

APN# 1320-30-311-012

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Clark Family Trust

Address: 900 Cottonwood Dr

City/State/Zip: Roseville CA 95661

AFFIDAVIT 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

E. TOBIAS

Printed Name

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

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Robert L. Clark

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-30-311-012

File No.: 143-2669487 (et)

Affidavit - Death of Trustee

State of NV)
County of DOUGLAS)ss.
)

Robert L. Clark ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Carol Elain Clark** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **7/12/2022** at **RENO, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **OCTOBER 7, 2013** executed by **Robert L. Clark and Carol E. Clark** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **GRANT DEED** dated **OCTOBER 7, 2013** which was recorded as Instrument No. **0831912** in Book **1013**, Page **2296**, of Official Records of **DOUGLAS** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 1.24.2024

DECLARANT:

[Signature]
Robert L. Clark

State of NV)
)ss
County of Douglas)

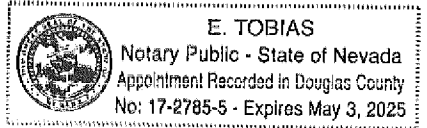
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 24 day of January, 20 24 by Robert L. Clark, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature [Signature]

My Commission Expires: 5/3/25

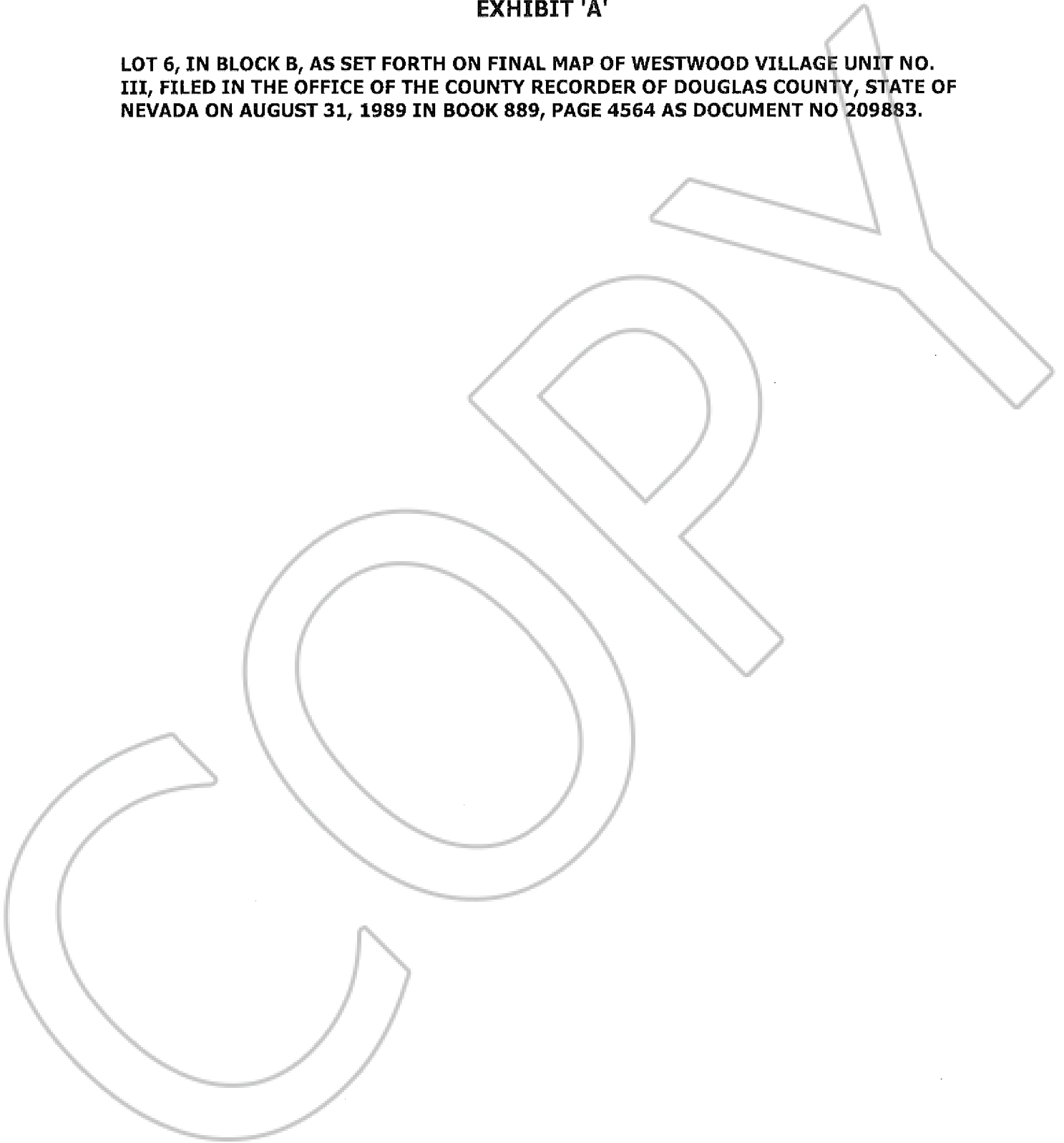
This area for official notarial seal



Notary Name: E. Tobias Notary Phone: 75-782-5411
Notary Registration Number: 17-2785-5 County of Principal Place of Business Douglas

EXHIBIT 'A'

LOT 6, IN BLOCK B, AS SET FORTH ON FINAL MAP OF WESTWOOD VILLAGE UNIT NO. III, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON AUGUST 31, 1989 IN BOOK 889, PAGE 4564 AS DOCUMENT NO 209883.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4294991

CERTIFICATE OF DEATH

2022017178
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) Carol Elaine CLARK		2. DATE OF DEATH (Mo/Day/Year) July 12, 2022		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) Renown Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP,Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 27, 1933		9a. STATE OF BIRTH (If not US/CA, name country) Colorado		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 Lee CLARK	
13. SOCIAL SECURITY NUMBER ██████████ 5204		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Confectionary Manufacturing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 854 Maplewood Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Verner PEASLEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ave. JACOBSON		
18a. INFORMANT- NAME (Type or Print) Robert Lee CLARK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 854 Maplewood Drive Minden, Nevada 89423			
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 Esmerelda 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) Laura D Knight MD 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) Laura D Knight MD SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) July 16, 2022		21c. HOUR OF DEATH 16:45		22b. DATE SIGNED (Mo/Day/Yr) July 12, 2022	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 16:45		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 12, 2022	
22e. PRONOUNCED DEAD AT (Hour) 16:45		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laura D Knight MD 990 E Ninth St Reno, NV 89512			
23b. LICENSE NUMBER 15930'		24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 19, 2022		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) Complications Of Femur Fracture Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Ground Level Fall Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) 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. Congestive Heart Failure; Type 2 Diabetes Mellitus; Osteopenia; Chronic Obstructive Pulmonary Disease; Atrial Fibrillation; Hypertension; Cardiovascular Disease				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) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) July 08, 2022		28c. HOUR OF INJURY 2228	
28d. DESCRIBE HOW INJURY OCCURRED Ground Level Fall					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 854 Maplewood Drive Minden Nevada	



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.

Laura D Knight
STATE REGISTRAR

DATE ISSUED: 7/20/2022

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

