DOUGLAS COUNTY, NV Rec:\$40.00

Total:\$40.00 TWILAJ. COOK

2023-999704 08/21/2023 11:19 AM

Pgs=4

| APN# 1219-15-001-006   |   |
|--|---|
| Recording Requested by/Mail to: Name: Twila J. Cook  | 00171799202309997040040048<br>SHAWNYNE GARREN, RECORDER   |
| Address: 292 E. Verde Vista Dr.  |   |
| City/State/Zip:Thousand Oaks, CA 91360   |   |
| Mail Tax Statements to: Name: Twila J. Cook  |   |
| Address: 292 E. Verde Vista Dr.  |   |
| City/State/Zip: Thousand Oaks, CA 91360  |   |
| Affidavit of D   | eath of Trustee   |
|  | ocument (required) se if applicable)  |
| The undersigned hereby affirms to DOES contain personal informate  Affidavit of DeathJudgment NRS 17Military Discharge Signature | that the document submitted for recording sion as required by law: (check applicable)  NRS 440.380(1)(A) & NRS 40.525(5)  .150(4) |
| Twila J. Cook  |   |

This document is being (re-)recorded to correct document #\_\_\_\_\_\_ and is correcting

**Printed Name** 

Recording requested by: Twila J. Cook 292 E. Verde Vista Dr. Thousand Oaks, CA 91360

| And when recorded, mail to:<br>Twila J. Cook<br>292 E. Verde Vista Dr.<br>Thousand Oaks, CA 91360 |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| APN: 1219-15-001-006  AFFIDAVIT OF DEATH OF TRUSTEE  For recorder's use                           |  |  |  |  |  |  |  |
| State of Nevada   | )<br>) ss.   |  |  |  |  |  |  |
| County of Douglas   |  |  |  |  |  |  |  |
| Twila J. Cook, of legal age, being first  | duly sworn, deposes and says:  |  |  |  |  |  |  |
| Roger G. Cook named as Trusto   |  |  |  |  |  |  |  |
|   | death, decedent was the record owner, as Trustee, of certain real property commonly Road, Gardnerville, NV, which property is described in a Deed which was executed by Ph   |  |  |  |  |  |  |
| Michael Carl and Debra J. C   | arl, husband and wife as joint tenants as Grantors on June 21, 2021, and recorded as   |  |  |  |  |  |  |
| Document No. 2021-969677  | of Official Records of Douglas County, Nevada.   |  |  |  |  |  |  |
| <ol><li>The legal description of said</li></ol>   | property is as follows:  |  |  |  |  |  |  |
| record in the office of the Co<br>3042 as Document No. 415  | n on that certain Planned Unit Development 2014-1 of JOB'S PEAK RANCH UNIT 1, filed unty Recorder of Douglas County, State of Nevada, on June 13, 1997 in Book 697 at Pagr 14, Official Records and by Certificate of Amendment recorded February 5, 1999, in Book ment No. 460418,Official records. |  |  |  |  |  |  |
| 4. I am the named successor   | rustee under the above-referenced Trust, which was in effect at the time of the death of th  |  |  |  |  |  |  |
| decedent mentioned in Para  | graph 1, above, and which has not been revoked, and I hereby consent to act as such.   |  |  |  |  |  |  |
| 5. There is no federal estate ta  | x as the result of the death of the decedent mentioned in Paragraph 1, above.  |  |  |  |  |  |  |
| I declare under penalty of perjury, und   | er the laws of the State of Nevada, that the foregoing is true and correct.  |  |  |  |  |  |  |
| Dated aug. 17, 2023   | Lirla J. Cook Twila J. Cook  |  |  |  |  |  |  |
| Subscribed and sworn to (or affirmed)   | Fore me on this day of   |  |  |  |  |  |  |
| satisfactory evidence to be the person w  | जोa G. Cook, proved to me on the basis of<br>ho appeared before me.  |  |  |  |  |  |  |
| 35  | ••   |  |  |  |  |  |  |

Signature\_

## **ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| validity of that document.  |
|---|
| State of California Ventura  County of  |
| on 08 17 2023 before me, Heather M. Gibson- Notary Public (insert name and title of the officer)  personally appeared TWIA J, COD K   |
| (insert name and title of the officer)  |
| personally appeared TWIA J. COOK  |
| who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. |
| I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  |
| WITNESS my hand and official seal.  |

WITHESS my hand and unicial seal

Signature KULU S

(Seal)

HEATHER M. GIBSON
Notary Public - California
Ventura County
Commission # 2307295
My Comm. Expires Sep 29, 2023

## STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

## **COUNTY OF LOS ANGELES**

## **DEPARTMENT OF PUBLIC HEALTH**

|                                      | 3052023051448  | CERT   | CERTIFICATE OF DEATH   |                        |                       | 3202319011089                |  |  |
|--------------------------------------|--|--|--|------------------------|-----------------------|------------------------------|--|--|
|                                      | STATE FILE NUMBER  1. NAME OF DECEDENT - FIRST (GIVEN)   | USE BLACK NIK DAL  | STATE OF CALIFORMA Y / NO ERASURES WHITEOUTS OR ALTERATIONS VS-11 (REV 3:06)  3. LAS | LC                     | ICAL REGISTRATION NUM | BER                          |  |  |
| €                                    | ROGER  | GALE   | co   | ок                     |                       |                              |  |  |
| (AL DA                               | AKA. ALSO KNOWN AS - Include Iuli AKA (FIRST, I  | MIDDLE. LAST)  | 4. DATE OF BIRTH mm/dd/c<br>12/31/1950   | 5. AGE Yrs. FUND<br>72 | Days Hours            | Minutes M                    |  |  |
| DECEDENT'S PERSONAL DATA             | CA   | -2809 YES  | X NO UNK MARRIED   | 477                    | /24/2023              | 8. HOUR 24 Hours<br>2315     |  |  |
| CEDENT                               | BACHELOR YES_  | CEDENT HISPANICALATINO(AVSPANISH? (11 yes.               | X NO CAUCASIA  | d.                     |                       | 11                           |  |  |
| 8                                    | 17. USUAL OCCUPATION - Type of work for most of<br>SPECIAL AGENT   |  | KIND OF BUSINESS OF INDUSTRY (9.9. groci<br>EDERAL BUREAU OF IN                      |                        |                       | 9. YEARS IN OCCUPATION<br>25 |  |  |
| AL.                                  | 20. DECEDENT'S RESIDENCE (Street and number 292 VERDE VISTA DRIVE  |  |  |                        |                       |                              |  |  |
| RESI                                 | THOUSAND OAKS  | VENTURA  | 23. ZIP CODE<br>91360  | 7%                     | CA                    | 1                            |  |  |
| INFOR-                               | 20. INFORMANT'S MANUE RELATIONSHIP  21. INFORMANT'S MANUE RELATIONSHIP  22. VERDE VISTA DRIVE, THOUSAND OAKS, CA 91360  TWILA JEAN COOK, WIFE                        |  |  |                        |                       |                              |  |  |
| NND<br>VITON                         | 28. NAME OF SURVIVING SPOUSE/SROP"-FIRST TWILA   | 29. MIDOLE<br>JEAN                                       | 30. LAST (BIRT<br>ANDRE  | 76.                    |                       |                              |  |  |
| SPOUSE/SRDP AND PARENT INFORMATION   | S1. NAME OF FATHER/PARENT-FIRST JEREMY   | 32. MIDOLE   | 33, LAST<br>COOK   |                        |                       | 34. BIRTH STATE<br>CA        |  |  |
| SPOUS                                | 35. NAME OF MOTHER PARENT-FIRST<br>BONNIE  | 36 MIDDLE<br>MARIE                                       | 37. LAST (BIFNT<br>WEEKS   |                        | <i></i>               | 38. BIRTH STATE              |  |  |
| TOR/                                 |  | E OF FINAL DISPOSITION TURLOCK<br>N. SODERQUIST RD, TU   |  |                        | /                     |                              |  |  |
| L DIRECTOR<br>REGISTRAR              | 41, TYPE OF DISPOSITION(S)  CREMATE/BURIAL   | f  | TURE OF EMBALMER<br>TEMBALMED  |                        | 43.1                  | LICENSE NUMBER               |  |  |
| FUNERAL DIRECTORY<br>LOCAL REGISTRAR | 44. NAME OF FUNERAL ESTABLISHMENT<br>ACCU-CARE CREMATION   |  | SE NUMBER 46. SIGNATURE OF LOCAL REG   | . 45                   | <i>□′:</i> ~40        | DATE mm/dd/ccyy<br>3/09/2023 |  |  |
| ъ.                                   | O' PLACE OF DEATH<br>CITY OF HOPE HELFORD<br>HOSPITAL  | CLINICAL RESEARCH  | 102. IF HOSPITAL SPEC  |                        | THAN HOSPITAL SPECIF  | Y ONE<br>Doccadoni's Onics   |  |  |
| PLACE OF<br>DEATH                    | 104. COUNTY 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and rumber of location)  LOS ANGELES 1500 DUARTE RD  |  |  | DUARTE                 |                       |                              |  |  |
| _                                    | 107. CAUSE OF DEATH Enter the  | chain of events diseases, injuries, or complica: o       | ons - that directly caused death. DO NOT enter to                                    | erranal exemis such    | No.                   | ATH REPORTED TO CORONER?     |  |  |
|                                      | es cardaz arrest, rezer zony errest, or ventroular Re-entron w thout clowing the etiology. UD NOT ABGREVIATE, Final diseases or CARDIAC ARREST Conductor resulting — |  |  |                        | MINS                  | YES X NO                     |  |  |
|                                      | in death)  Sequentially, isst  |  | / /  |                        | (BT) 109.1            | YES NO                       |  |  |
| ОF DEATH                             | conditions, if any.<br>leading to cause<br>on Line A Enter (C) M111 TIP1 F M   | MYFLOMA  |  |                        | 1 DA 10               | UTOPSY PERFORMED?            |  |  |
| E OF D                               | UNDERLYING CAUSE (disease or injury that inflated the events   |  |  |                        | YRS X                 | YES NO                       |  |  |
| CAUS                                 | resulting in death) LAST   |  |  |                        |                       | AEÈ - NO                     |  |  |
|                                      | 112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107  NONE  |  |  |                        |                       |                              |  |  |
|                                      | 113, WAS OPERATION PERFORMED FOR ANY CO  | INDITION IN ITEM 107 OR 1127 (If yes, list type          | of operation and data.)  |                        | 113A DECEDE           | T PRECIDENT IN LAST YEAR?    |  |  |
| S NO.                                | 114.) CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DI<br>AT THE HOUR, DATE, AND PLACE STATED FROM THE CAU  | ISFS STATED  |  | F.G                    | 116. LICENSE NUMBER   |                              |  |  |
| PHYSICIAN'S<br>CERTIFICATION         | Decedent Attended Since Decedent La  (A) mm/dd/coyy (B) mm/dd/c  | ast Sam Alive PROSENZWEII  copy 118. TYPE ATTENDING PHYS | G A, MICHAEL, MD<br>sician's name mailing address, zip co                            | DE MICHAEL A R         | A118217 (             | 03/08/2023<br>MD             |  |  |
| CER C                                | 01/22/2019 02/23/2023 1500 E. DUARTE RD, DUARTE, CA 91010  |  |  |                        |                       |                              |  |  |
|                                      | MANNER OF DEATH Natural Accoun   |  | gation Could not be gat on YES   | NO UNK                 | TEN HOUSE DATE PROGRE | izz. noon ganzary            |  |  |
| ONILY                                | 123 PLACE OF INJURY (e.g., home, construction sta, wooded area, etc.)  |  |  |                        |                       |                              |  |  |
| a's USE                              | 124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)   |  |  |                        |                       |                              |  |  |
| CORONER'S USE ONLY                   | 125. LOCATION OF INJURY (Street and number, or location, and orly, and zip)  |  |  |                        |                       |                              |  |  |
| ັບ                                   | 126, SIGNATURE OF CORONER / DEPUTY CORO  | ME, TITLE OF CORONER / DE                                | EPUTY CORONER  |                        |                       |                              |  |  |
| No.                                  | <u> </u>   |  |  |                        | PAY AIRTI "           | A FARENCE TO A ST            |  |  |
| STA<br>REGIS                         | TRAR B C   | D E  | muranamaniahindin Amidika  |                        | FAX AUTH.#            | CENSUS TRACT                 |  |  |
|                                      |  | ammeren dony our   | WEAL DECORD  |                        |                       |                              |  |  |

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



Healty Unicertain Registrar DATE ISSUED

MAR 20 2023

This copy not valle and essential on engraved border displaying seal and signature of Registrar.