRY VILLA HEALTHCARE CENTER/SNF		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA		<input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106 CITY			
RIVERSIDE		39950 VISTA DEL SOL		RANCHO MIRAGE			
107 CAUSE OF DEATH		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE.			108 DEATH REPORTED TO CORONER? (Initials and Date)		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		LUNG CANCER			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Secondary, or conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					109 MONTHS		
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
					110 AUTOPSY PERFORMED?		
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
					111 USED IN 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							
NONE							
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)							
NO							
114 IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK							
114 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115 SIGNATURE AND TITLE OF CERTIFIER		116 LICENSE NUMBER	117 DATE mm/dd/yyyy		
Decedent's Attended Since: Decedent's Last Seen Alive:		<i>D. Vafai MD</i>		A50294	08/23/2004		
(A) mm/dd/yyyy (B) mm/dd/yyyy		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
02/18/2004 08/20/2004		DAVOOD VAFAI, MD 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CALIFORNIA 92270					
119 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120 INJURED AT WORK?		121 INJURY DATE mm/dd/yyyy			
MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Poisoning <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
122 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)							
126 SIGNATURE OF CORONER/DEPUTY CORONER			127 DATE mm/dd/yyyy	128 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER			
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.# 141959	CENSUS TRACT



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, County Clerk-Recorder

DATE ISSUED **SEP 2 2005**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk-Recorder.

Larry W. Ward
LARRY W. WARD
ASSESSOR COUNTY CLERK RECORDER
RIVERSIDE COUNTY CALIFORNIA