

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)



SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

**A.P.N.: 1420-35-201-038**

**Recording Requested By:** )  
VALERIE L. SPALDING, Trustee )  
27425 Santa Fe Street )  
Hemet, CA 92543 )

**When Recorded Mail to:** )  
VALERIE L. SPALDING, Trustee )  
27425 Santa Fe Street )  
Hemet, CA 92543 )

**Mail Tax Statements to:** )  
VALERIE L. SPALDING, Trustee )  
27425 Santa Fe Street )  
Hemet, CA 92543 )

**AFFIDAVIT – DEATH OF TRUSTEE**

I, VALERIE LYNN SPALDING, of legal age, being first duly sworn, declare under penalty of perjury that:

DALE ROBERT GORDON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DALE ROBERT GORDON named as Trustee in the Declaration of Trust executed on October 13, 2021, by DALE ROBERT GORDON, acting as the sole Grantor and Trustee.

DALE ROBERT GORDON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person DALE ROBERT GORDON, Trustee of DALE ROBERT GORDON REVOCABLE LIVING TRUST, dated October 13, 2021, and any amendments thereto, named as one of the parties (transferee) in that certain deed dated October 13, 2021, recorded on October 28, 2021, as Document No. 2021-976215 in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

A PARCEL OF LAND BEING LOCATED WITHIN THE NORTHWEST 1/4 OF SECTION 35, TOWNSHIP 14 NORTH, RANGE 20 EAST, MOUNT DIABLO BASELINE AND MERIDIAN, DOUGLAS COUNTY, NEVADA, BEING FURTHER DESCRIBED AS FOLLOWS:

PARCEL 3 AS SET FORTH ON PARCEL MAP LDA 03-11 FOR MICHAEL E. MCCORMICK, FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON AUGUST 20, 2003, IN BOOK 0803, AT PAGE 10571, AS DOCUMENT NO. 587199.

Subject to Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any. TOGETHER with all and singular the tenements, hereditaments and appurtenances now of record, if any.

DALE ROBERT GORDON, the deceased Trustee, died on January 6, 2024, as shown in the attached certified copy of Certificate of Death.

Pursuant to the terms of DALE ROBERT GORDON REVOCABLE LIVING TRUST, dated October 13, 2021, and any amendments thereto, the present sole Trustee of the Trust is VALERIE LYNN SPALDING and she now holds title as VALERIE LYNN SPALDING, Trustee, or her successors in Trust, under the DALE ROBERT GORDON REVOCABLE LIVING TRUST, dated October 13, 2021, and any amendments thereto.

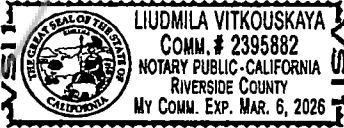
The Affiant, VALERIE LYNN SPALDING, is the sister of the deceased Trustee and the sole current Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such.

Executed on this 21 day of February, 2024, in Riverside County, State of California.

  
\_\_\_\_\_  
VALERIE LYNN SPALDING  
Trustee of DALE ROBERT GORDON REVOCABLE LIVING TRUST, dated October 13, 2021

STATE OF CALIFORNIA     )  
  ): ss  
COUNTY OF Riverside     )

Signed and sworn to (or affirmed) before me on this February 21, 2024, by VALERIE LYNN SPALDING.



  
\_\_\_\_\_  
NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4390951

**CERTIFICATE OF DEATH**

2024000365  
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

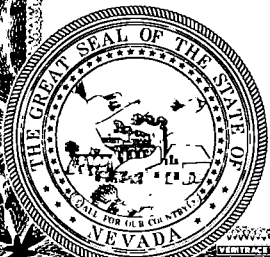
CERTIFIER

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) <b>Dale Robert GORDON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 06, 2024</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>56</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 26, 1967</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Iowa</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-2695</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Sergeant</b>		<b>California Highway Patrol</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2710 Thirsty Magoo Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Gerald Spencer GORDON</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Linda Mae HARTIG</b>		18a. INFORMANT- NAME (Type or Print) <b>Valerie SPALDING</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>27425 Santa Fe St Hemet, California 92543</b>	
19a. BURIAL CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) - <b>BETHANY J RASMUSSEN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD969</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>[REDACTED]</b>		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) <b>MARILYN A BRANINBURG</b> SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>January 11, 2024</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>19:01</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>January 06, 2024</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>19:01</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Marilyn A Braninburg 911 E Musser St Carson City, NV 89701</b>		23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 16, 2024</b>		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) <b>Pending Investigation</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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) <b>Yes</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>PENDING INVEST.</b>		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) <b>Not Applicable</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>Nevada</b>	



CERTIFIED COPY OF VITAL RECORDS

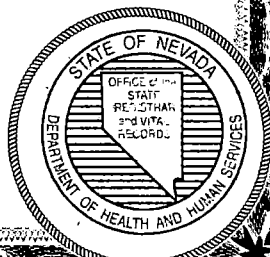
*Cody J. Thierney*

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: **1/18/2024**

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