

A.P.N. No.:	1319-09-610-001
File No.:	2030577 sa
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Robyn Jo Saunders	
[Enter Data]	P.O. Box 496
[Enter Data]	Gene, NV 89411

DOUGLAS COUNTY, NV	2023-997045
Rec:\$40.00	
\$40.00 Pgs=5	06/02/2023 09:51 AM
STEWART TITLE COMPANY - NV	
SHAWNYNE GARREN, RECORDER	

(for recorders use only)

Affidavit of Death of 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)

SA

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:

ORDER NO. 2030577
A.P.N. No.: 1319-09-610-001

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas & Carson City } ss.

Robyn Jo Saunders of legal age, being first duly sworn, deposes and says:

1. That the decedents mentioned in the attached copy of Certificate of Death, is the same persons as named as one of the parties in that certain Gift Deed dated March 10, 1994, executed by Frank C. Saunders and Rosalie M. Saunders, husband and wife to Frank C. Saunders and Rosalie M. Saunders, Trustees of the Frank and Rosalie Saunders Family Trust dated March 10, 1994 , recorded as Instrument No. 332282 on March 15, 1994 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Genoa, County of Douglas, State of Nevada.

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

Lot 14, in Block A, as shown on the Official Map of SIERRA SHADOW SUBDIVISION, filed for record in the Office of the County Recorder of Douglas County, Nevada, on June 30, 1980, in Book 680, Page 3013, as Document No. 45811.

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: 5-31, 2023

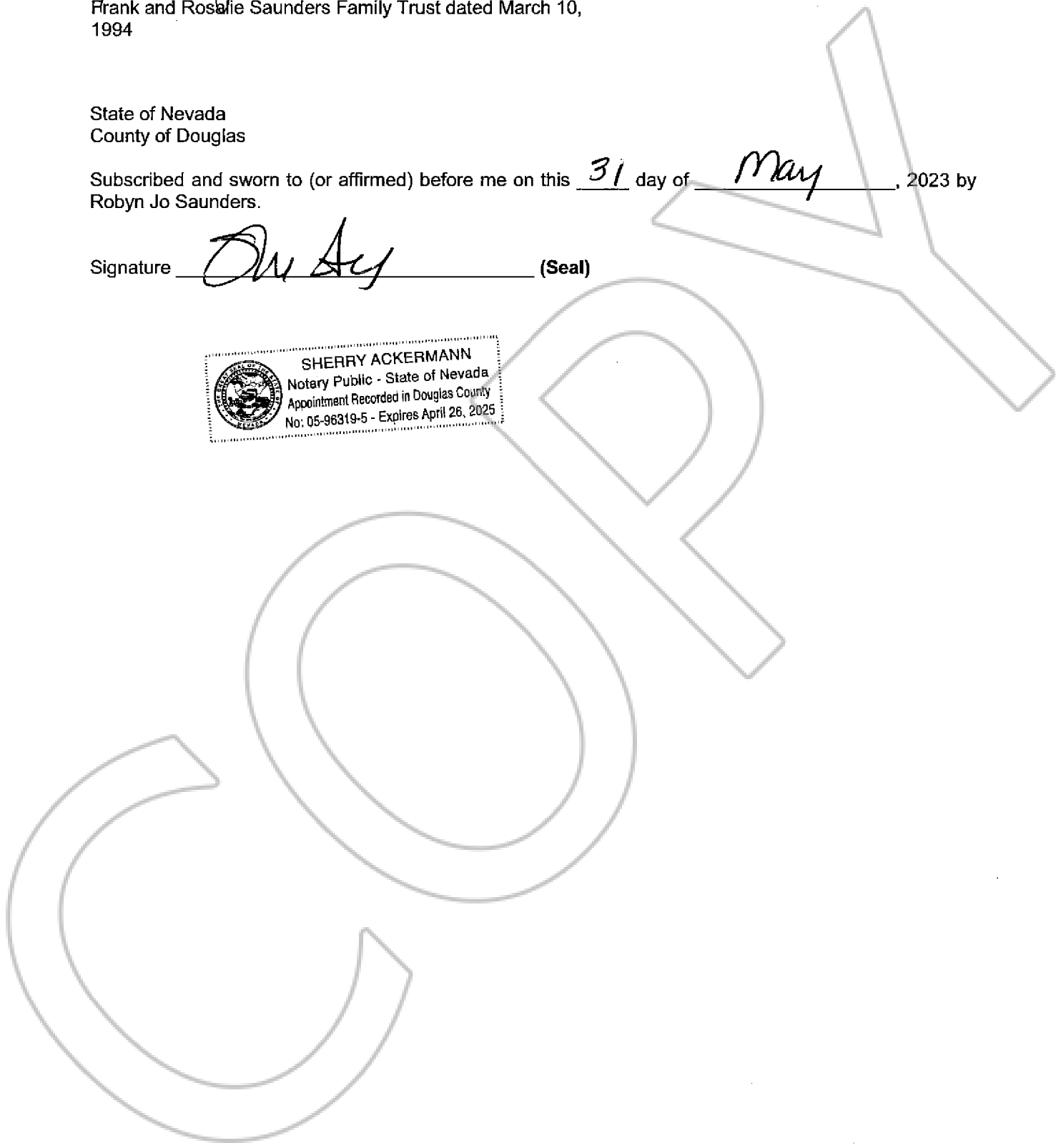
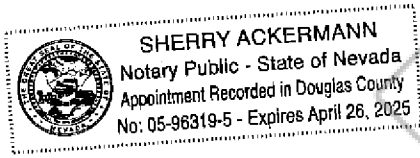
Robyn Jo Saunders

By: Robyn Jo Saunders, as Successor Trustee of the Frank and Rosalie Saunders Family Trust dated March 10, 1994

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 31 day of May, 2023 by Robyn Jo Saunders.

Signature *Sherry Ackermann* (Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3856848

CERTIFICATE OF DEATH

2015023294
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Rosalie M SAUNDERS		2. DATE OF DEATH (Mo/Day/Year) December 11, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or R.F.D. No. City or Town, State, Zip) 192 Kinsey Way		3e. If Hosp or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last Birthday (Years) 93		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 31, 1922		9a. STATE OF BIRTH (If not U.S.A.) California		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 9569		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 192 Kinsey Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas MEZZANARES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Callia CHIPPO		
18a. INFORMANT - NAME (Type or Print) Robyn SAUNDERS			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 496 Genoa, Nevada 89411		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LEWIS BROOKS 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) LEWIS BROOKS SIGNATURE AUTHENTICATED	
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
22b. DATE SIGNED (Mo/Day/Yr) January 15, 2016		22c. HOUR OF DEATH 11:10	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) December 11, 2015	
22e. PRONOUNCED DEAD AT (Hour) 11:10			

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner LEWIS BROOKS Po Box 218 Minden, NV 89423		23b. LICENSE NUMBER 265	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 20, 2016	
		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Presumed Hypertensive Cardiovascular Disease			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC., SUICIDE, HOMICIDE, 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	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR

611579

CERTIFIED COPY OF VITAL RECORDS

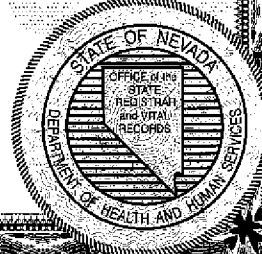
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

1/21/2016

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

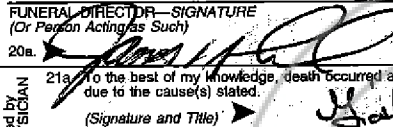
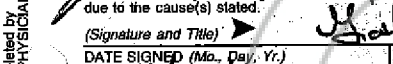

Ronda White
SIGNATURE AUTHENTICATED



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Frank C. SAUNDERS		DATE OF DEATH (Month, Day, Year) 2. August 15, 2006	COUNTY OF DEATH 3a. Carson City
CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Evergreen Health and Rehab Center	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 85	UNDER 1 YEAR MOS : DAYS 7b. : : UNDER 1 DAY HOURS : MINS 7c. : : DATE OF BIRTH (Mo., Day, Yr.) 8. April 2, 1921
STATE OF BIRTH (If not U.S.A., name country) 9a. Washington	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 16 years	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 11.
SOCIAL SECURITY NUMBER 13. ██████████-0488	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired) 14a. Engineer	KIND OF BUSINESS OR INDUSTRY 14b. Engineering	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Genoa	STREET AND NUMBER 15d. 192 Kinsey Way INSIDE CITY LIMITS (Specify Yes or No) 15e. yes
FATHER—NAME First Middle Last 16. Bertrand Saunders		MOTHER—MAIDEN NAME First Middle Last 17. Irene Curry	
INFORMANT—NAME (Type or Print) 18a. Rosalie Saunders-wife		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 188 Genoa, NV 89411	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory	LOCATION City or Town State 19c. Carson City, NV	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. 	FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home 3945 Fairview Drive, Carson City, NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)  DATE SIGNED (Mo., Day, Yr.) 21b. 8/17/06 HOUR OF DEATH 21c. 0525 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		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) and manner stated. (Signature and Title) _____ DATE SIGNED (Mo., Day, Yr.) 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Gail Krivan, M.D., 1001 N. Mountain St., Carson City, NV			LICENSE NUMBER 23b. 9735
REGISTRAR 24a. (Signature) 	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. August 18, 2006	DEATH DUE TO COMMUNICABLE DISEASE 24c. 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 cardiopulmonary arrest DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	(b) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	(c)	Interval between onset and death	
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 25. no
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 26a.	DATE OF INJURY (Mo., Day, Yr.) 26b.	HOUR OF INJURY 26c. M	DESCRIBE HOW INJURY OCCURRED 26d.
INJURY AT WORK (Specify Yes or No) 26e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26f.	LOCATION. 26g.	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 341439

133049

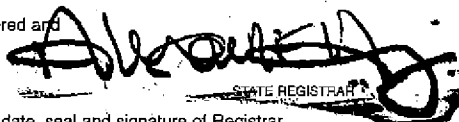
CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED:

AUG 18 2006

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STATE REGISTRAR

