

APN No.: 1220-22-310-169

Escrow No.: 24041800-SA

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

When Recorded Return to:
1344 RITTER DRIVE
GARDNERVILLE, NV 89460

Mail Tax Statements to:
**Cody James Larsen and Stephanie Michelle
Larsen**
1432 Patricia Drive
Gardnerville, NV 89460

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT OF 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)(A) & rs 40.525(5) (state specific law).



SIGNATURE

Escrow Officer

Sherry Ackermann

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: 1220-22-310-169
Escrow No. 24041800-SA

When Recorded Return to:
Frances Catherine Larsen, Trustee of The Glen
Nielsen Larsen Living Trust Dated October 6,2000
1432 Patricia Drive
Gardnerville, NV 89460

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

Frances Catherine Larsen, of legal age, being duly sworn, deposes and says

That the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Glenn Nielsen Larsen named as one of the parties in that certain Grant Deed dated March 29, 2011 executed by Glen Nielsen Larsen aand Frances Catherine Larsen, Trustees of the Glen Nielsen Larsen Living Trust dated October 6, 2000, who acquired title as Glen Nielsen Larsen and Frances Catherine Larsen, Trustees of the Glen Nielsen Larsen Living Trust dated June 16, 2006 to Glen Nielsen Larsen and Frances Catherine Larsen, Trustees of the Glen Nielsen Larsen Living Trust dated October 6, 2000 recorded as Instrument No. 781416, on April 12, 2011 in Book 411 Page 1985 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 Glen Nielsen Larsen Living Trust dated October 6, 2000

Frances Catherine Larsen
Frances Catherine Larsen, Successor Trustee

Dated: May 21, 2024

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 21 day of May, 2024 by
Frances Catherine Larsen

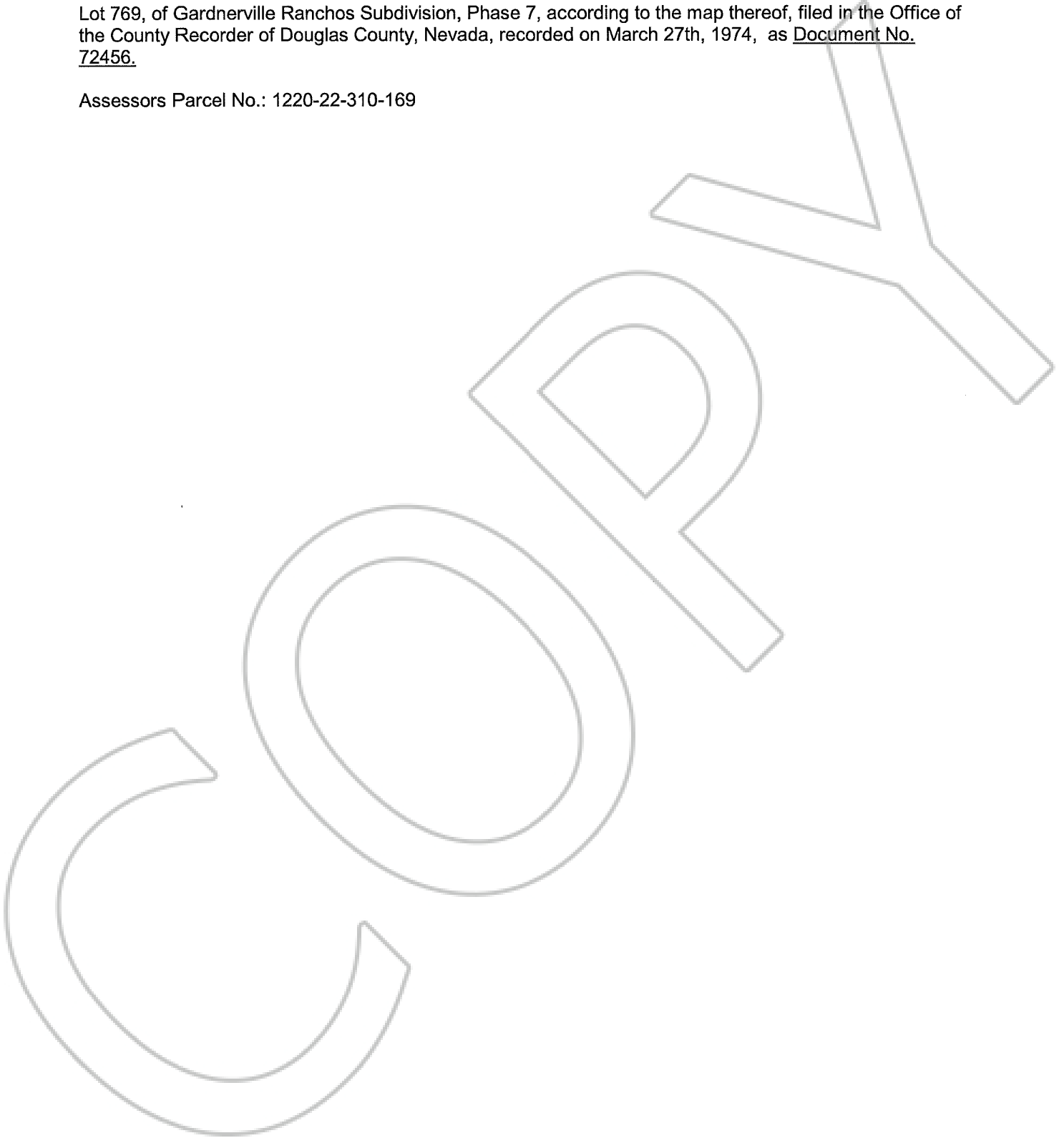
Cynthia Haggard
Notary Public



EXHIBIT A

Lot 769, of Gardnerville Ranchos Subdivision, Phase 7, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on March 27th, 1974, as Document No. 72456.

Assessors Parcel No.: 1220-22-310-169



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012014665
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Glenn Nielsen LARSEN		2. DATE OF DEATH (Mo/Day/Year) August 30, 2012		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 1432 Patricia Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE White (Specify)		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		8. DATE OF BIRTH (Mo/Day/Yr) March 17, 1930	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Frances KLINE		13. SOCIAL SECURITY NUMBER ██████████-6543	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Manager		14b. KIND OF BUSINESS OR INDUSTRY I. B. M. Company		Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1432 Patricia Dr		16. FATHER/PARENT - NAME (First Middle Last Suffix) Nephi LARSEN		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Carrie NIELSEN	
	18a. INFORMANT - NAME (Type or Print) Frances LARSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1432 Patricia Dr Gardnerville, Nevada 89460			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) DAVID HOWARD JOHNSON M.D. 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) September 05, 2012		21c. HOUR OF DEATH 03:15		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) David Howard Johnson M.D. 1624 Library Lane Minden, NV 89423				23b. LICENSE NUMBER 4143	
CAUSE OF DEATH	24a. REGISTRAR (Signature) MICHELE L YOUNG SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 14, 2012		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).)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST	PART I (a) Cerebrovascular Accident		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF: (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.				26. AUTOPSY (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

451879 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: **09/17/2012**

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

