

DOUGLAS COUNTY, NV

2023-994521

Rec:\$40.00

\$40.00

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03/07/2023 11:02 AM

ARCHANGEL ESTATE PLANNING AND TRUST

SHAWNYNE GARREN, RECORDER

**RECORDING COVER PAGE**

(Must be typed or printed clearly in BLACK ink only  
and avoid printing in the 1" margins of document)

**APN# 1420-06-401-003 and 004**

(11 digit Assessor's Parcel Number may be obtained at:  
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)

**TITLE OF DOCUMENT**  
(DO NOT Abbreviate)

**AFFIDAVIT - DEATH OF TRUSTEE**

Document Title on cover page must appear EXACTLY as the first page of the document  
to be recorded.

**RECORDING REQUESTED BY:**

**ARCHANGEL ESTATE PLANNING**

**RETURN TO: Name ARCHANGEL ESTATE PLANNING**

**Address 16191 KAMANA RD. STE. 202**

**City/State/Zip APPLE VALLEY, CA 92307**

**MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)**

**Name GRANT R. ALLEN AND EILEEN V. ALLEN FAMILY TRUST**

**Address 19035 SHETLAND RD.**

**City/State/Zip APPLE VALLEY, CA 92308**

This page provides additional information required by NRS 111.312 Sections 1-2.

To print this document properly, do not use page scaling.

P:\Common\Forms & Notices\Cover Page Template Oct2017

RECORDING REQUESTED BY:  
ARCHANGEL ESTATE PLANNING

WHEN RECORDED, MAIL TO:  
ARCHANGEL ESTATE PLANNING  
AND TRUST SERVICES  
16191 KAMANA RD. STE. 202  
APPLE VALLEY, CA 92307

MAIL TAX STATEMENTS TO:  
THE GRANT R. ALLEN AND  
EILEEN V. ALLEN FAMILY TRUST  
19035 SHETLAND RD.  
APPLE VALLEY, CA 92308

SPACE ABOVE FOR RECORDER'S USE ONLY

**AFFIDAVIT - DEATH OF TRUSTEE**

State of Nevada )  
 ) ss.  
County of Ormsby )

I, GARRY R. ALLEN, Trustee of THE GRANT R. ALLEN AND EILEEN V. ALLEN FAMILY TRUST, being of legal age, being first duly sworn, depose and say:

1. That GRANT R. ALLEN AND EILEEN V. ALLEN created THE GRANT R. ALLEN AND EILEEN V. ALLEN FAMILY TRUST, dated August 14, 1992, naming GRANT R. ALLEN AND EILEEN V. ALLEN as Grantors and GRANT R. ALLEN AND EILEEN V. ALLEN as Co-Trustees.
2. That GRANT R. ALLEN died on December 31, 2019.
3. That EILEEN V. ALLEN died on May 4, 2022.
4. That GARRY R. ALLEN is named in the Trust Agreement to serve as Successor Trustee in the event of the death of GRANT R. ALLEN AND EILEEN V. ALLEN, and pursuant to the provisions of the Trust Agreement, is now the acting Trustee of THE GRANT R. ALLEN AND EILEEN V. ALLEN FAMILY TRUST.
5. That GARRY R. ALLEN hereby files this Affidavit and accepts the office of Trustee of THE GRANT R. ALLEN AND EILEEN V. ALLEN FAMILY TRUST.
6. This Affidavit has application to the following properties located in the County of Douglas, State of Nevada:
  - a. The improved real properties commonly known as 3626 and 3628 Silverado Dr., Carson City, NV 89705, and more specifically described as:

Parcel B and C as set forth on that certain Parcel Map for Grant R. and Eileen V. Allen, being situated in and being a portion of the West 1/2, South 1/2, Lot 1 of the Southwest 1/4, Section 6, Township 14 north, range 20 East, M.D.B. & M, Douglas County, Nevada, recorded May 8, 1990, Book 590, page 1092, Document No. 225537, Official Records of Douglas County, Nevada.

APN: 1420-06-401-003  
APN: 1420-06-401-004

March 2, 2023  
Date

Garry Allen  
GARRY R. ALLEN, TRUSTEE  
GRANT R. ALLEN AND EILEEN V. ALLEN  
FAMILY TRUST

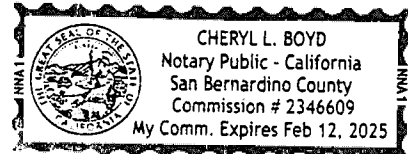
*A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.*

State of California  
County of San Bernardino

Subscribed and sworn to (or affirmed) before me on this 2nd day of March, 2023, by GARRY R. ALLEN, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Cheryl L. Boyd  
Signature of Notary

(Seal)



COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

3052022110066

CERTIFICATE OF DEATH

3202236006534

Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/PARENT INFORMATION, FUNERAL DIRECTORY, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY.

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO

DATE ISSUED

05/19/2022

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Signature: Michael A. Sequeira, M.D.
MICHAEL A. SEQUEIRA, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS



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



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

### CERTIFICATE OF DEATH

3201936014691

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| STATE FILE NUMBER   |  | DATE OF CALIFORNIA RESIDENCE  |   | LOCAL REGISTRATION NUMBER  |  |
| 1. NAME OF DECEDENT—FIRST (Given)<br><b>GRANT</b>   |  | 2. MIDDLE<br><b>RHODES</b>  |   | 3. LAST (Family)<br><b>ALLEN</b>   |  |
| 4. DATE OF BIRTH mm/dd/yyyy <b>08/14/1924</b> 5. AGE Yrs <b>95</b>  |  |   |   |  |  |
| 6. SEX <b>M</b>   |  |   |   |  |  |
| 8. BIRTH STATE/FOREIGN COUNTRY<br><b>UTAH</b>   |  | 10. SOCIAL SECURITY NUMBER<br><b>3082</b>   |   | 12. MARITAL STATUS (SP/DP) at Time of Death<br><b>MARRIED</b>  |  |
| 13. EDUCATION—Highest Level/Degree<br><b>HS GRADUATE</b>  |  | 14.15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   | 18. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back)<br><b>CAUCASIAN</b>  |  |
| 17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED<br><b>CARRIER</b>  |  |   | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)<br><b>SECURITY</b>   |  | 19. YEARS IN OCCUPATION<br><b>21</b>   |
| 20. DECEDENT'S RESIDENCE (Street and number, or location)<br><b>19035 SHETLAND ROAD</b>   |  |   |   |  |  |
| 21. CITY<br><b>APPLE VALLEY</b>   |  | 22. COUNTY/PROVINCE<br><b>SAN BERNARDINO</b>  |   | 23. ZIP CODE<br><b>92308</b>   | 25. STATE/FOREIGN COUNTRY<br><b>CA</b> |
| 26. INFORMANT'S NAME, RELATIONSHIP<br><b>EILEEN ALLEN, WIFE</b>   |  |   | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)<br><b>19035 SHETLAND ROAD, APPLE VALLEY, CA 92308</b> |  |  |
| 28. NAME OF SURVIVING SPOUSE/SP/DP—FIRST<br><b>EILEEN</b>   |  | 29. MIDDLE<br><b>VERONICA</b>   |   | 30. LAST (BIRTH NAME)<br><b>MAYER</b>  |  |
| 31. NAME OF FATHER/PARENT—FIRST<br><b>FRANK</b>   |  | 32. MIDDLE<br><b>RHODES</b>   |   | 33. LAST<br><b>ALLEN</b>   |  |
| 35. NAME OF MOTHER/PARENT—FIRST<br><b>DELAVALON</b>   |  | 36. MIDDLE<br><b>-</b>  |   | 37. LAST (BIRTH NAME)<br><b>CHILDS</b>   |  |
| 38. DISPOSITION DATE mm/dd/yyyy <b>01/08/2020</b> 40. PLACE OF FINAL DISPOSITION RES: <b>EILEEN ALLEN 19035 SHETLAND ROAD, APPLE VALLEY, CA 92308</b>   |  |   |   |  |  |
| 41. TYPE OF DISPOSITION<br><b>CR/RES</b>  |  | 42. SIGNATURE OF EMBALMER<br><b>NOT EMBALMED</b>  |   | 43. LICENSE NUMBER<br><b>-</b>   |  |
| 44. NAME OF FUNERAL ESTABLISHMENT<br><b>AFFORDABLE CREMATIONS AND BURIAL</b>  |  | 45. LICENSE NUMBER<br><b>FD2032</b>   |   | 47. DATE mm/dd/yyyy<br><b>01/08/2020</b>   |  |
| 101. PLACE OF DEATH<br><b>RESIDENCE/HOSPICE</b>   |  |   |   |  |  |
| 104. COUNTY<br><b>SAN BERNARDINO</b>  |  | 106. FACILITY ADDRESS OR LOCATION (Where found (Street and number, or location))<br><b>19035 SHETLAND ROAD</b>                                      |   | 105. CITY<br><b>APPLE VALLEY</b>   |  |
| 107. CAUSE OF DEATH<br>Enter the chain of events—disease, injury, or complication—last directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. |  |   |   |  |  |
| IMMEDIATE CAUSE (Final disease or condition resulting in death)<br><b>(A) CARDIAC ARREST</b>  |  | 108. TIME ELAPSED BETWEEN ONSET AND DEATH<br><b>MINS</b>  |   | 109. DEATH REPORTED TO CORONER?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST<br><b>(B) ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY</b>                                |  | 108. BIOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   | 110. AUTOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| <b>(C) TYPE 2 DIABETES</b>  |  | 108. BIOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   | 111. USED IN DETERMINING CAUSE?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| <b>(D) ESSENTIAL HYPERTENSION</b>   |  | 108. BIOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   | 111. USED IN DETERMINING CAUSE?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107<br><b>NONE</b>   |  |   |   |  |  |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)<br><b>NO</b>  |  |   |   |  |  |
| 113A. IF FEMALE, PREGNANT IN LAST YEAR?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK   |  |   |   |  |  |
| 114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>Decedent Absent Since Decedent Last Seen Alive  |  | 115. SIGNATURE AND TITLE OF CERTIFIER<br><b>MARK PATRICK D LAURON M.D.</b>  |   | 116. LICENSE NUMBER<br><b>A61892</b>   |  |
| (A) mm/dd/yyyy <b>12/11/2019</b> (B) mm/dd/yyyy <b>12/31/2019</b>   |  | 117. DATE mm/dd/yyyy <b>01/07/2020</b>  |   | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE<br><b>MARK PATRICK D LAURON M.D. 16024 KAMANA ROAD, APPLE VALLEY, CA 92307</b> |  |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.  |  |   |   |  |  |
| 120. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could Not Be Determined          |  | 121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK   |   | 122. HOUR (24 Hours)<br><b>-</b>   |  |
| 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)<br><b>-</b>   |  |   |   |  |  |
| 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)<br><b>-</b>   |  |   |   |  |  |
| 125. LOCATION OF INJURY (Street and number, or location, and city, and zip)<br><b>-</b>   |  |   |   |  |  |
| 126. SIGNATURE OF CORONER / DEPUTY CORONER<br><b>-</b>  |  |   | 127. DATE mm/dd/yyyy<br><b>-</b>  |  |  |
| 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER<br><b>-</b>   |  |   | 129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER<br><b>-</b>   |  |  |
| STATE REGISTRAR   |  | A B C D E   |   | FAX AUTH'S   |  |
|   |  |   |   | CENSUS TRACT   |  |

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STATE OF CALIFORNIA }  
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

JAN 14 2020

*Maxwell Ohikhuare*  
MAXWELL OHIKHUARE, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

\* 002782764 \*

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PBNC0 (Rev) 06/17

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

