

**RECORDING REQUESTED BY AND  
WHEN RECORDED RETURN TO:**

The Bradford Family Trust  
2341 Hoya Lane  
Gilroy, CA 95020



SHAWNYNE GARREN, RECORDER

---

**Property Address:** 1383 Bryan Lane  
Gardnerville, NV 89410  
**APN#** 1220-03-110-005

## AFFIDAVIT OF DEATH OF TRUSTEE

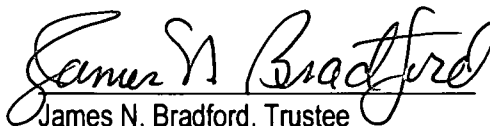
James N. Bradford, of legal age, being first duly sworn, deposes, and says:

That **Shirley Marie Bradford**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Shirley M. Bradford** named as Trustee in that certain Trust Transfer Deed, dated 2/24, 2021 executed by James N. Bradford and Shirley M. Bradford, Trustees of the Bradford Family Trust, as Trustors.

At the time of the demise of the decedent, the decedent was the record owner, as Trustee of real property commonly known as 1383 Bryan Lane, Gardnerville, NV 89410 and described in a Deed signed by James N. Bradford and Shirley M. Bradford, as Grantors on 2/24, 2021 and recorded as **Instrument No. 2021-962906** on March 3, 2021, in Book 1204, Page(s) 5284, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada, covering the following described real property situated in the City of Gardnerville, Douglas County, State of Nevada as follows:

Lot 27 in Block D as shown on the Final Subdivision Map PLANNED UNIT DEVELOPMENT PD 03-010 STODICK ESTATES SOUTH, PHASE 1, filed for record in the Office of the Douglas County Recorder, State of Nevada, on December 13, 2004 in Book 1204, Page 5284, as Document No. 631678, Official Records and as amended by a Certificate of Amendment recorded on January 28, 2005 in Book 105, Page 10247, as Document No. 635505 of Official Records.

I, **James N. Bradford**, as the Successor Trustee under the above referenced Trust, which was in effect at the time of death of the decedent mentioned in the above, and which has not been revoked, and I hereby consent to act as such. There are no Federal Estate Taxes due as a result of the death of the decedent mentioned in the above, I declare under penalty of perjury, under the laws of the State of California, that the forgoing is true and correct.

  
James N. Bradford, Trustee

---

**Mail Tax Statements to Party Shown On Following Line; If No Party Shown, Mail As Directed Above**



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 California

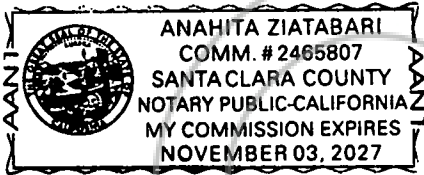
County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 10 day of February, 2024, by  
Date Month Year

(1) James N. Bradford

(and (2) \_\_\_\_\_),  
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature [Handwritten Signature]  
Signature of Notary Public

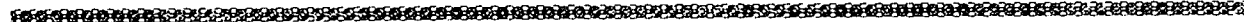
Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Death of Trustee  
Document Date: February 10, 2024 Number of Pages: 1  
Signer(s) Other Than Named Above: —

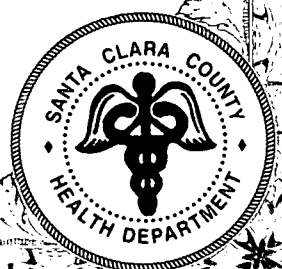


**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SANTA CLARA**  
**PUBLIC HEALTH DEPARTMENT**  
**VITAL RECORDS AND REGISTRATION**

3052023153290      **CERTIFICATE OF DEATH**      3202343006210  
STATE FILE NUMBER      STATE OF CALIFORNIA      LOCAL REGISTRATION NUMBER  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS      15-11 (REV 3/22)

1. NAME OF DECEDENT - FIRST (Given) <b>SHIRLEY</b>		2. MIDDLE <b>MARIE</b>		3. LAST (Family) <b>BRADFORD</b>	
AKA ALSO KNOWN AS - Include AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>02/26/1948</b>		5. AGE Yrs. Mths. Ds. <b>75</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>-2921</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS/GROUP (a line of Date) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/yyyy <b>07/09/2023</b>		8. HOUR (24 Hour) <b>0022</b>	
13. EDUCATION - highest level/degree (See worksheet on back) <b>SOME COLLEGE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of the (DO NOT USE RETIRED)		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) <b>ADVERTISING</b>		19. YEARS IN OCCUPATION <b>11</b>	
70. DECEDENT'S RESIDENCE (Street and number, or location) <b>2341 HOYA LANE</b>					
71. CITY <b>GILROY</b>		72. COUNTY/PROVINCE <b>SANTA CLARA</b>		73. ZIP CODE <b>95020</b>	
74. YEARS IN COUNTY <b>75</b>		75. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>JAMES NEWELL BRADFORD, HUSBAND</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or care facility number, city or town, state and zip) <b>2341 HOYA LANE, GILROY, CA 95020</b>		
28. NAME OF SURVIVING SPOUSE/SPOP - FIRST <b>JAMES</b>		29. MIDDLE <b>NEWELL</b>		30. LAST (BIRTH NAME) <b>BRADFORD</b>	
31. NAME OF FATHER/PARENT - FIRST <b>OREANO</b>		32. MIDDLE <b>-</b>		33. LAST <b>LUCCHESI</b>	
34. BIRTH STATE <b>CA</b>		35. NAME OF MOTHER/PARENT - FIRST <b>CONNIE</b>		36. MIDDLE <b>-</b>	
37. LAST (BIRTH NAME) <b>LEONARDO</b>		38. BIRTH STATE <b>CA</b>			
33. DISPOSITION DATE mm/dd/yyyy <b>07/21/2023</b>		40. PLACE OF FINAL DISPOSITION <b>SANTA CLARA MISSION CEMETERY</b> <b>490 LINCOLN STREET, SANTA CLARA, CA 95050</b>			
41. TYPE OF DISPOSITION(S) <b>BURIAL</b>		42. SIGNATURE OF EMBALMER <b>ANDREW J HABING</b>		43. LICENSE NUMBER <b>EMB9536</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>HABING FAMILY FUNERAL HOME</b>		45. LICENSE NUMBER <b>FD791</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>SARA H. CODY, MD</b>	
47. DATE mm/dd/yyyy <b>07/14/2023</b>					
101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ERVOP <input type="checkbox"/> DUA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Home/ATC <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/ATC <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY <b>SANTA CLARA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2341 HOYA LANE</b>		106. CITY <b>GILROY</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT create terminal words such as cardiac arrest, respiratory arrest, or vascular fibration without showing the etiology. DO NOT abbreviate. <b>IM CARDIOPULMONARY ARREST</b>		108. QTY <b>IMM.</b>		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE Final disease or condition resulting in death <b>CR METASTATIC CANCER OF UNKNOWN PRIMARY TO PELVIC BONE, LYMPH NODES AND BRAIN</b>		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. ALTOPOSTY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107) <b>NONE</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		113A. DECEDENT PREGNANT OR LACTATING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since:      Decedent Lived Since Above: <b>06/11/2023</b> <b>07/09/2023</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>KAISHAUNA LASHAE GUIDRY, MD</b>		116. LICENSE NUMBER      117. DATE mm/dd/yyyy <b>A155393</b> <b>07/14/2023</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>KAISHAUNA LASHAE GUIDRY, MD</b> <b>670 N. MCCARTHY BLVD, MILPITAS, CA 95035</b>					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Acc. <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Invol. <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. ENLURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy      122. HOUR (24 hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B	
C		D		E	
FAX AUTH.#		CENSUS TRACT			



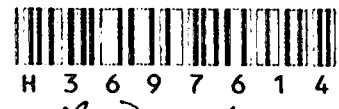
**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA } SS      DATE ISSUED      **07/24/2023**  
COUNTY OF SANTA CLARA }      By

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

*Sara H. Cody*  
**SARA H. CODY**  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE