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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1220-21-510-083

Recording requested by:)
Liane Tankersley)
1450 Kimmerling Rd, Apt B)
Gardnerville, NV 89460)

When recorded mail to:)
Liane Tankersley)
1450 Kimmerling Rd, Apt B)
Gardnerville, NV 89460)

Mail tax statement to:)
Liane Tankersley)
1450 Kimmerling Rd, Apt B)
Gardnerville, NV 89460)

AFFIDAVIT – DEATH OF CO-TRUSTEE

I, LIANE BARBARA TANKERSLEY, of legal age, being first duly sworn, declare under penalty of perjury that:

JOHN FREDERICK TANKERSLEY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN F. TANKERSLEY named as one of the parties (grantees) in that certain deed dated December 9, 2002, and executed by JOHN F. TANKERSLEY and LIANE B. TANKERSLEY, husband and wife, (grantors), to JOHN F. TANKERSLEY and LIANE B. TANKERSLEY, Trustees of the TANKERSLEY LIVING TRUST, dated December 5, 2002 (grantees), recorded on May 16, 2003, as Document No. 0577032 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 308, as shown on the Map of GARDNERVILLE RANCHOS UNIT NO. 6 filed in the office of the Recorder of Douglas County, Nevada, on May 29, 1973, Document No. 66512, Official Records.

Subject to:

1. All general and special taxes for the current fiscal year.

2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

JOHN FREDERICK TANKERSLEY, the deceased party, died on April 27, 2022, as shown in the attached certified copy of Certificate of Death.

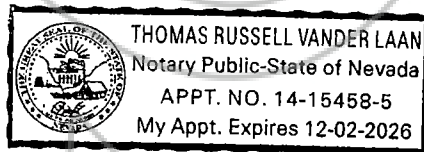
The Affiant is the Wife of the deceased party and now the sole surviving Trustee of the TANKERSLEY LIVING TRUST, dated December 5, 2002, now holding title as LIANE BARBARA TANKERSLEY, Trustee, or her successors in Trust, under the TANKERSLEY LIVING TRUST, dated December 5, 2002.

Executed on this November 7, 2023, in Douglas County, State of Nevada.

Liane B. Tankersley
LIANE BARBARA TANKERSLEY
Trustee of the TANKERSLEY LIVING TRUST, dated December 5, 2002

STATE OF NEVADA)
): ss
COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this November 7, 2023, by LIANE BARBARA TANKERSLEY.



[Signature]
NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4280537

CERTIFICATE OF DEATH

2022010601
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEASED

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

POSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
HAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) John F TANKERSLEY		2. DATE OF DEATH (Mo/Day/Year) April 27, 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) 1450 B Kimmerling Road		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm, Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 03, 1934		9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Liane STOCKENREITER	
13. SOCIAL SECURITY NUMBER ██████████ 1300		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Bentley Nevada	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1450 B Kimmerling Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. EVER IN US ARMED FORCES? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Roland TANKERSLEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Harrett LA BELLE		
18a. INFORMANT- NAME (Type or Print) Liane TANKERSLEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1450 B Kimmerling Road Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
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) NITA SCHWARTZ 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) April 27, 2022		21c. HOUR OF DEATH 08:45		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Nita Schwartz MD 710 W Washington Street Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 28, 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).) PART I (a) Coronary Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Critical Aortic Stenosis		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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

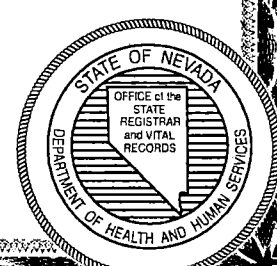
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

5/2/2022

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

Liane Stewart
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE