

APN: 1320-29-110-034



SHAWNYNE GARREN, RECORDER

Recorded at the Request of/Return to:  
HERITAGE LAW  
1625 State Route 88, Suite 304  
Minden, NV 89423

Mail Future Tax Statements To:  
JACQUELYN A. REDDITT, Trustee  
PO Box 1709  
Gardnerville, NV 89410

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law.

**AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST**

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS    )

JACQUELYN A. REDDITT, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That ROBERT EDWARD REDDITT, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit B** and incorporated herein by reference, is the same person as ROBERT E. REDDITT, Settlor of the *J.R. Trust, dated August 23, 2013*, and any amendments thereto, Grantee in that certain *Grant, Bargain, Sale Deed* dated August 23, 2023 and recorded on August 24, 2023, as Document No. 2023-999865 of Official Records of Douglas County, State of Nevada, which deed pertains to real property commonly known as 1842 Bougainvillea Drive, Minden, Douglas County, State of Nevada, more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF**

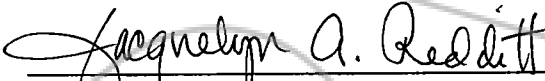
Pursuant to NRS 111.312, the above legal description previously appeared in *Grant, Bargain, Sale Deed* recorded on August 24, 2023, as Document No. 2023-999865.

JACQUELYN A. REDDITT shall forthwith serve as sole Trustee of the *J.R. Trust, dated August 23, 2013*, and any amendments thereto.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

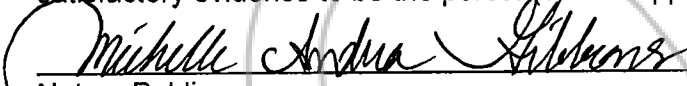
This deed was prepared without the benefit of a title search and the description of the property was furnished by the party(ies). The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Dated: November 29, 2023.

  
\_\_\_\_\_  
JACQUELYN A. REDDITT, Grantor, Surviving Spouse, and sole Trustee

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS    )

Subscribed and sworn to (or affirmed) before me, a Notary Public, on the 29<sup>th</sup> day of November, 2023, by JACQUELYN A. REDDITT, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
\_\_\_\_\_  
Notary Public

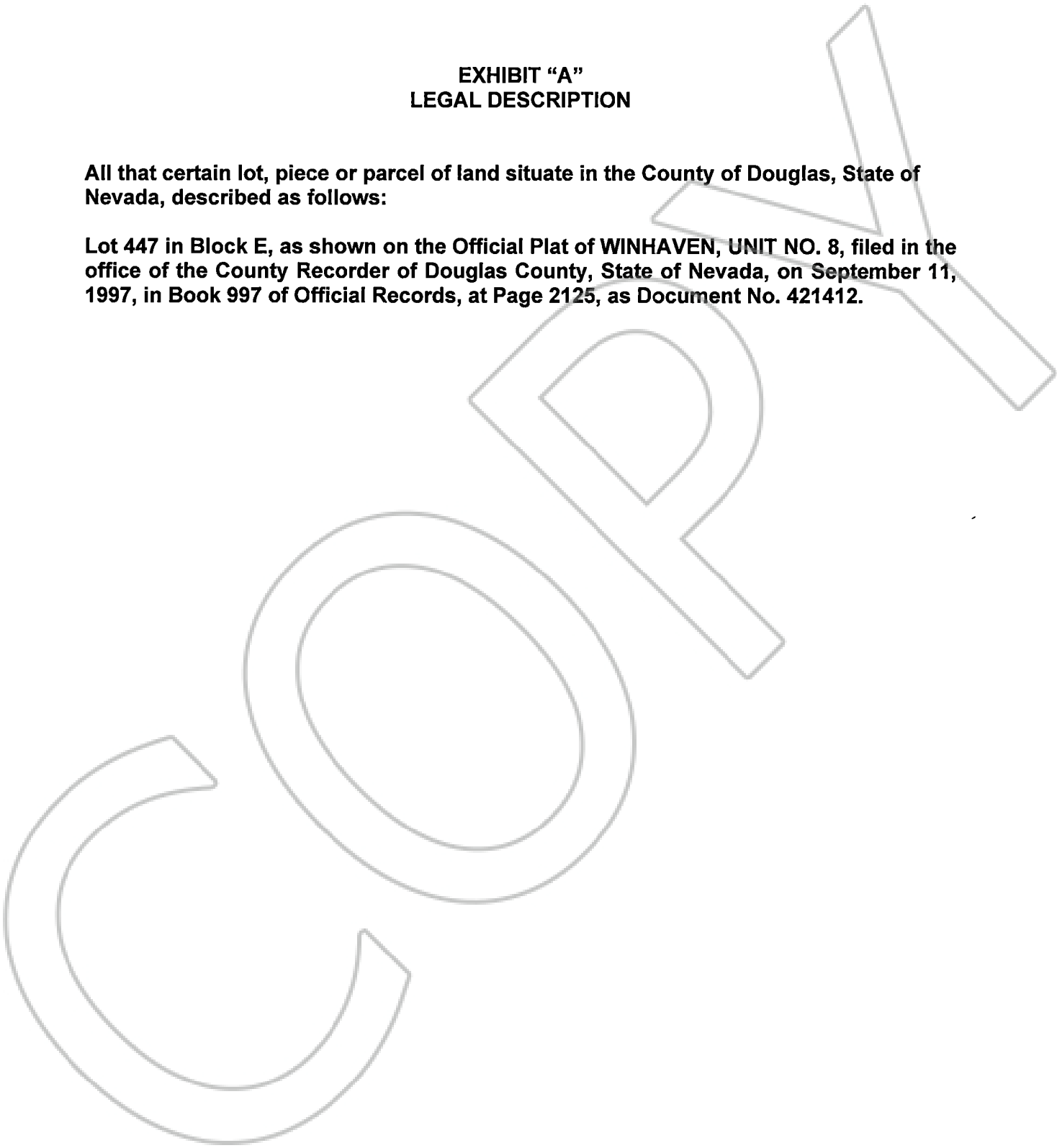


**APN: 1320-29-110-034**

**EXHIBIT "A"  
LEGAL DESCRIPTION**

**All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:**

**Lot 447 in Block E, as shown on the Official Plat of WINHAVEN, UNIT NO. 8, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 11, 1997, in Book 997 of Official Records, at Page 2125, as Document No. 421412.**



# EXHIBIT B

*J.R. Trust*

Deceased Grantor: ROBERT E. REDDITT

Date of Death: September 14, 2023

---

***Nevada Certificate of Death, ROBERT E. REDDITT***

---

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4373749

### CERTIFICATE OF DEATH

2023021682  
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>Robert Edward REDDITT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 04, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address number) <b>1347 E. Marion Russell Drive</b>		3a. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>71</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 11, 1952</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Alabama</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSES NAME (Last name prior to first marriage) <b>Jacquelyn A OLSON</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-6565</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Government</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1347 E. Marion Russell Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edward Robert REDDITT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Martha Elnor HERRINGTON</b>		
18a. INFORMANT- NAME (Type or Print) <b>Jacquelyn A REDDITT</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1347 E. Marion Russell Drive Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Bartlett Cemetery</b>		19c. LOCATION City or Town State <b>Bartlett Nebraska 68622</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>TED G WILLIAMS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD898</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City Nv 89703</b>	
TRADE CALL - NAME AND ADDRESS <b>Levander Funeral Home Of Spalding Nebraska 421 N. Walnut Spalding NE 68665</b>					
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>NITA SCHWARTZ MD</b> 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) <b>October 05, 2023</b>		21c. HOUR OF DEATH <b>11:44</b>		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>Nita Schwartz MD 710 W Washington Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 05, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Cerebral Infarction</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Essential Hypertension</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
(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 I. <b>Diabetes mellitus, Hyperlipidemia, Remote Brain Injury</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>NATURAL</b>		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	



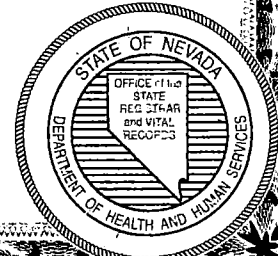
CERTIFIED COPY OF VITAL RECORDS

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: **10/9/2023**

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

*Cody T. Storey*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE