

A.P.N. No.:	1220-22-410-072
File No.:	2000615 sa
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Helen C. Napier	
P.O Box 5723	
Stateline, NV 89449	

DOUGLAS COUNTY, NV **2023-996237**
 Rec:\$40.00
 \$40.00 Pgs=4 05/05/2023 02:27 PM
 STEWART TITLE COMPANY - NV
 SHAWNYNE GARREN, RECORDER

(for recorders use only)

Affidavit of Death of Successor Trustee
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

Cynthia Haggard
 Signature

Escrow Officer
 Title

Sherry Ackermann
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

RECORDING REQUESTED BY:
Stewart Title Company

WHEN RECORDED MAIL TO:
Helen C. Napier, Successor Trustee of the Napier Family
Trust dated July 14, 2004
P.O Box 5723
Stateline, NV 89449

ORDER NO. 2000615
A.P.N. No.: 1220-22-410-072

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of California }
County of El Dorado Douglas } ss.

Helen C. Napier of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain and Sale Deed executed by Frank Napier and Helen Napier, husband and wife to Frank G. Napier and Helen C. Napier, as Trustees of the Napier Family Trust dated July 14, 2004, recorded as Instrument No. 0741667, recorded on April 20, 2009 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 880, as shown on the Map of Gardnerville Ranchos Unit No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: May 1, 2023

Helen C. Napier

By: Helen C. Napier, as Successor Trustee of the Napier Family Trust dated July 14, 2004


State of Nevada

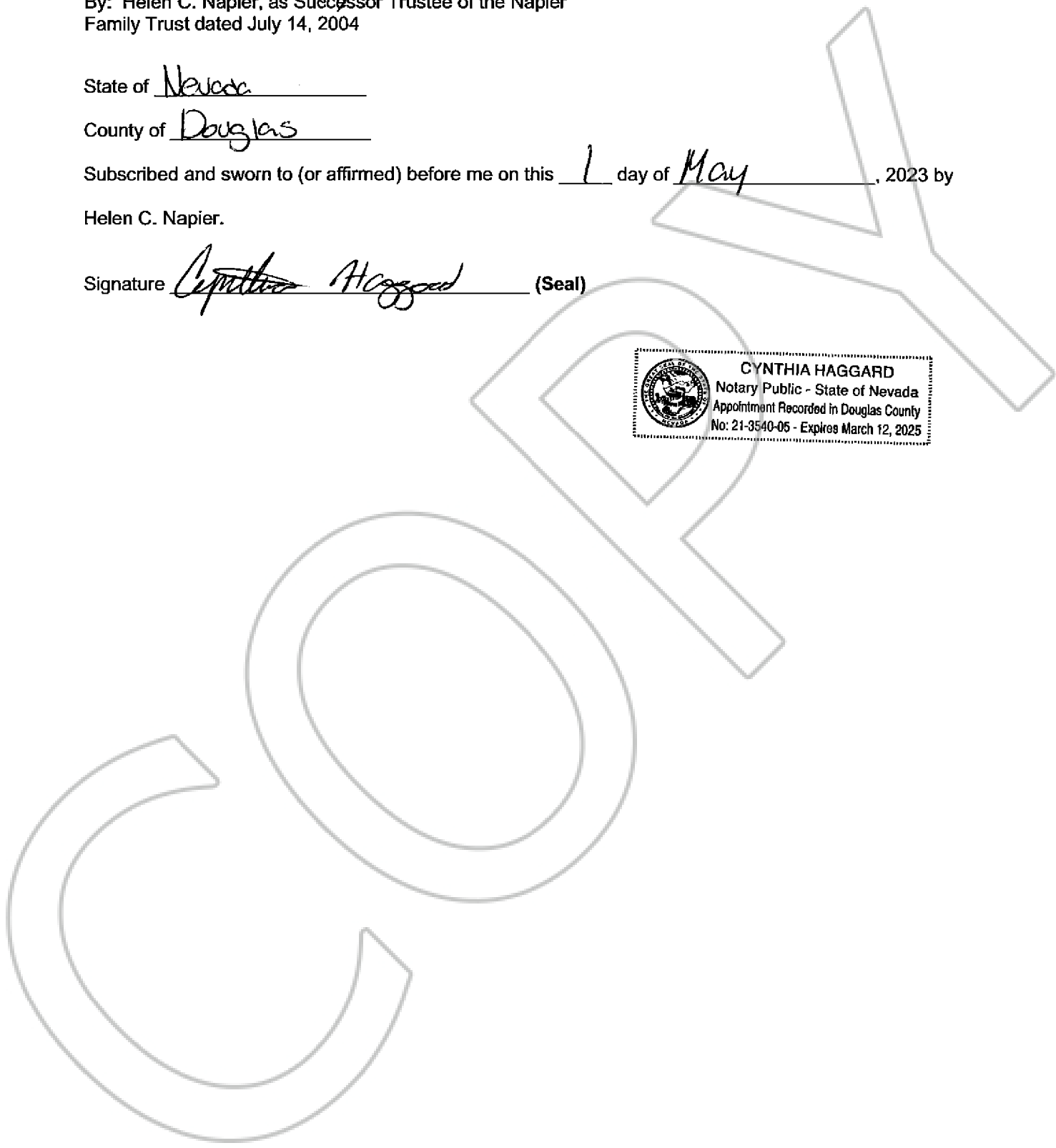
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 1 day of May, 2023 by

Helen C. Napier.

Signature *Cynthia Haggard* (Seal)

 CYNTHIA HAGGARD
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-3540-05 - Expires March 12, 2025



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

3052022256660

CERTIFICATE OF DEATH

3202209001223

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, INTERLINE OR ALTERATIONS VC-11 (REV. 5/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) FRANKLIN		2. MIDDLE GREENWOOD		3. LAST (Family) NAPIER	
4. DATE OF BIRTH mm/dd/yyyy 04/23/1942		5. AGE Yrs 80		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER -9803		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS/SDP* at time of death MARRIED		7. DATE OF DEATH mm/dd/yyyy 11/01/2022		8. HOUR (24 Hours) 0545	
13. EDUCATION - Highest Level/Degree (See worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AUTO		18. YEARS IN OCCUPATION 40	
19. DECEDENT'S RESIDENCE (Street and number, or location) 218 SOUTH BENJAMIN DRIVE					
21. CITY STATELINE		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89449	
24. YEARS IN COUNTY 24		25. STATE/FOREIGN COUNTRY NV			
26. INFORMANT'S NAME, RELATIONSHIP HELEN NAPIER, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) PO BOX 5723, STATELINE, NV 89449		
28. NAME OF SURVIVING SPOUSE/SDP - FIRST HELEN		29. MIDDLE CAROL		30. LAST (BIRTH NAME) HUMES	
31. NAME OF FATHER/PARENT - FIRST FRANK		32. MIDDLE		34. BIRTH STATE UNK	
33. NAME OF MOTHER/PARENT - FIRST BARBARA		36. MIDDLE		37. LAST (BIRTH NAME) UNKNOWN	
35. BIRTH STATE UNK		38. BIRTH STATE UNK			
39. DISPOSITION DATE mm/dd/yyyy 11/10/2022		40. PLACE OF FINAL DISPOSITION RESIDENCE OF WIFE, HELEN NAPIER 218 SOUTH BENJAMIN DRIVE, STATELINE, NV 89449			
41. TYPE OF DISPOSITION(S) CREMATE/TRANSIT/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT TAHOE CREMATION		45. LICENSE NUMBER FD2259		46. SIGNATURE OF LOCAL REGISTRAR NANCY WILLIAMS MD, MPH	
47. DATE mm/dd/yyyy 11/08/2022					
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA			
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2170 SOUTH AVENUE		106. CITY SOUTH LAKE TAHOE	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) A) CARDIOPULMONARY ARREST B) INTRACRANIAL HEMORRHAGE C) _____ D) _____ Secondary, but contributory, if any, leading to cause on Line A. Give UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		108. DEATH REPORTED TO CORONER (See Inquest Section: Death and Death) (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) MIN (C) HOURS (D) _____		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. ALTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HIGH BLOOD PRESSURE, PULMONARY EMBOLISM, CHRONIC ANTICOAGULATION					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO				114. DECEDENT PREGNANT BY LAST YEAR? <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. Decedent Assessed Since Decedent Last Seen Alive (M) mm/dd/yyyy (R) mm/dd/yyyy 11/01/2022 11/01/2022		115. SIGNATURE AND TITLE OF CERTIFIER TAMARA ANN MCBRIDE, MD		116. LICENSE NUMBER A135699	
117. DATE mm/dd/yyyy 11/01/2022		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREW TANG, MD 2170 SOUTH AVE., SOUTH LAKE TAHOE, CA 96150			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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		120. VALUED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, unattended area, etc.)		123. HOUR (24 Hours)			
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR		A B C D E		FAX AUTH#	
				CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

NOV 16 2022

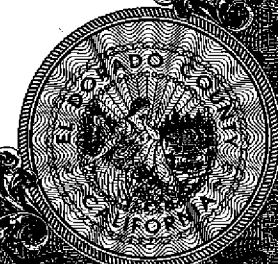
DATE ISSUED



Nancy Williams
NANCY J WILLIAMS MD, MPH
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CA EL DORADO 1