

DOUGLAS COUNTY, NV

2023-1001510

Rec:\$40.00

\$40.00

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10/17/2023 02:10 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN No.: 1320-33-717-041

Escrow No.: 23037294-SA

Recording Requested By:
First Centennial Title Company of Nevada
1352 Hwy 395, Ste 114
Gardnerville, NV 89410

When Recorded Return to:
F&R BURGER FAMILY TRUST
43 MILLAN COURT
CHULA VISTA, CA 91910

Mail Tax Statements to:
Mary Jeanne LaFleur and Richard Lee Young
1359 Westminster Place
Gardnerville, NV 89410

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT OF 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 contain the social security number of a person or persons as required by law: (state specific law).

SA

SIGNATURE

Escrow Officer

TITLE

Sherry Ackermann

Print Signature

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

This cover page must be typed or printed in black ink.

**THE DOCUMENT
IS EXECUTED
IN COUNTERPART**

SPACE BELOW FOR RECORDER

APN: 1320-33-717-041
Escrow No. 23037294-SA

When Recorded Return to:
Melissa D. McGrath and Kris Melnick, Successor
Co-Trustees of The F & R Burger Family Trust,
established February 28, 1995
43 Millan Court
Chula Vista, CA 91910

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

Melissa D. McGrath and Kris Melnick, of legal age, being duly sworn, deposes and says

That Francis James Burger the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Francis James Burger, Trustee of the F & R Burger Family Trust, established February 28, 1995 named as one of the parties in that certain Grant, Bargain and Sale Deed dated May 21, 2013 executed by Francis Burger, a widower to Francis Burger, Trustee of the F&R Burger Family Trust established February 28, 1995 recorded as Instrument No.0824302, on May 28, 2013 in Book 0513 Page 6963 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 26, in Block C, of Chichester Estates, Phase 9, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on November 27th, 2001, as Document No. 528504, and as amended by Certificate of Amendment, recorded February 15, 2002, as Document No. 534879.

Assessors Parcel No.: 1320-33-717-041

F&R Burger Family Trust

Melissa D. McGrath, Successor Co-Trustee

Kris Melnick
Kris Melnick, Successor Co-Trustee

STATE OF Washington
COUNTY OF Thurston

This instrument was acknowledged before me on this 6th day of October, 2023 by

Kris Melnick

Bruce M Braniff
Notary Public

Notary Public
State of Washington
Bruce M Braniff
Commission No. 182303
Commission Expires 10-21-25

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____, 20____, by

Notary Public

F&R Burger Family Trust

Melissa D. McGrath
Melissa D. McGrath, Successor Co-Trustee

Kris Melnick, Successor Co-Trustee

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____, 20__, by

_____.

Notary Public

See Attached

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____, 20__, by

_____.

Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

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 San Diego }

On 10-6-2023, before me, Laura Fernandez, Notary Public, personally appeared
Melissa D. McGrath

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of State of California that the foregoing paragraph is true and correct.



WITNESS my hand and official seal.

SIGNATURE _____

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of attached document

Title or type of document: Affidavit - Death of Trustee

Document Date: _____ Number of Pages: _____

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4322277

CERTIFICATE OF DEATH

2022029522
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) Francis James BURGER		2. DATE OF DEATH (Mo/Day/Year) December 05, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 1487 Carlson Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Other Residence	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 27, 1933		9a. STATE OF BIRTH (If not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 6		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████-9576		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Own Business	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1487 Carlson Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) George Mathew BURGER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Josephine FAITEL		18a. INFORMANT- NAME (Type or Print) Loveda B COOPER		18b. MAILING ADDRESS (Street or R.F.D. No, City, or Town, State, Zip) 1487 Carlson Drive Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Greenwood Memorial Park & Mortuary		19c. LOCATION City or Town State San Diego California 92113	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BETHANY J RASMUSSEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS: Greenwood Memorial Park & Mortuary 4300 Imperial Ave San Diego CA 92113					
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 A BOTTENBERG DO 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) December 15, 2022		21c. HOUR OF DEATH 09:59		22b. DATE SIGNED (Mo/Day/Yr)	
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) B A Bottenberg DO 4095 North Carson Street Carson City, NV 89706				23b. LICENSE NUMBER DO674	
24a. REGISTRAR (Signature) CELESTE RAMIREZ MUNOZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 16, 2022		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).)				26. AUTOPSY (Specify Yes or No) No	
PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
(a) Cardiopulmonary Arrest		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Congestive Heart Failure		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Coronary Artery Disease		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d) Hyperlipidemia		DUE TO, OR AS A CONSEQUENCE OF:		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. Hypertension, Cerebral Vascular Disease.					
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.

12/23/2022

DATE ISSUED:

Lore Shultz

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

