

A.P.N. No.:	1220-03-311-030
File No.:	2052708 MMB
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Thomas Hagadorn, Successor Trustee of the Carl Hagadorn Revocable Trust, dated July 6, 2007	
2042 San Salvador St.	
Fairfield, CA 94533	

DOUGLAS COUNTY, NV	2023-998275
Rec:\$40.00	
\$40.00 Pgs=4	07/06/2023 01:53 PM
STEWART TITLE COMPANY - NV	
SHAWNYNE GARREN, RECORDER	

(for recorders use only)


**Affidavit 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)


 Signature _____ Escrow Officer _____
 Title

Miranda Bowlen
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:
Thomas Hagadorn, Successor Trustee of the Carl
Hagadorn Revocable Trust, dated July 6, 2007
2042 San Salvador St.
Fairfield, CA 94533

ORDER NO. 2052708
A.P.N. No.: 1220-03-311-030

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

Thomas Hagadorn 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 Quitclaim Deed dated October 16, 2007, executed by Carl Hagadorn, Trustee of the Marlene E. Hagadorn Revocable Trust, dated May 15, 2007 to Carl Hagadorn, as Trustee of the Carl Hagadorn Revocable Trust, dated July 6, 2007, recorded as Instrument No. 0711188 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 27, Block E, as set forth on Final Subdivision Map LDA 01-047, Planned Unit Development for ARBOR GARDENS, PHASE 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada on October 17, 2005, Book 1005, Page 7083, as Document No. 657923.

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: June 20, 2023

The Carl Hagadorn Revocable Trust dated
July 6, 2007

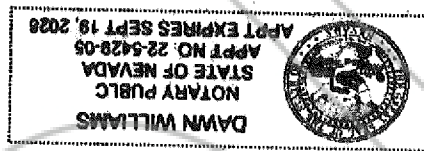
By: Thomas Hagadorn
Thomas Hagadorn, Successor Trustee

State of Nevada

County of Douglas

Subscribed and sworn to (or affirmed) before me on this 20 day of June, 2023 by
Thomas Hagadorn.

Signature [Signature] (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. 4333694

CERTIFICATE OF DEATH

2023003113
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) Carl Edwin HAGADORN		2. DATE OF DEATH (Mo/Day/Year) February 10, 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) 1306 White Ash Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emar. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 93		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 25, 1929		9a. STATE OF BIRTH (if not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED] 1311		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) ENGINEER		14b. KIND OF BUSINESS OR INDUSTRY Federal Aviation Administration	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1306 White Ash Drive		15e. INSIDE CITY LIMITS (Specify Yes or No)		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Raymond HAGADORN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Arlene KEELER		
18a. INFORMANT- NAME (Type or Print) Thomas Edwin HAGADORN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2042 San Salvador Fairfield, California 94533			
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) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place 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)		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH 12:36	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706				23b. LICENSE NUMBER 8079	
24a. REGISTRAR (Signature) MARLI MORAI GNE REINHEIMER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 15, 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) Protein-calorie Malnutrition				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unknown Etiology				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(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.				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

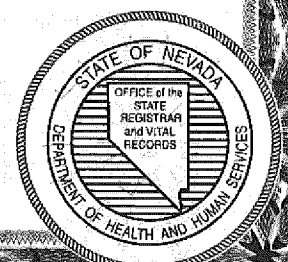
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

2/21/2023

DATE ISSUED:

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