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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

**A.P.N.: 1320-36-002-005**

**Recording Requested By:** )  
Kathlyn Wood )  
1475 Wild Iris Court )  
Gardnerville, NV 89410 )

**When Recorded Mail to:** )  
Kathlyn Wood )  
1475 Wild Iris Court )  
Gardnerville, NV 89410 )

**Mail Tax Statement to:** )  
Kathlyn Wood )  
1475 Wild Iris Court )  
Gardnerville, NV 89410 )

**AFFIDAVIT – DEATH OF CO-TRUSTEE**

I, KATHLYN MARGARET WOOD, of legal age, being first duly sworn, declare under penalty of perjury that:

QUENTIN LEE WOOD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as QUENTIN LEE WOOD named as one of the parties (grantees) in that certain deed dated July 28, 2021, and executed by QUENTIN LEE WOOD and KATHLYN MARGARET WOOD, who took title as, QUENTIN L. WOOD and KATHLYN M. WOOD, husband and wife as community property with right of survivorship (grantors) to QUENTIN LEE WOOD and KATHLYN MARGARET WOOD, Trustees, or their successors in Trust, under the QUENTIN LEE WOOD AND KATHLYN MARGARET WOOD REVOCABLE LIVING TRUST, dated July 28, 2021, and any amendments thereto (grantees), recorded on November 8, 2021, as Document No. 2021-976680 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

LOT 4, IN BOCK G, AS SHOWN ON THE FINAL MPA OF WILDFLOWER RIDGE UNIT 6, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 19, 1990, IN BOOK 1290, PAGE 2544, AS DOCUMENT NO. 241311.

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 tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

QUENTIN LEE WOOD, the deceased party, died on October 27, 2023, as shown in the attached certified copy of Certificate of Death.

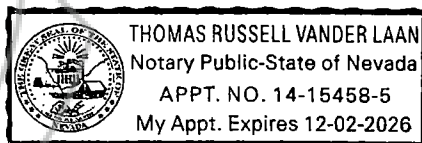
The Affiant is the Wife of the deceased party and now the sole surviving Trustee of the QUENTIN LEE WOOD AND KATHLYN MARGARET WOOD REVOCABLE LIVING TRUST, dated July 28, 2021, and any amendments thereto, now holding title as KATHLYN MARGARET WOOD, Trustee, or her successors in Trust, under the QUENTIN LEE WOOD AND KATHLYN MARGARET WOOD REVOCABLE LIVING TRUST, dated July 28, 2021, and any amendments thereto.

Executed on this December 8, 2023, in Douglas County, State of Nevada.

Kathlyn Wood.  
 KATHLYN MARGARET WOOD  
 Trustee of the QUENTIN LEE WOOD AND KATHLYN MARGARET WOOD REVOCABLE LIVING TRUST, dated July 28, 2021

STATE OF NEVADA            )  
   ): ss  
 COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this December 8, 2023, by KATHLYN MARGARET WOOD.



*[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. 4378186

**CERTIFICATE OF DEATH**

2023024172  
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) <b>Quentin Lee WOOD JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 27, 2023</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>Prestige Assisted Living</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Assisted Living Facility</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>84</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>18</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-7139</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1475 Wild Iris Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Quentin WOOD</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Susan MACARTY</b>		
18a. INFORMANT - NAME (Type or Print) <b>Kathlyn Margaret WOOD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1475 Wild Iris Court Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JEFFREY M BAUGHN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD993</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>	
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) <b>MARK D CANTY MD</b>			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) <b>November 07, 2023</b>		21c. HOUR OF DEATH <b>06:38</b>		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		22f. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Mark D Canty MD 1001 Mountain St Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>15475</b>	
24a. REGISTRAR (Signature) <b>ANNAH M HOWARD</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 07, 2023</b>		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				Interval between onset and death	
(a) <b>Acute On Chronic Hypoxic Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF:				Hours	
(b) <b>Atherosclerotic Coronary Heart Disease</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF:				Years	
(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. <b>Severe Sepsis With Unknown Organism</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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

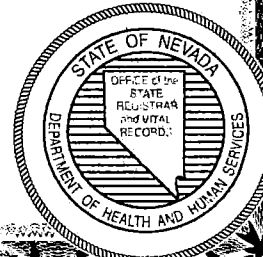
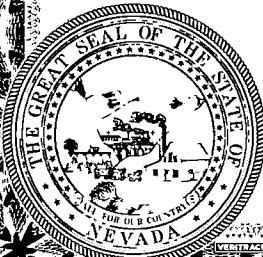
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

*Cody D. Phinney*

DATE ISSUED: 11/8/2023

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