

APN# 1420-32-001-004



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:
Name: D'TERRA LAW, LLC
Address: 1692 County Road, Suite C
City/State/Zip: Minden, NV 89423

Mail Tax Statements to:
Name: James Alan Pape
Address: 1045 Stephanie Way
City/State/Zip: Minden, NV 89423

Affidavit of Trustee of Revocable Living Trust

Title of Document (required)

------(Only use if applicable)-----

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)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Signature
Joan E. Neuffer, Esq.
Printed Name

This document is being (re-)recorded to correct document # 2024-1008194, and is correcting
the legal description to reflect correct parcel number as 25-D

EXHIBIT A

is the same person as EDWARD PETERSON, Trustee in that certain *Grant, Bargain, Sale Deed*, signed and dated by Grantor on March 2, 2023, and recorded on September 15, 2023 as Document Number 2023-1000514. The legal description of the property transferred to Trustee is as follows:

ALL THAT CERTAIN REAL PROPERTY SITUATE IN THE NORTHWEST ¼ OF SECTION 32, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B.&M, COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

PARCEL 25-D, AS SET FORTH ON THE PARCEL MAP FOR FRANK PETRASICH, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 24, 1991, IN BOOK 691, PAGE 3494, AS DOCUMENT NO. 253524.

The above metes and bounds description appeared previously in that certain *Grant, Bargain, and Sale Deed* recorded in the office of the County Recorder of Douglas County, Nevada, on May 20, 2016, as Document No. 2016-881075 of Official Records.

5. That the relationship between the affiant and the decedent was that of close friends.
6. That pursuant to the terms of the Trust, after the death of EDWARD PETERSON, Grantor, JAMES ALAN PAPE becomes the Successor Trustee of the Trust.
7. That JAMES ALAN PAPE, Successor Trustee, is the owner of the property referenced in the *Grant, Bargain, Sale Deed* referenced herein and has full authority to sell and transfer the real property owned by the Trust.
8. That all interest in and to said real property vested absolutely in the affiant and Successor Trustee, JAMES ALAN PAPE, as of the date of said decedent's death as set forth above.

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00181635202410081940050051

SHAWNYNE GARREN, RECORDER

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Signature

Joan E. Neuffer, Esq.

Printed Name

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**AFFIDAVIT OF TRUSTEE OF REVOCABLE LIVING TRUST
(DEATH OF GRANTOR)**

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

The affiant, JAMES ALAN PAPE, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That on March 2, 2023, EDWARD ALBERT PETERSON, a/k/a EDWARD PETERSON, Grantor, established the Edward Peterson Revocable Living Trust (Trust).
3. That the said EDWARD ALBERT PETERSON died on the 1st day of November, 2023, in Douglas County, State of Nevada, as set forth in the attached *Certificate of Death* issued November 14, 2023, as State File Number 2023024278 with the State of Nevada.
4. That EDWARD ALBERT PETERSON, the decedent mentioned in the attached original *Certificate of Death*, who died on November 1, 2023, in Douglas County, Nevada,

is the same person as EDWARD PETERSON, Trustee in that certain *Grant, Bargain, Sale Deed*, signed and dated by Grantor on March 2, 2023, and recorded on September 15, 2023 as Document Number 2023-1000514. The legal description of the property transferred to Trustee is as follows:

ALL THAT CERTAIN REAL PROPERTY SITUATE IN THE NORTHWEST ¼ OF SECTION 32, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B.&M, COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

PARCEL 250, AS SET FORTH ON THE PARCEL MAP FOR FRANK PETRASICH, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 24, 1991, IN BOOK 691, PAGE 3494, AS DOCUMENT NO. 253524.

The above metes and bounds description appeared previously in that certain *Grant, Bargain, and Sale Deed* recorded in the office of the County Recorder of Douglas County, Nevada, on May 20, 2016, as Document No. 2016-881075 of Official Records.

5. That the relationship between the affiant and the decedent was that of close friends.
6. That pursuant to the terms of the Trust, after the death of EDWARD PETERSON, Grantor, JAMES ALAN PAPE becomes the Successor Trustee of the Trust.
7. That JAMES ALAN PAPE, Successor Trustee, is the owner of the property referenced in the *Grant, Bargain, Sale Deed* referenced herein and has full authority to sell and transfer the real property owned by the Trust.
8. That all interest in and to said real property vested absolutely in the affiant and Successor Trustee, JAMES ALAN PAPE, as of the date of said decedent's death as set forth above.

9. I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

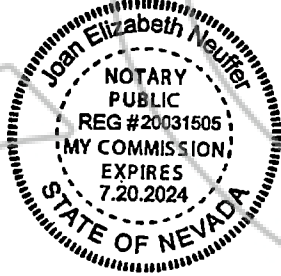
In witness whereof, I set my hand this 15 day of May, 2024.




JAMES ALAN PAPE
Trustee and Affiant

STATE OF NEVADA)
): ss.
COUNTY OF DOUGLAS)

On this 15 day of May in the year 2024, before me, Joan E. Neuffer, Notary Public, personally appeared **James Alan Pape**, Successor Trustee, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is subscribed to this instrument and acknowledged that he or she executed it.





Joan E. Neuffer, Esq.
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO: 4378855

CERTIFICATE OF DEATH

2023024278

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) Edward Albert PETERSON		2. DATE OF DEATH (Mo/Day/Year) November 01, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 1045 Stephanie Way		3d. If Hosp. or Inst. indicate DOA, OP, Emerg. Rm., Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. DATE OF BIRTH (Mo/Day/Yr) June 17, 1947	
7a. AGE - Last birthday (Years) 76		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. Hispanic Origin? Specify No - Non-Hispanic		9a. STATE OF BIRTH (If not US/CA, name country) Alabama		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 7470		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Firearms Specialist		14b. KIND OF BUSINESS OR INDUSTRY Forensics	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1045 Stephanie Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Albert W PETERSON			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Nancy GESUELE		
18a. INFORMANT - NAME (Type or Print) James Alan PAPE			18b. MAILING ADDRESS - (Street or R.F.D. No., City or Town, State, Zip) 1045 Stephanie Way Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Creonation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENICE PORTILLO CARPENTER		20b. FUNERAL DIRECTOR LICENSE NUMBER FDB72		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno, NV 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JENNIFER L. WHITMORE DO					
21b. DATE SIGNED (Mo/Day/Yr) November 06, 2023		21c. HOUR OF DEATH 21:48		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Joseph W Hefflin Jr Jr MD		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jennifer L. Whitmore DO - 7842 W Sahara Ave Las Vegas, NV 89117		23b. LICENSE NUMBER DO2579		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 08, 2023		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)) (a) Malignant Neoplasm Of Prostate		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (b) Unknown Etiology		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (c) Unknown Etiology		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (d) Unknown Etiology		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		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				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.		28h. CITY OR TOWN STATE	

001023836



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.

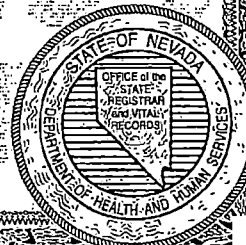
DATE ISSUED: 11/14/2023

Cody L. Storey

STATE REGISTRAR

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

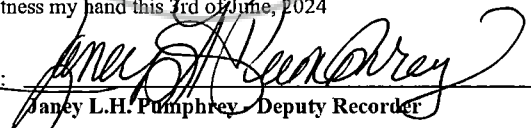
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

I, Shawnyne Garren, certify that the foregoing instrument is a full, true and correct copy of the original on file in the office of the Recorder of Douglas County, Nevada. Per NRS 239B, the SSN shall be redacted, but in no way affects the legality of the document.

Witness my hand this 3rd of June, 2024

By: 
Janey L.H. Pumphrey, Deputy Recorder