

APN# 1420-34-113-009



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Kelley R. Carroll/Porter Simon, PC

Address: 40200 Truckee Airport Road, Ste. 1

City/State/Zip: Truckee, CA 96161

Mail Tax Statements to:

Name: Brett Jacks & Emily C. Jacks, Co-Trustees

Address: 1495 Brandi Rose Way

City/State/Zip: Minden, NV 89423

Affidavit-Death of Trustee

Title of Document (required)

Document # _____ is being (re-)recorded to correct;

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)

Laura Kindelt
Signature
Laura Kindelt

Printed Name

A.P.N.: 1420-34-113-009

**Recording Requested By:
When Recorded Return To:**

Kelley R. Carroll, Esq.
Porter Simon, PC
40200 Truckee Airport Road, Suite One
Truckee, CA 96161

Mail Tax Information To:

Brett Jacks and Emily C. Jacks, Co-Trustees
1495 Brandi Rose Way
Minden, NV 89423

SPACE ABOVE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE


BRETT JACKS and EMILY C. JACKS, having been first duly sworn, do hereby declare and certify that:

1. The Trust which is the subject of this Affidavit was created by RICHARD JACKS as Trustor and Trustee by Declaration of Trust dated July 25, 2017, and is known as the: RICHARD JACKS FAMILY TRUST (the "Trust"), named as a party in the certain Grant, Bargain, Sale Deed dated July 7, 2020 executed by LIBERTY HOMES L.L.C., a Nevada limited liability company, to RICHARD JACKS, Trustee of the RICHARD JACKS FAMILY TRUST dated 7/25/2017, and recorded on July 10, 2020 as Document Number 2020-948965 of Official Records of Douglas County, Nevada.
2. RICHARD JACKS, also known as RICHARD PREALLE JACKS, died on August 28, 2023. A true and correct certified copy of the Certificate of Death for RICHARD PREALLE JACKS is attached hereto as **Exhibit A** and incorporated herein by this reference.
3. Under the Trust's terms, BRETT JACKS and EMILY C. JACKS are now acting as the successor Co-Trustees of the Trust.
4. This Affidavit affects title to the property situated in the County of Douglas, State of Nevada, commonly known as **1495 Brandi Rose Way, Minden, NV** more particularly described as follows:

LOT 9 AS SHOWN ON THE FINAL MAP PD 05-006 FOR SAGE CREST, RECORDED JANUARY 05, 2007 IN BOOK 0107, PAGE 1523 OF OFFICIAL RECORDS, AS INSTRUMENT NO. 692205 IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA.

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

Dated: 9/28/23



BRETT JACKS

Dated:

EMILY C. JACKS


COPY

JURAT

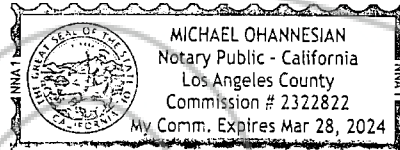
A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

State of California)
County of Los Angeles)

Subscribed and sworn (or affirmed) before me this 28th day of September, 2023, by BRETT JACKS, who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Notary Public
Commission No.: 2322822
Commission Expires: 03/29/2024



JURAT

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)

Subscribed and sworn (or affirmed) before me this ____ day of _____, 2023, by EMILY C. JACKS, who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public
Commission No.:
Commission Expires:

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

Dated:

Dated: 10/02/2023

BRETT JACKS

Emily C. Jacks

EMILY C. JACKS

COPY

JURAT

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 California)
County of)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 2023, by
BRETT JACKS, who proved to me on the basis of satisfactory evidence to be the person(s) who
appeared before me.

Notary Public
Commission No.:
Commission Expires:

JURAT

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*)

Subscribed and sworn (or affirmed) before me this 2 day of October, 2023, by
EMILY C. JACKS, who proved to me on the basis of satisfactory evidence to be the person(s)
who appeared before me.

Karen Haltom

Notary Public
Commission No.:
Commission Expires:



Exhibit A
CERTIFICATE OF DEATH
RICHARD PREALLE JACKS also known as RICHARD JACKS

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. 4367355

CERTIFICATE OF DEATH

2023020163
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Richard Praelle JACKS			2. DATE OF DEATH (Mo/Day/Year) August 28, 2023		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1495 Brandi Rose Way		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 73	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) July 03, 1950	
	9a. STATE OF BIRTH (If not US/CA, name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 22	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Emily Christine HANSEN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████-2958		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) ENTREPRENEUR		14b. KIND OF BUSINESS OR INDUSTRY SOFTWARE		Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1495 Brandi Rose Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Frederick Wilson JACKS Jr			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ghislaine RENARD				
	18a. INFORMANT- NAME (Type or Print) Emily Christine JACKS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1495 Brandi Rose Way Minden, Nevada 89423					
DISPOSITION	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) MERCEDES Q QUARTUCCI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD983	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423				
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) JOHN P KELLY MD 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) September 11, 2023		21c. HOUR OF DEATH 20:49		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) John P Kelly MD 1535 Medical Pkwy Carson City, NV 89703			23b. LICENSE NUMBER 6376				
REGISTRAR	24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 15, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						Interval between onset and death	
	PART I (a) Small Cell Lung Cancer 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	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
	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	



CERTIFIED COPY OF VITAL RECORDS

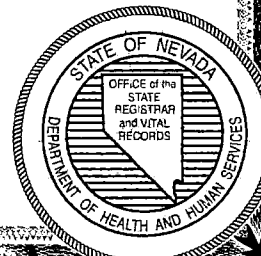
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Cody P. Hines

DATE ISSUED: 9/19/2023

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