

APN# 1220-04-510-044 & 1220-12-710-006



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Day R. Williams, Esq.

Address: PO Box 2372

City/State/Zip: Carson City, NV 89702

Mail Tax Statements to:

Name: Robert James Wood

Address: 1060 Tenabo Lane

City/State/Zip: Gardnerville, NV 89410

Affidavit of 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)

Signature

Robert James Wood

Printed Name

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

MAIL TAX STATEMENTS TO:
ROBERT JAMES WOOD, Trustee
1060 Tenabo Lane
Gardnerville NV 89410

The person executing this document hereby affirms
that this document submitted for recording does
contain the social security number of a deceased
person as required pursuant to NRS 440.380.

AFFIDAVIT OF DEATH OF TRUSTEE

ROBERT JAMES WOOD, whose mailing address is 1060 Tenabo Lane, Gardnerville
NV 89410, being first duly sworn, deposes and says:

1. That NINA WOOD died on March 31, 2023. A Certificate of Death is attached hereto
and incorporated herein by this reference.
2. That NINA WOOD was one of the Grantors and original Trustees of THE ROBERT
JAMES WOOD AND NINA WOOD REVOCABLE LIVING TRUST," created on April 2,
2019.
3. That THE ROBERT JAMES WOOD AND NINA WOOD REVOCABLE LIVING
TRUST," created on April 2, 2019, is the owner of two certain parcels of real property situated in
Douglas County, State of Nevada, commonly known as 1060 Tenabo Lane, Gardnerville NV
89410, the first parcel being A.P.N. 1220-04-510-044 , bounded and described as follows:

Lot 44 as shown on the official map of Carson Valley Estates Subdivision Unit No. 1,
filed in the Office of the County Recorder of Douglas County, Nevada, on July 19, 1965, as
Document No. 28834.

and the second parcel being A.P.N. 1220-12-710-006, bounded and described as follows:

Lot 5, in Block A, as set forth on the plat of Pinenut Manor No. 1 and 2, filed for record
in the Office of the County Recorder of Douglas County, Nevada, on June 16, 1980 in the Book
680, Page 1351, Document No. 45348.

4. That due to the passing of NINA WOOD, ROBERT JAMES WOOD is the currently acting sole Trustee of "THE ROBERT JAMES WOOD AND NINA WOOD REVOCABLE LIVING TRUST," created on April 2, 2019.

5. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.


DATED April 18, 2023

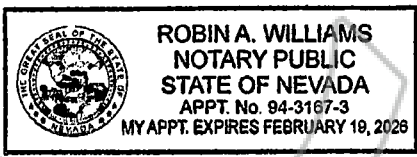

ROBERT JAMES WOOD, Trustee

STATE OF NEVADA)
 :
CARSON CITY)

This instrument was subscribed and sworn to before me this 18th day of April, 2023

by ROBERT JAMES WOOD.


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. 4342592

CERTIFICATE OF DEATH

2023007327
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) Niqa WOOD		2. DATE OF DEATH (Mo/Day/Year) March 31, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1060 Tenabo Lane		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify Yes	
7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 12, 1952		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Robert J WOOD	
13. SOCIAL SECURITY NUMBER ██████████ 1934		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) BANK TELLER		14b. KIND OF BUSINESS OR INDUSTRY BANKING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1060 Tenabo Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Manuel AQUILAR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Cora PACHECO		
18a. INFORMANT- NAME (Type or Print) Robert J WOOD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1060 Tenabo Lane Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423	
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) STEPHEN M GRAVES 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) STEPHEN M GRAVES SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) April 14, 2023		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) April 14, 2023	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 18:05		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 31, 2023	
22e. PRONOUNCED DEAD AT (Hour) 18:05		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Stephen M Graves 1038 Buckeye Rd Minden, NV 89423			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 15, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Atherosclerotic And Hypertensive Cardiovascular Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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. Diabetes Mellitus Type II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

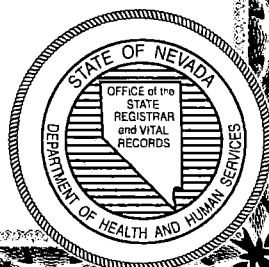
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.
4/17/2023

DATE ISSUED:

Shana Rhinehart

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