

DOUGLAS COUNTY, NV

2024-1004729

Rec:\$40.00

\$40.00

Pgs=5

02/14/2024 10:17 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN No.: 1420-33-710-005

Escrow No.: 24039229-SA

Recording Requested By:
First Centennial Title Company of Nevada
1352 Hwy 395, Ste 114
Gardnerville, NV 89410

When Recorded Return to:
Janet L. Rowan, Successor Trustee of the Rowan
Family Trust
1102 Biddle Drive
Minden, NV 89423

Mail Tax Statements to:
Janet L. Rowan, Successor Trustee of the Rowan
Family Trust
1102 Biddle Drive
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

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 contain the social security number of a person or persons as required by law: NRS 440.380(1)

Cynthia Haggard
SIGNATURE

Escrow Assistant
TITLE

Cynthia Haggard
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

APN: 1420-33-710-005
Escrow No. 24039229-SA

When Recorded Return to:
Janet L. Rowan, Successor Trustee of the Rowan
Family Trust

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

Janet L. Rowan, of legal age, being duly sworn, deposes and says

That John L. Rowan, Jr. the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as John L. Rowan, Jr named as one of the parties in that certain Grant, Bargain and Deed dated April 9, 2007 executed by John Lynn Roan, Jr. and Janet Lillian Rowan, husband and wife as joint tenants to John L. Rowan, Jr. and Janet L. Rowan, as Trustors and Trustees of the Rowan Family Trust Agreement dated April 9, 2007 recorded as Instrument No. 0701084, on May 14, 2007 in Book 0507 Page 4921 of Official Records of Douglas County, Nevada, covering the following described property.

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

The Rowan Family Trust Agreement,

Janet L. Rowan
Janet L. Rowan, Successor Trustee

Dated: 2/6/2024

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 6 day of February, 2024, by

Janet L. Rowan _____.

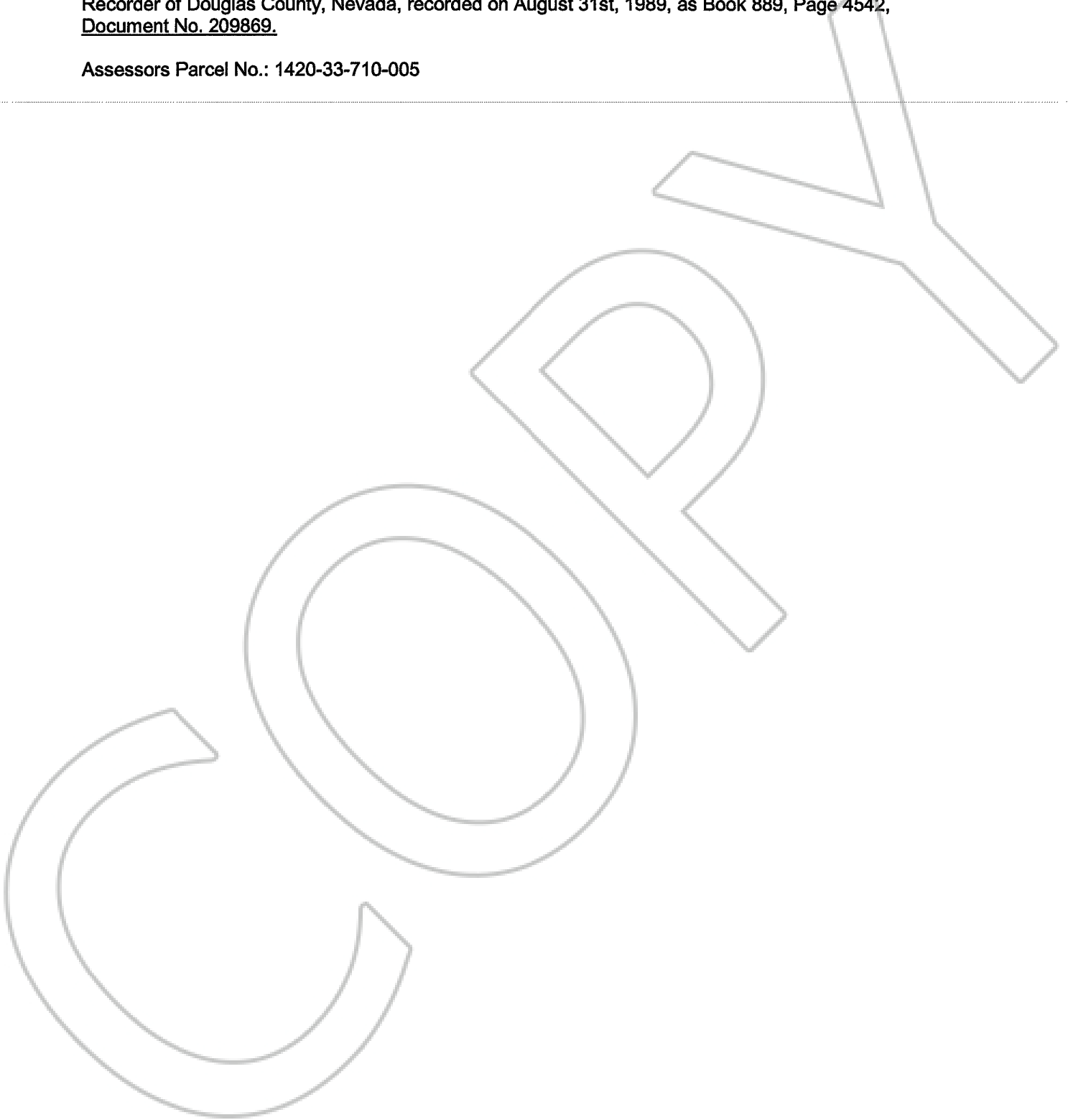
Cynthia Haggard
Notary Public



EXHIBIT A

Lot 5, in Block A, of Anderson Village, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on August 31st, 1989, as Book 889, Page 4542, Document No. 209869.

Assessors Parcel No.: 1420-33-710-005



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4356955

CERTIFICATE OF DEATH

2023014227
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) John Lynn ROWAN Jr		2. DATE OF DEATH (Mo/Day/Year) June 28, 2023		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not alther, give street number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) February 02, 1941		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Janet HART	
PARENTS	13. SOCIAL SECURITY NUMBER 5396		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) ENGINEER		14b. KIND OF BUSINESS OR INDUSTRY Telecommunications	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 2677 Ballard Ln		16a. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John Lynn ROWAN	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred Lorene HAGGAN		18a. INFORMANT - NAME (Type or Print) Janet ROWAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2677 Ballard Ln Minden, Nevada 89423	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Waltons Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Rloop Carson City NV 89706	
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) STEPHEN T HEWITT DO 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)		22b. DATE SIGNED (Mo/Day/Yr) June 29, 2023	
	21b. DATE SIGNED (Mo/Day/Yr) June 29, 2023		21c. HOUR OF DEATH 01:30		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703		23b. LICENSE NUMBER DO1107		24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 30, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Ischemic Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF: (d) Coronary Artery Disease		Interval between onset and death Mins		Interval between onset and death Yrs	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) No	
	28a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify) NATURAL		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		28g. LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE		28g. LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE		



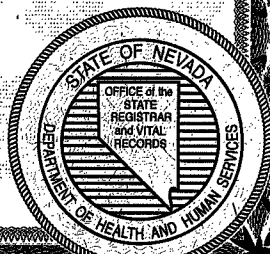
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **7/3/2023**

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