

APN# 1220-28-510-007

Recording Requested by/Mail to:

Name: The Revocable Living Trust of James Francis Joseph, dated 10/2/1986 as amended

Address: 1 S MAIN ST. 12TH FLOOR

City/State/Zip: SALT LAKE CITY, UT 84133

Mail Tax Statements to:

Name: Same as Above

Address: _____

City/State/Zip: _____

Affidavit-Death of Trustee-Succession of Successor Trustee

Title of Document (required)

----- (Only use if applicable) -----

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)

Zoe Larson

Signature

Zoe Larson

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY:

Stewart Title Company

5390 Kietzke Lane

Suite 101

Reno, NV 89511

WHEN RECORDED MAIL TO:

The James Joseph Irrevocable Trust (f/k/a) The Revocable Living Trust of James Francis Joseph, dated 10/2/1986 as amended

1 S Main Street 12th Floor

Salt Lake City, UT 84133

ORDER NO. 1895833

A.P.N. No.: 1220-28-510-007

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of ~~Nevada~~ **UTAH** }
County of ~~Douglas~~ **SALT LAKE** } ss.

Jason Postma of legal age, being first duly sworn, deposes and says:

1. That James Francis Joseph the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain and Sale Deed dated 10/8/1993 executed by James F. Joseph, an unmarried man to James Francis Joseph Revocable Living Trust dated October 2, 1986 and Amendment dated May 25, 1990 recorded as Instrument No. 320124 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 124, as shown on the map of GARDNERVILLE RANCHOS UNIT NO.7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974, in Book 374, Page 676, as Document No. 72456, Official Records.

- 2. That I am named within the aforementioned trust as Successor Trustee;
- 3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
- 4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: December 29, 2022

The James Joseph Irrevocable Trust (f/k/a) The Revocable Living Trust of James Francis Joseph dated 10/2/1986 as amended

By: Zions Bancorp, N.A., formerly ZB, N.A., successor Trustee

Jason Postma
By: Jason Postma, Authorized Signer and Fiduciary Asset Manager

State of Utah
County of Salt Lake

Subscribed and sworn to (or affirmed) before me on this 3 day of January, 2023 by Jason Postma.

Signature Jason Postma (Seal)

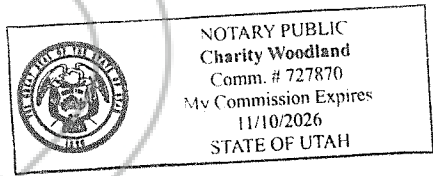
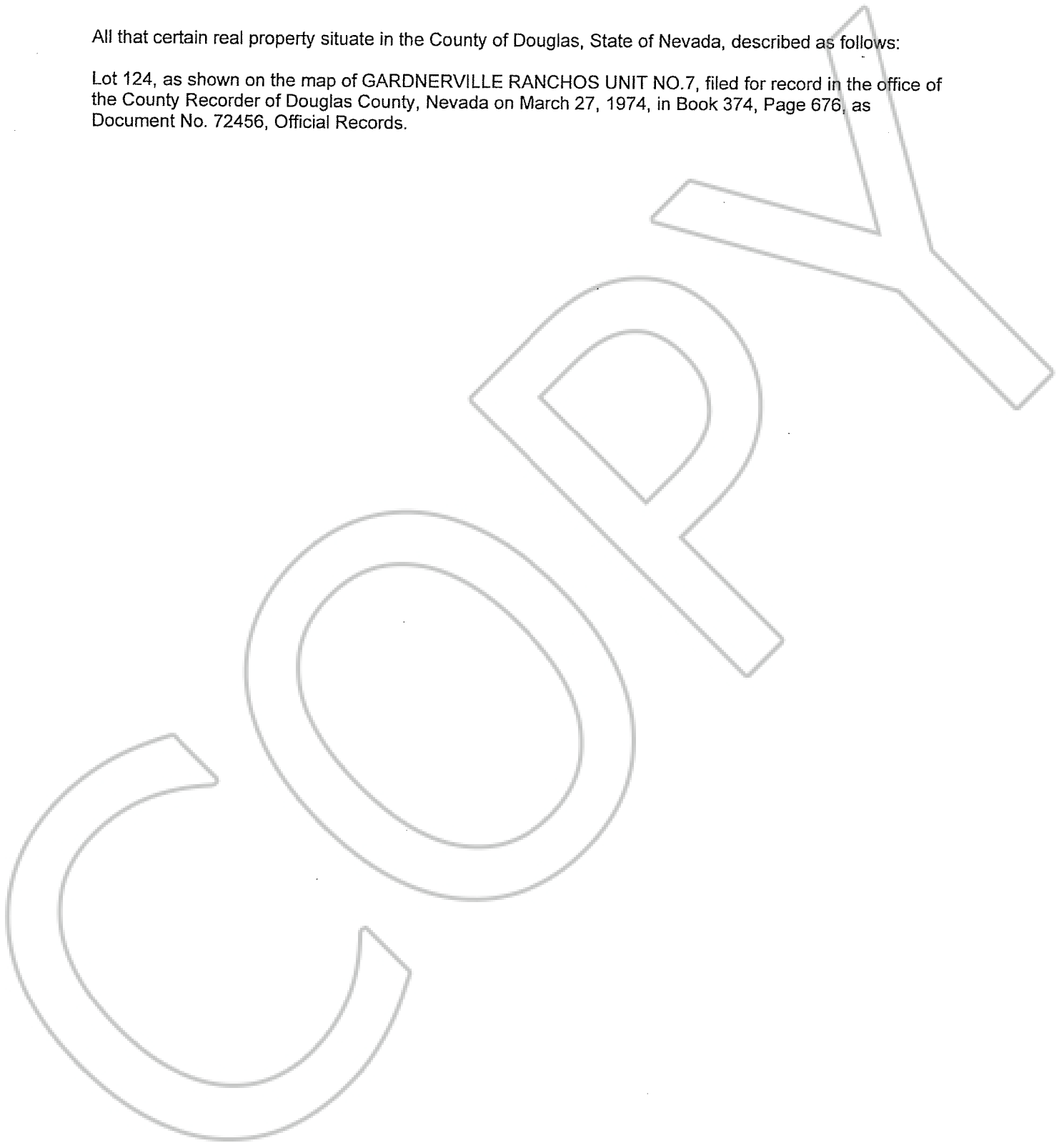


EXHIBIT "A"
LEGAL DESCRIPTION

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 124, as shown on the map of GARDNERVILLE RANCHOS UNIT NO.7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974, in Book 374, Page 676, as Document No. 72456, Official Records.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

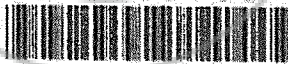
CASE FILE NO. 4249371

CERTIFICATE OF DEATH

2021028935
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James F JOSEPH		2. DATE OF DEATH (Mo/Day/Year) November 17, 2021		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) Carson Valley Medical Center		3e. If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient (Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
	9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED] 5581		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Albert H JOSEPH		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth WALSH			
	18a. INFORMANT- NAME (Type or Print) Lydia COOPER		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 875 University Drive Menlo Park, California 94025			
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) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		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) TREVOR PHAN 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) November 20, 2021		21c. HOUR OF DEATH 14:50		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Trevor Phan MD 1107 Highway 395 Gardnerville, NV 89410				23b. LICENSE NUMBER 12765	
	24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 22, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
	PART I				Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Hypoxic Respiratory Failure				Days	
	(b) Pulmonary Embolism				Days	
	(c) Septic Shock				Hours	
	(d) Streptococcus Bacteremia				Days	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hypothyroidism, Lactic Acidosis						
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		
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		

AKA: James Francis JOSEPH



CERTIFIED COPY OF VITAL RECORDS

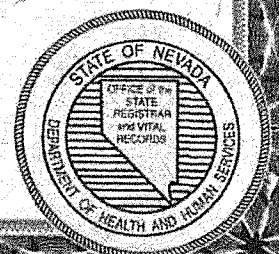
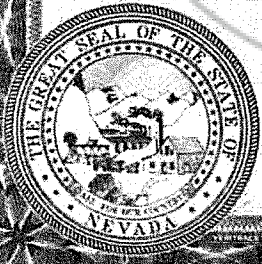
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 12/8/2021

[Signature]

STATE REGISTRAR

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





Douglas County Recorder's Office
Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>
kellison@co.douglas.nv.us
(775) 782-9027

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.



Signature

1-4-2013

Date

ZOE LAYSON

Printed Name