

APN# 1419-12-610-028



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:
Name: MARK A. WINTER
Address: 801 N. DIVISION STREET
City/State/Zip: CARSON CITY, NV 89703

Mail Tax Statements to:
Name: CARI EATON
Address: 3675 CHEROKEE DRIVE
City/State/Zip: CARSON CITY, NV 89705

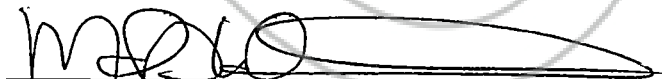
AFFIDAVIT OF DEATH OF TRUSTEE

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)


Signature

MARK A. WINTER
Printed Name

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

Recorded at the request of:
Mark A. Winter
801 N. Division Street
Carson City, NV 89703
When recorded, mail to:
Mail tax statements to:
Cari Eaton
3675 Cherokee Drive
Carson City, NV 89705

AFFIDAVIT OF DEATH OF TRUSTEE

APN: 1419-12-610-028

STATE OF NEVADA) : ss.
CARSON CITY)

Cari Eaton being first duly sworn, deposes and says:


1. Clyde A. Robinson died on the 21st day of June, 2022, in the state of Nevada, and that a certified copy of his Death Certificate is attached hereto.

2. That at the date of his death, Clyde A. Robinson was Trustee of the Clyde A. Robinson Living Trust dated August 14, 2020, which is the owner of certain real property located in the County of Douglas, state of Nevada, described as follows:

See Exhibit A attached hereto and incorporated herein by said reference


3. That said ownership was created by a Deed dated September 1, 2020, and recorded on September 1, 2020, as Document Number 2020-951776 in the office of the Douglas County Records Office, state of Nevada.

4. That upon the death Clyde A. Robinson, Cari Eaton became the sole Trustee of the Clyde A. Robinson Living Trust dated August 14, 2020.

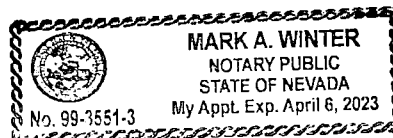


Cari Eaton

SUBSCRIBED and SWORN to before me
this 1st day of February, 2023.



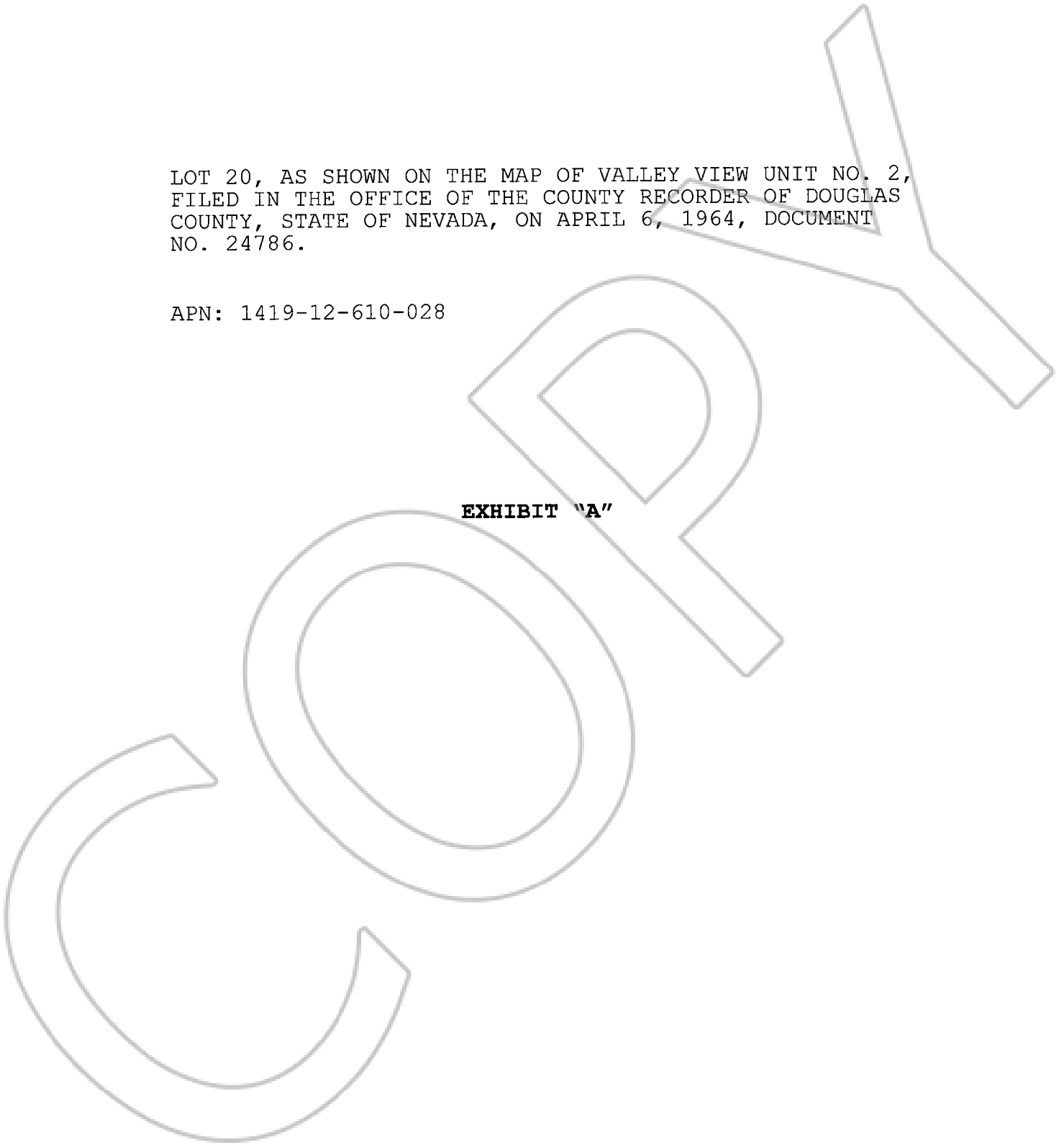
Notary Public



LOT 20, AS SHOWN ON THE MAP OF VALLEY VIEW UNIT NO. 2,
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS
COUNTY, STATE OF NEVADA, ON APRIL 6, 1964, DOCUMENT
NO. 24786.

APN: 1419-12-610-028

EXHIBIT "A"



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4290464

CERTIFICATE OF DEATH

2022015473
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) Clyde Anthony ROBINSON		2. DATE OF DEATH (Mo/Day/Year) June 21, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3523 Cherokee Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 17, 1942		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 4271		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
TRUCK DRIVER		TRUCKING		Ever In US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3523 Cherokee Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. PARENT - NAME (First Middle Last Suffix) Clyde Washington ROBINSON	
17 PARENT - NAME (First Middle Last Suffix) Marlies LEUZINGER		18a. INFORMANT- NAME (Type or Pnnt) Cari Ann EATON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3675 Cherokee Dr Carson City, Nevada 89705	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) Erik A Eissing		21b. DATE SIGNED (Mo/Day/Yr) September 22, 2022		21c. HOUR OF DEATH 22:06	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pnnt)		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) Erik A Eissing		22b. DATE SIGNED (Mo/Day/Yr) September 22, 2022	
		22c. HOUR OF DEATH 22:06		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) Erik A Eissing P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) BLAISE STRESSMAN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 22, 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) Unspecified Natural Causes				Interval between onset and death	
(b) Unknown Etiology				Interval between onset and death	
(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 1. Atherosclerotic Cardiovascular Disease, Lung Cancer				26. AUTOPSY (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	

VRS-Rev-20120523a



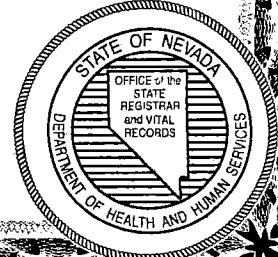
CERTIFIED COPY OF VITAL RECORDS

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: **9/27/2022**

Erik A Eissing
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