

APN# 1420-07-817-008



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SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: D'TERRA LAW, LLC

Address: 1692 County Road, Suite C

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Charles W. Garber

Address: 3422 Princeton Avenue

City/State/Zip: Carson City, NV 89705

Affidavit of Trustee of Revocable Living Trust

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)

XX Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Joan E. Neuffer, Esq.

Printed Name

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

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When Recorded Mail to:
D'TERRA LAW, LLC
1692 County Road, Suite C
Minden, NV 89423

Mail Tax Statements to:
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3422 Princeton Avenue
Carson City, NV 89705

**AFFIDAVIT OF TRUSTEE OF REVOCABLE LIVING TRUST
(DEATH OF GRANTOR)**

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

The affiant, CHARLES W. GARBER, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That on November 26, 2018, BARBARA ANN GARBER, Grantor and Trustee, and CHARLES W. GARBER, Trustee, established the Garber Family Living Trust (Trust).
3. That BARBARA ANN GARBER, the decedent mentioned in the attached original *Certificate of Death*, who died on February 24, 2023, in Carson City, Nevada, is the same person as BARBARA ANN GARBER, the Grantor and one of the Trustees in that certain *Quit Claim Deed*, signed and dated by Grantor and Trustees on November 26, 2018. The said *Certificate of Death* is attached to this Affidavit.

3. That the said BARBARA ANN GARBER died on the 24th day of February, 2023, in Carson City, State of Nevada, as set forth in the attached *Certificate of Death* issued March 7, 2023, as State File Number 2023004465 with the State of Nevada, Carson City.

4. That the affiant and the decedent were both Trustees in that certain *Quit Claim Deed*, signed and dated by Grantor on November 26, 2018, and recorded on January 9, 2019 as Document Number 2019-924362 in the records of the Office of the County Recorder of Douglas County, Nevada. The legal description of the property transferred to Trustees is as follows:

Lot 41, Block D as set forth on that certain plat of Impala Mobile Home Estates Unit No. 1, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 11, 1978, as Document No. 20555.

Located at 3422 Princeton, Carson City, NV 89705

5. That the relationship between the affiant and the decedent was that of mother and son, and that the parties held the property as initial Trustees of the Garber Family Trust, dated November 26, 2018, as amended.

6. That pursuant to the terms of the Trust, after the death of BARBARA A. GARBER, Trustee CHARLES W. GARBER becomes the sole Trustee of the Trust.

7. That CHARLES W. GARBER, Trustee, is the owner of the property referenced in the *Quit Claim Deed* referenced herein and has full authority to sell and transfer the real property owned by the Trust.

8. That all interest in and to said real property vested absolutely in the affiant and Trustee, CHARLES W. GARBER, as of the date of said decedent's death as set forth above.

9. I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

In witness whereof, I set my hand this 27th day of March, 2023.



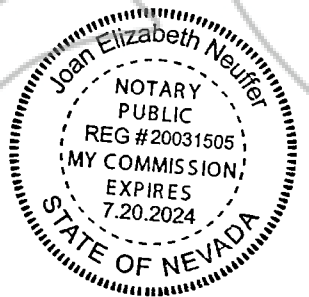
CHARLES W. GARBER
Trustee and Affiant

STATE OF NEVADA)
): ss.
COUNTY OF DOUGLAS)

On this 27 day of March, in the year 2023, before me, Joan E. Neuffer, Notary Public, personally appeared **Charles W. Garber**, Trustee, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is subscribed to this instrument and acknowledged that he or she executed it.



Joan E. Neuffer, Esq.
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. 4336653

CERTIFICATE OF DEATH

2023004465
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) Barbara Ann GARBER		2. DATE OF DEATH (Mo/Day/Year) February 24, 2023		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR (MOS DAYS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) September 27, 1934		9a. STATE OF BIRTH (If not US/CA, name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-6971		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) RECEPTIONIST		14b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3422 Princeton Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William Joe MOTLE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Viola Mae GUMMOW		
18a. INFORMANT- NAME (Type or Print) Charles William GARBER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3422 Princeton Avenue Carson City, Nevada 89705			
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) MERCEDES Q QUARTUCCI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD983		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) CRAIG RAU 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) March 06, 2023		21c. HOUR OF DEATH 14:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Thai V Le MD		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 10991		24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 06, 2023		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) Acute Cardiorespiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute On Chronic Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Chronic Atrial Fibrillation					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Chronic Dementia With Acute Delirium					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology				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	
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.

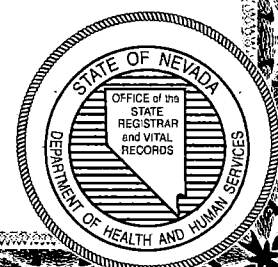
3/7/2023

DATE ISSUED:

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