

APN: 1320-30-511-017



SHAWNYNE GARREN, RECORDER

**RECORDING REQUESTED BY and  
AFTER RECORDING**

**MAIL THIS AFFIDAVIT TO:**

Merrill A. Hanson, Esq.  
SULLIVAN LAW  
1625 State Route 88, Suite 401  
Minden, NV 89423

**MAIL TAX STATEMENTS TO:**

Richard J. Madrid and  
John R. Madrid, Trustees  
PO Box 1314  
Minden, NV 89423

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS PER NRS 440.380(1)(a) and 40.525(5)

**AFFIDAVIT OF DEATH OF TRUSTEE**

RICHARD J. MADRID and JOHN R. MADRID, being of legal age, being first duly sworn, depose and say:

1. This Affidavit of Death refers to THE VINNIE MADRID FAMILY TRUST AGREEMENT U/D/T 05-19-2000, also known as The Vinne Madrid Family Trust Agreement U/D/T 05-19-00, (the "Trust") under a revocable trust agreement executed by VINNIE MADRID as the Grantor.
2. The original Grantor and Trustee of the Trust was VINNIE MADRID.
3. In accordance with the terms of the Trust, we, RICHARD J. MADRID and JOHN R. MADRID, are empowered to act as Co-Trustees for the Trust after the death of VINNIE MADRID. We hereby affirm our incumbency as successor Co-Trustees, and declare our intention to act as the current Co-Trustees of THE VINNIE MADRID FAMILY TRUST AGREEMENT U/D/T 05-19-2000.
4. We declare and affirm that Grantor and Trustee VINNIE MADRID died on January 13, 2023. We also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death is the same person as VINNIE MADRID, Trustee of THE VINNIE MADRID FAMILY TRUST AGREEMENT U/D/T 05-19-2000.
5. VINNIE MADRID is the named Trustee and Grantee in that certain Grant Deed, granting to VINNIE MADRID, Trustee, all right, title and interest in the following identified real property:

APN:..... 1320-30-511-017

Commonly Known As:..... 1762 La Cita Way, Minden, NV 89423

Recorded On: .....June 7, 2007

As Document Number:..... 0702562

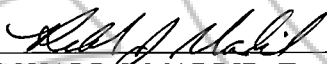
In Book:..... 0607


On Page: ..... 1882

Official Records of:..... Douglas County, Nevada

Legal Description: ..... Lot 21, in Block D, as set forth on Final Map PD 02-04 for La Costa at Monte Vista Phase I, filed for record with the Douglas County Recorder on April 25, 2005 in Book 0405, at Page 9815, as Document No. 642625, Official Records of Douglas County, Nevada.  
APN 1320-30-511-017.

- 6. The assets held under this Trust are to be held under the following title:  
THE VINNIE MADRID FAMILY TRUST U/D/T 05-19-2000  
(also known as The Vinne Madrid Family Trust U/D/T 05-19-00)  
RICHARD J. MADRID and JOHN R. MADRID, TRUSTEES
- 7. THE VINNIE MADRID FAMILY TRUST AGREEMENT U/D/T 05-19-2000 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 8. We hereby declare our authority to act as the authorized Trustees and the current Co-Trustees. As the Co-Trustees, we have all Trustee powers to sell, encumber, retain, or otherwise manage all property belonging to THE VINNIE MADRID FAMILY TRUST AGREEMENT U/D/T 05-19-2000, including, but not limited to, the above-described real property, including any portion thereof.
- 9. We make this affirmation under penalty of perjury on January 19, 2023.

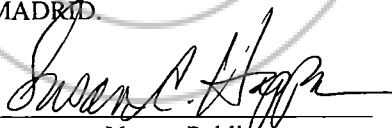
  
 \_\_\_\_\_  
 RICHARD J. MADRID, Trustee  
 The Vinnie Madrid Family Trust  
 Agreement U/D/T 05-19-2000  
 (also known as The Vinne Madrid Family  
 Trust Agreement U/D/T 05-19-00)

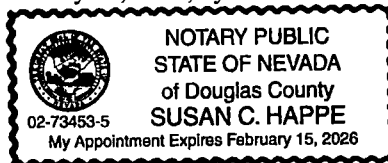
  
 \_\_\_\_\_  
 JOHN R. MADRID, Trustee  
 The Vinnie Madrid Family Trust  
 Agreement U/D/T 05-19-2000  
 (also known as The Vinne Madrid Family  
 Trust Agreement U/D/T 05-19-00)

**JURAT**

State of Nevada )  
County of Douglas )

Signed and sworn to (or affirmed) before me on January 19, 2023, by RICHARD J. MADRID and JOHN R. MADRID

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



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4328799

**CERTIFICATE OF DEATH**

2023000688  
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>Vinnie MADRID</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 13, 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 or number) <b>The Chateau at Gardnerville</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Residential Care Facility/Group Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>93</b>		7b. UNDER 1 YEAR <b>1</b> MOS <b>0</b> DAYS		7c. UNDER 1 DAY <b>0</b> HOURS <b>0</b> MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 21, 1929</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>██████████-6329</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Secretary</b>		<b>Telephone Company</b>		Ever in US Armed Forces? <b>No</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>1565 Virginia Ranch Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Vincent HALSEY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Katherine IMBODEN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Rick MADRID</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 1314 Minden, Nevada 89423</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funerals &amp; Creations</b> <b>1600 Buckeye Rd Minden NV 89423</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>ROBERT T FLOYD MD</b> <b>SIGNATURE AUTHENTICATED</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>January 17, 2023</b>		21c. HOUR OF DEATH <b>09:32</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)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Robert T Floyd MD 213 S Whitacre St Yerington, NV 89447</b>				23b. LICENSE NUMBER <b>14346</b>	
24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 18, 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					
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Severe Protein Calorie Malnutrition</b>				Interval between onset and death	
(c) <b>Cerebral Infarction</b>				Interval between onset and death	
(d) <b>Heart Disease Unspecified</b>				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.				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)		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	



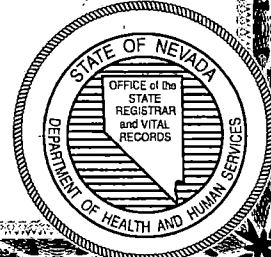
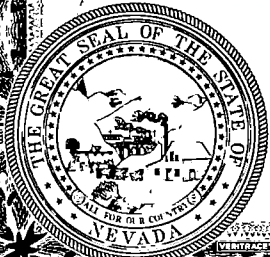
CERTIFIED COPY OF VITAL RECORDS

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: 1/23/2023

*Scott Spangler*  
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