DOUGLAS COUNTY, NV Rec:\$40.00

Total:\$40.00

HERITAGE LAW

2024-1003830

01/10/2024 04:29 PM

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APN: 1320-29-110-034

Recorded at the Request of/Return to: HERITAGE LAW 1625 State Route 88, Suite 304 Minden, NV 89423

Mail Future Tax Statements To: JACQUELYN A. REDDITT, Trustee PO Box 1709 Gardnerville, NV 89410

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law.

SHAWNYNE GARREN, RECORDER

CORRECTED AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST ITO CORRECT DATE OF DEATH ON **EXHIBIT B COVERPAGE OF DOCUMENT NO. 2023-1003183 RECORDED ON 12/14/20231**

STATE OF NEVADA)		
	:	S	S
COUNTY OF DOUGLAS)		

JACQUELYN A. REDDITT, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That ROBERT EDWARD REDDITT, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as Exhibit B and incorporated herein by reference, is the same person as ROBERT E. REDDITT. Settlor of the J.R. Trust, dated August 23, 2013, and any amendments thereto. Grantee in that certain Grant. Bargain, Sale Deed dated August 23, 2023 and recorded on August 24, 2023, as Document No. 2023-999865 of Official Records of Douglas County, State of Nevada, which deed pertains to real property commonly known as 1842 Bougainvillea Drive, Minden, Douglas County, State of Nevada, more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed recorded on August 24, 2023, as Document No. 2023-999865.

JACQUELYN A. REDDITT shall forthwith serve as sole Trustee of the J.R. Trust. dated August 23, 2013, and any amendments thereto.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

This deed was prepared without the benefit of a title search and the description of the property was furnished by the party(ies). The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Dated: January 9, 2024.

JACQUELYN A. REDDITT, Grantor, Surviving

acquelyn a. Kedditt

Spouse, and sole Trustee

STATE OF NEVADA

) ⋰ss.

COUNTY OF DOUGLAS

Subscribed and sworn to (or affirmed) before me, <u>a Notary Public</u>, on the 9th day of January, 2024, by JACQUELYN A. REDDITT, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public

MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025

APN: 1320-29-110-034

EXHIBIT "A" LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 447 in Block E, as shown on the Official Plat of WINHAVEN, UNIT NO. 8, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 11, 1997, in Book 997 of Official Records, at Page 2125, as Document No. 421412.



EXHIBIT B

J.R. Trust
Deceased Grantor: ROBERT E. REDDITT
Date of Death: October 4, 2023

Nevada Certificate of Death, ROBERT E. REDDITT



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

VITAL STATISTICS

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CASE FILE NO. 4373749		CE	CERTIFICATE OF DEATH				2023021682 STATE FILE NUMBER			
TYPE OR PRINT IN	1a. DECEASED-NAME (FIRST, MIDDLE	LAST,SUFFIX)	,		2.	DATE OF DEATH (Mo.	Day/Year)	3a. COUNTY OF D	EATH	
PERMANENT	Robert Edwa	ard	REDDIT	T	- 1	October 04, 2	023	Dou	_{olas}	
BLACKINK	3b. CITY, TOWN, OR LOCATION OF DE	ATH 3c. HOSPITAL OR	OTHER INSTITUTION	-Name(If not	either, give st				4. SEX	
DECEDENT	Gardnerville 5, RACE (Specify)	number)	1347 E. Marion Ro	ussell Driv	⁄e	Inpatient(Speci	y) Home	_ \	Male	
3	S. RACE (Specify) White	o. rispan	o - Non-Hispanic	(Years)	_	MOS DAYS HO	URS MINS	1 1 1		
31		la arrarii ar iii ii		TOURS MAD	71	Specific 1 12 SUBVIVII	IG SPOUSES NAM	February ME (Last name prior to f		
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HANDBOOK	13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATI		Done During	Most of	14b. KIND OF BUSIN	SS OR INDUS	TRY Fver	in US Armed	
REGARDING COMPLETION OF	6565	144. 000AE 00001 ATT	Computer Scient	_	Widdl Of	The same of the sa	Sovernment		es? Yes	
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§ ->	Nevada 16. FATHER/PARENT - NAME (First M	Douglas	Gardnery		100	RENT - NAME (First M		effect)	169	
PARENTS	1	Robert REDDITT	. /	11/2/2	MOTHERIFAL	Martha Elr			N. 1	
er Of	18a, INFORMANT- NAME (Type or Print		18b. MAILING AD	DDESC /S	Street or D E I	D, No, City or Town, St		101011		
લો સ	Jacquelyn A RE	•	IOD. MAILING AD	400		ussell Drive Gard		vada 89410		
al El	19a. BURIAL, CREMATION, REMOVAL		EMETERY OR CREMA	704					State	
DISPOSITION	Removal/burial	, OTTLER (Opeday) 130. C		artlett Cen		_ / /		ett Nebraska 6		
) 기	20a. FUNERAL DIRECTOR - SIGNATU	RE (Or Person Acting as S	uch) 20b. FUNERA	DIRECTO	20c, NAME	AND ADDRESS OF F				
2) L(Ti	TED G WIL		LICENSE NU	MBER	1			ada - Capitol Ci	ity	
Š.		NUTHENTICATED	FD8	7%				n City Nv 8970)3	
TRADE CALL	TRADE CALL - NAME AND ADDRESS	Levander Funeral Hor	ne Of Spalding Neb	raska 421 N	i. Walnut S	Spalding NE 68665				
	Q 21a. To the best of my knowledge to the cause(s) stated.(Signature NIT	& Title) SIGNATI A SCHWARTZ MI	URE AUTHENTICAT D		at the time, dat	isis of examination and/or te and place and due to the	e cause(s) state	d. (Signature & Title))	
CERTIFIER	to the cause(s) stated.(Signature BERNET 21b, DATE SIGNED (Mo/Day)/r October 05, 2023		11:44	Be Completed b		SIGNED (Mo/Day/Yr)		HOUR OF DEATH		
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REGISTRAR	24a. REGISTRAR (Signature)	WESLEY T ST		(Mo/Day/)	4.3	BY REGISTRAR	24c. DEATH D	S NO	CABLE DISEASE	
ा ।		BIGNATURE AUTHENT		1	· Octo	ber 05, 2023	TE			
CAUSE OF DEATH	PART I (a) Cerebral Infa	- The Control of the	ER LINE FOR (a), (b),	AND (c),)				interval between	onset and death	
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IMMEDIATE		ONSEQUENCE OF.			/	**		interval between	onset and deaut	
STATING THE > UNDERLYING CAUSE LAST	DUE TO, OR AS A CO	ONSEQUENCE OF:						Interval between	n onset and death	
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7. de constantes (1. de consta	(d) PART II OTHER SIGNIFICANT COND Diabetes melitis, Hyperlipiden	DITIONS-Conditions contrib nla, Remote Brain Injury	outing to death but not r	esulting in the	e underlylng o	cause given in Part 1.	26. AUTO (Specify)	OPSY 27. WA Yes or No) REFER (Specific	AS CASE RRED TO CORONER by Yes or No).	
	28a, ACC., SUICIDE, HOM., UNDET. Dah.	DATE OF INJURY (Mo/Dav/Yr)	28c, HOUR OF IN	JURY 28d	. DESCRIBE H	OW INJURY OCCURRED		INO I	No	
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) NATURAL.	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3								
		PLACE OF INJURY- At ho ling, etc. (Specify)	me, farm, street, factor	y, office 28	g. LOCATION	STREET OR R	F.D. No. C	ITY OR TOWN	STATE	





CERTIFIED COPY OF VITAL RECORDS

Codyd Phiney STATE REGISTRAR

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:

10/9/2023

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

