

APN# 1420-19-101-015

Recording Requested by/Mail to:

Name: Day R. Williams, Esq.

Address: 1601 Fairview Drive, Suite C

City/State/Zip: Carson City, NV 89701

Mail Tax Statements to:

Name: Wendy Sue Garner

Address: 3180 Highway 395 N.

City/State/Zip: Minden, NV 89423



00165551202309944420030033

SHAWNYNE GARREN, RECORDER

Affidavit--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)

Robin A Williams

Signature

Robin A. Williams

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_

When recorded mail to:  
Wendy Sue Garner  
3180 Highway 395 N.  
Minden NV 89423

**AFFIDAVIT—DEATH OF TRUSTEE**

STATE OF NEVADA        )  
  ):ss  
CARSON CITY                )

WENDY SUE GARNER, of legal age, being first duly sworn, deposes and says: That RAYMOND GARNER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RAYMOND S. GARNER named as one of the parties in that certain Grant, Bargain, Sale dated August 21, 2019 signed by Raymond S. Garner as Trustee, recorded as Instrument No. 2019-935463 on September 20, 2019 of Official Records of Douglas County, State of Nevada, covering the following described property situated in Douglas County, State of Nevada, located on the west side of Highway 395 North and the east side of Hobo Hot Springs Road just south of Powers Avenue in Minden, NV, bounded and described:

At that portion of the Northeast Quarter of the Northwest Quarter of Section 19, Township 14 North, Range 20 East, M.D.B. & M., described as follows: BEGINNING at a point on the West right of way line of Nevada State Highway Route 3, (U.S. 395) which point bears South 80° 55' 54" East a distance of 2423.64 feet from the Northwest corner of said Section 19: thence South 0° 06' West a distance of 782 feet to a point: Thence North 24° 54" East a distance of 441.35 feet to a point: Thence North 89° 54' East a distance of 595.48 feet to the True point of Beginning. Excepting that portion conveyed to the State of Nevada Department of Transportation in July, 1986. See Doc # 0671658, Book 0306, Page 1.

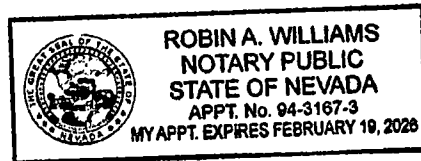
Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WENDY SUE GARNER and HOLLY DURAE TOWNLEY are the Trustees of the GARNER FAMILY TRUST.

*WS Garner*  
WENDY SUE GARNER

SUBSCRIBED AND SWORN TO before me  
this *2nd* day of *March* 2023  
by WENDY SUE GARNER.

*Robin A. Williams*  
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. 4331669

**CERTIFICATE OF DEATH**

2023001976  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Raymond GARNER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 31, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) <b>3180 Hwy 395</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emmer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>82</b>	
	7b. UNDER 1 YEAR MOS    DAYS		7c. UNDER 1 DAY HOURS    MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 15, 1940</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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>15</b>	
	11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████9617</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Estate Liquidations</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	15d. STREET AND NUMBER <b>3180 Hwy 395</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATH-ER/PARENT - NAME (First Middle Last Suffix) <b>Raymond GARNER</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Jo PAXTON</b>		18a. INFORMANT- NAME (Type or Print) <b>Wendy GARNER</b>			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>811 N. Ormsby Blvd Carson City, Nevada 89703</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>			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funerals &amp; Cremations</b> <b>1600 Buckeye Rd Minden NV 89423</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTERAR	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)			
	2'b. DATE SIGNED (Mo/Day/Yr) <b>February 01, 2023</b>		21c. HOUR OF DEATH <b>00:52</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	2'd. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
	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 St. Carson City, NV 89703</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 02, 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		26. AUTOPSY (Specify Yes or No) <b>No</b>			
	(a) <b>Parkinsons Disease</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
(b) <b>Unknown Etiology</b>		PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				
(c) <b>DUE TO, OR AS A CONSEQUENCE OF.</b>		28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)				
(d) <b>DUE TO, OR AS A CONSEQUENCE OF.</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:

2/7/2023

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

