

APN# 1220-116-710-016



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Sullivan Law

Address: 1625 State Route 88, Ste 401

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Ray Allen Love, Trustee

Address: 1314 Muir Dr.

City/State/Zip: Gardnerville, NV 89460

Certification of TRUST  
Following death of original & Successor Trustees

Title of Document (required)

Please complete the Affirmation Statement below:

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)     **Military Discharge** – NRS 419.020 (2)  
 **Other NRS** \_\_\_\_\_ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted  
for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Susan C. Happe

Signature

SUSAN C. Happe

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF TRUST**  
Following Death of Original & Successor Trustees

FOR THE  
**LESLIE J. MAYNARD &  
ETHEL M. MAYNARD FAMILY TRUST**

DATED FEBRUARY 4, 2003

*Prepared by*

SULLIVAN LAW  
1625 State Route 88, Suite 401  
Minden, Nevada 89423  
Tel: (775) 782-6915

Licensed in California and Nevada

**CERTIFICATION of TRUST**  
**Following Death of Original & Successor Trustees**

I, RAY ALLEN LOVE, hereby declare:

1. This Certification of Trust refers to the LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST DATED FEBRUARY 4, 2003, (the "Trust") under a revocable trust agreement executed by LESLIE J. MAYNARD and ETHEL M. MAYNARD as Grantors and Trustees.
2. The terms of the Trust empower JOHN F. LOVE and PATRICIA A. BILGER to act as the 1<sup>st</sup> Successor Co-Trustees for the Trust in the event of the resignation, incapacitation, or deaths of LESLIE J. MAYNARD and ETHEL M. MAYNARD. The named 2<sup>nd</sup> Successor Co-Trustees for the Trust are FREDA MONTOYA and SEQUIO MONTOYA. The terms of the Trust also state that in the event that all of the named Trustees and successors shall die, the successor Trustee shall be chosen by a majority in interest of the then living beneficiaries.
3. I, RAY ALLEN LOVE, declare under penalty of perjury that, pursuant to the attached Certificates of Death, original Grantor and Trustee LESLIE J. MAYNARD DIED ON SEPTEMBER 1, 2003 and original Grantor and Trustee ETHEL M. MAYNARD, also known as ETHEL MAE MAYNARD, died on February 10, 2021, in Gardnerville, Douglas County, Nevada. Successor Trustees PATRICIA A. BILGER died in 2009, FREDA MONTOYA died in 2014, and SEQUIO MONTOYA died in 2018. JOHN F. LOVE, also known as JOHN FRANKLIN LOVE, was the sole surviving named successor Trustee and he died August 3, 2023, in Gardnerville, Douglas County, Nevada, pursuant to the attached Certificate of Death. Pursuant to the terms of the Trust, the majority of living beneficiaries nominated RAY ALLEN LOVE to serve as Trustee of the Trust. Therefore, as the nominated Successor Trustee, I, RAY ALLEN LOVE, hereby accept the nomination and affirm my incumbency as Successor Trustee, and declare my intention to act as the current Trustee of the LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST.
4. The Trust became irrevocable upon the death of Grantor ETHEL M. MAYNARD on February 10, 2021.
5. The Tax Identification Number of the LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST is 93-6950247.
6. The assets held under Trust are to be held under the following title:

**RAY ALLEN LOVE, Trustee of the**  
**LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST**  
**dated February 4, 2003**

7. Correspondence should be directed to:  
 RAY ALLEN LOVE, Trustee  
 1314 Muir Drive  
 Gardnerville, NV 89460
8. Trustee has all powers enumerated in the Uniform Trusts Act, including the power to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interest in real and personal property in the name of the Trust.
9. The LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
10. No person or entity paying money to or delivering property to the Trustee(s) shall be required to see to its application. All persons relying on this document regarding the Trustee(s) and their powers over Trust property shall be held harmless for any resulting loss or liability from such reliance. A copy of this Certificate of Trust shall be just as valid as the original.
11. This Declaration is prepared pursuant to NEVADA REVISED STATUTES Section 164.400 et seq.

**IN WITNESS WHEREOF** and intending to be legally bound hereby, I certify that the statements contained in this Certification of Trust are true and correct.

*Ray Love*

RAY ALLEN LOVE, Trustee  
 of the LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST

*1-17-24*  
 Date

**JURAT**

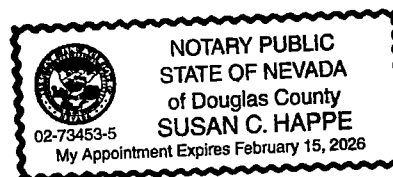
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Nevada )  
 County of Douglas )

Subscribed and sworn to (or affirmed) before me on Jan. 17, 2024 by Ray Allen Love, proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

Witness my hand and official seal.

*Susan C. Happe*  
 Notary Public, Susan C. Happe



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH  
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

20030011959

ROLL 111 IMAGE 979

2346

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last <b>Leslie J. MAYNARD</b>		DATE OF DEATH (Month, Day, Year) <b>2. September 1, 2003</b>		COUNTY OF DEATH <b>3a. Washoe</b>	
CITY, TOWN OR LOCATION OF DEATH <b>3b. Reno</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3c. St. Marys Hospital</b>		If Hosp. or Inst. Indicate DOA, OP/Emr. Rim. Inpatient (Specify) <b>3e. Inpatient</b>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>5. White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>6.</b>		AGE—Last Birthday (Years) <b>7a. 75</b>	
STATE OF BIRTH (If not U.S.A., name country) <b>8a. California</b>		CITIZEN OF WHAT COUNTRY <b>9b. U.S.A.</b>		Decedent's Education. Specify highest grade completed. <b>10. 14 Years</b>	
SOCIAL SECURITY NUMBER <b>13. [REDACTED] 3558</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>14a. Master Plumber</b>		KIND OF BUSINESS OR INDUSTRY <b>14b. Plumbing</b>	
RESIDENCE—STATE <b>15a. Nevada</b>		COUNTY <b>15b. Douglas</b>		CITY, TOWN, OR LOCATION <b>15c. Gardnerville</b>	
FATHER—NAME First Middle Last <b>16. Frank A. Maynard</b>		MOTHER—MAIDEN NAME First Middle Last <b>17. Guadalupe Rodriguez</b>		STREET AND NUMBER <b>15d. 1314 Muir Dr.</b>	
INFORMANT—NAME (Type or Print) <b>18a. Ethel Maynard - Wife</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. 1314 Muir Dr. Gardnerville, Nevada 89410</b>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>		CEMETERY OR CREMATORY—NAME <b>19b. FitzHenry's Crematory</b>		LOCATION City or Town State <b>19c. Carson City, Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <b>20a. [Signature]</b>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 217</b>		NAME AND ADDRESS OF FACILITY <b>20c. Home; 1380 Hwy 395, Gardnerville, NV 89410</b>	
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <b>21b. [Signature]</b>		DATE SIGNED (Mo., Day, Yr.) <b>9-3-3</b>		HOUR OF DEATH <b>21c. 1340</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) and manner stated. (Signature and Title) <b>22b. [Signature]</b>		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
22c. PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)		22d. ON	
22e. AT		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>23a. Steven M. Brown M.D., 925 Ironwood Dr. Minden, NV 89423</b>			
REGISTRAR <b>24a. [Signature]</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. September 4, 2003</b>		DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Chronic Obstructive Pulmonary Disease</b> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)		Interval between onset and death			
(c) <b>RENAL FAILURE</b>		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) <b>26. No</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>27. No</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>		DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>		HOUR OF INJURY <b>28c. M</b>	
INJURY AT WORK (Specify Yes or No) <b>28e.</b>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>		DESCRIBE HOW INJURY OCCURRED <b>28d.</b>	
		LOCATION. <b>28g.</b>		STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 242955

19408

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.

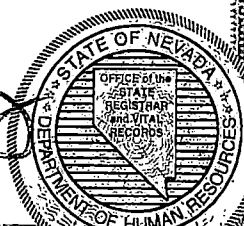
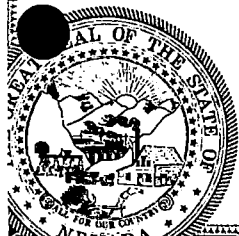
DATE ISSUED:

SEP 17 2004 0625025

STATE REGISTRAR

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HRD 906 PG 10085



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

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

CASE FILE NO. 4197016

**CERTIFICATE OF DEATH**

2021004690  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ethel Mae <b>MAYNARD</b>		2. DATE OF DEATH (Mo/Day/Year) February 10, 2021		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 93	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 12, 1927	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 8	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED] 4454		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY BEAUTY SHOP	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1314 Muir Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Cruso R KENNISON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Naomi MCDOWELL		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) John LOVE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1314 Muir Dr Gardnerville, Nevada 89460			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>PHILIP R MAYFIELD</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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>TREVOR PHAN MD</b> 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)			
	21b. DATE SIGNED (Mo/Day/Yr) February 22, 2021		21c. HOUR OF DEATH 21:10		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Trevor Phan MD 1107 Highway 395 Gardnerville, NV. 89410				23b. LICENSE NUMBER 12765	
	24a. REGISTRAR (Signature) <b>CELESTE RAMIREZ MUNOZ</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 22, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I				Interval between onset and death	
CAUSE OF DEATH	(a) Type II Non ST Elevation Myocardial Infarction				Days	
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) Acute Renal Failure				Days	
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
CAUSE OF DEATH	(c) Severe Sepsis				Days	
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(d) Small Bowel Obstruction				Days	
	DUE TO, OR AS A CONSEQUENCE OF:				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. Dementia, Hypertension				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)				
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		



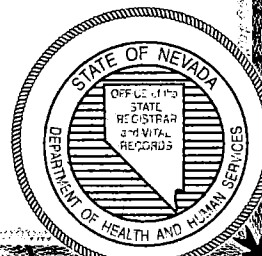
CERTIFIED COPY OF VITAL RECORDS

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.

*Cody Ramirez*  
STATE REGISTRAR

DATE ISSUED: 10/10/2023

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2009007676
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

Form with fields for: 1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Patricia Ann BILGER; 2. DATE OF DEATH (Mo/Day/Year) May 21, 2009; 3a. COUNTY OF DEATH Carson City; 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City; 3c. HOSPITAL OR OTHER INSTITUTION -Name(Carson Tahoe Regional Medical Center); 3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient(Inpatient); 4. SEX Female; 5. RACE - White; 6. Hispanic Origin? Specify No - Non-Hispanic; 7a. AGE-Last birthday (Years) 58; 7b. UNDER 1 YEAR -MOS- DAYS; 7c. UNDER 1 DAY HOURS MINS; 8. DATE OF BIRTH (Mo/Day/Yr) February 03, 1951; 9a. STATE OF BIRTH (If not U.S.A., name country) Oklahoma; 9b. CITIZEN OF WHAT COUNTRY? United States; 10. EDUCATION 13; 11. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) Widowed; 12. SURVIVING SPOUSE (if wife, give maiden name); 13. SOCIAL SECURITY NUMBER 6772; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner-operator; 14b. KIND OF BUSINESS OR INDUSTRY Candle Making; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Douglas; 15c. CITY, TOWN OR LOCATION Gardnerville; 15d. STREET AND NUMBER 1314 Muir Drive; 15e. INSIDE CITY LIMITS (Specify Yes or No) No; 16. FATHER - NAME (First Middle Last Suffix) Grover Ray LOVE; 17. MOTHER - NAME (First Middle Last Suffix) Ethel Mae KENNISON; 18a. INFORMANT- NAME (Type or Print) Franklin Joel BILGER; 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1250 American Pacific Drive Apt. 1011 Henderson, Nevada 89074; 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation; 19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory; 19c. LOCATION City or Town State Carson City Nevada 89706; 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL; 20b. FUNERAL DIRECTOR LICENSE 620; 20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED SUSAN O'LEARY MD; 21b. DATE SIGNED (Mo/Day/Yr) May 21, 2009; 21c. HOUR OF DEATH 14:51; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER; 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); 22c. HOUR OF DEATH; 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) Doctor SUSAN O'LEARY MD 704 W Nye Lane, Suite 102 Carson City, NV 89703; 23b. LICENSE NUMBER 12741; 24a. REGISTRAR (Signature) JENELLE BALDWIN; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 29, 2009; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES [ ] NO [X]; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiogenic Shock; (b) Valvular Heart Disease; (c); (d); PART II; 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); 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

STATE REGISTRAR

276044

CERTIFIED COPY OF VITAL RECORDS

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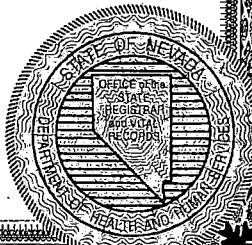
DATE ISSUED:

This copy is not valid unless accompanied by an engraved border displaying date, seal and signature of Registrar.

FBNCO (REV) 11/06

Signature of Registrar: Jenelle Baldwin
SIGNATURE AUTHENTICATED

VRS-Rev-20090602



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# Freda Montoya



## FUNERAL HOME

Green Hills Mortuary & Memorial Chapel

27501 South Western Avenue

Rancho Palos Verdes, California

## RECORDS

[View more records for](#)

[Montoya on Ancestry.com®](#)

Sponsored

## Freda Montoya Obituary

**F**reda May Montoya

Born June 2, 1932 in Fabans, Texas, the Seal Beach resident passed away peacefully on November 9, 2014. She is survived by her loving husband, Sequio Montoya, daughters, Deborah Lingle and Valerie Montoya. Funeral services will be held on Saturday, November 22, 2014, 11:00am at Green Hills Memorial Chapel with burial to follow in Green Hills Memorial Park. In lieu of flowers, the family requests donations in her memory made to the Matthew Lingle Memorial Scholarship c/o Lingle, 74075 Covered Wagon Trail, Palm Desert, CA 92260. Please sign the guestbook at [greenhillsmortuary.com](http://greenhillsmortuary.com) or [dailybreeze.com/obits](http://dailybreeze.com/obits).

Green Hills Mortuary and Memorial Chapel  
13101 931 0311 or www.greenhillsmortuary.com

Published by Daily Breeze on Nov. 15, 2014





**BORN**

1929

**DIED**

2018

**FUNERAL HOME**

Green Hills Mortuary & Memorial Chapel  
27501 South Western Avenue  
Rancho Palos Verdes, California

**Sequio Montoya Obituary**

**S**equio Montoya

Born on April 14, 1929 in Colorado, the Seal Beach resident passed away peacefully on March 6, 2018. He is preceded in death by his loving wife, Freda May Montoya and is survived by his daughters, Deborah Lingle and Valerie Montoya. Sign guestbook at [dailybreeze.com](http://dailybreeze.com)

*Green Hills Mortuary and Memorial Chapel*  
(910) 831-0211 or [www.greenhillsfunerary.com](http://www.greenhillsfunerary.com)

Published by Daily Breeze on Mar. 16, 2018.

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

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

CASE FILE NO. 4363665

**CERTIFICATE OF DEATH**

2023017323  
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>John Franklin LOVE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 03, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>1314 Muir Drive</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>75</b>	7b. UNDER 1 YEAR <b>MOS</b>	7c. UNDER 1 DAY <b>DAYS</b>
9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>11</b>	11. MARITAL STATUS (Specify) <b>Divorced</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER <b>-6486</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>STONEMASONRY</b>	15. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	15d. STREET AND NUMBER <b>1314 Muir Drive</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Grover Ray LOVE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ethel May MAYNARD</b>		
18a. INFORMANT- NAME (Type or Print) <b>Ray Allen LOVE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1314 Muir Drive Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>HARRISON CODY BILLIAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD943</b>	20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #63 Carson City NV 89706</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>DENVER J MILLER MD</b> 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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>August 10, 2023</b>		21c. HOUR OF DEATH <b>18:25</b>	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
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) <b>Denver J Miller MD 5538 Longley Lane Reno, NV 89511</b>				23b. LICENSE NUMBER <b>7330</b>	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 10, 2023</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).)					Interval between onset and death
PART I (a) <b>Acute Cardiopulmonary Arrest</b>					Minutes
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) <b>Hypoxia</b>					Minutes
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) <b>Unspecified Severe Protein-Calorie Malnutrition</b>					Months
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) <b>Unknown Etiology</b>					
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>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	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



CERTIFIED COPY OF VITAL RECORDS

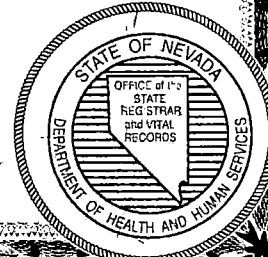
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

8/11/2023

DATE ISSUED:

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