

DOUGLAS COUNTY, NV

2024-1008887

Rec:\$40.00

\$40.00

Pgs=4

06/07/2024 02:15 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN No.: 1320-33-221-001

Escrow No.: 23038793-SA

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

When Recorded Return to:
Mary Miller, Successor Trustee
5624 Charlottee Way
Livermore, CA 94550

Mail Tax Statements to:
Lynn Corey
1255 Concho Trail Unit 1
Gardnerville, NV 89410

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) & NRS 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: 1320-33-221-001
Escrow No. 23038793-SA

When Recorded Return to:
Mary E. Miller, Successor Trustee for the Kathleen E.
Raymond Trust dated June 2, 2021
1255 Concho Trail Unit 1
Gardnerville, NV 89410

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

Mary Miller, of legal age, being duly sworn, deposes and says

That Kathleen E. Raymond the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Kathleen E. Raymond named as one of the parties in that certain Grant Deed dated June 2, 2021 executed by Kathy E. Raymond, an unmarried woman to Kathleen E. Raymond, Trustee of the Kathleen E. Raymond Trust dated June 2, 2021 recorded as Instrument No. 2021-968941, on June 11, 2021 of Official Records of Douglas County, Nevada, covering the following described property.

PARCEL 1:

Unit 1, of Building 7, of Final Subdivision of Esplanade at The Ranch, Map LDA 15-020, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on November 9th, 2017, as Document No. 2017-906665 and Certificate of Amendment recorded November 9, 2017, as Document No. 2017-906767.

PARCEL 2:

An undivided 1/41st interest as a tenant in common in the Common Elements. An exclusive right to use that portion of the Common Elements designated as Limited Common Elements on the Final Map, as granted in the Declaration of Covenants, Conditions, and Restrictions for Esplanade At The Ranch Community Association recorded September 8, 2017, as Document No. 2017-903815 and the First Amended and Restated Declaration of Covenants, Conditions, and Restrictions for Esplanade At The Ranch Community Association recorded March 2, 2018, as Document No. 2018-911107 and the Second Amended and Restated Declaration of Covenants, Conditions, and Restrictions for Esplanade At The Ranch Community Association recorded April 30, 2018, as Document No. 2018-913638 and the Third Amended and Restated Declaration of Covenants, Conditions, and Restrictions for Esplanade At The Ranch Community Association, Official Records, Douglas County, Nevada.

Assessors Parcel No.: 1320-33-221-001

The Kathleen E. Raynond Trust dated, June 2, 2021

[Handwritten Signature]

Mary Miller, Successor Trustee

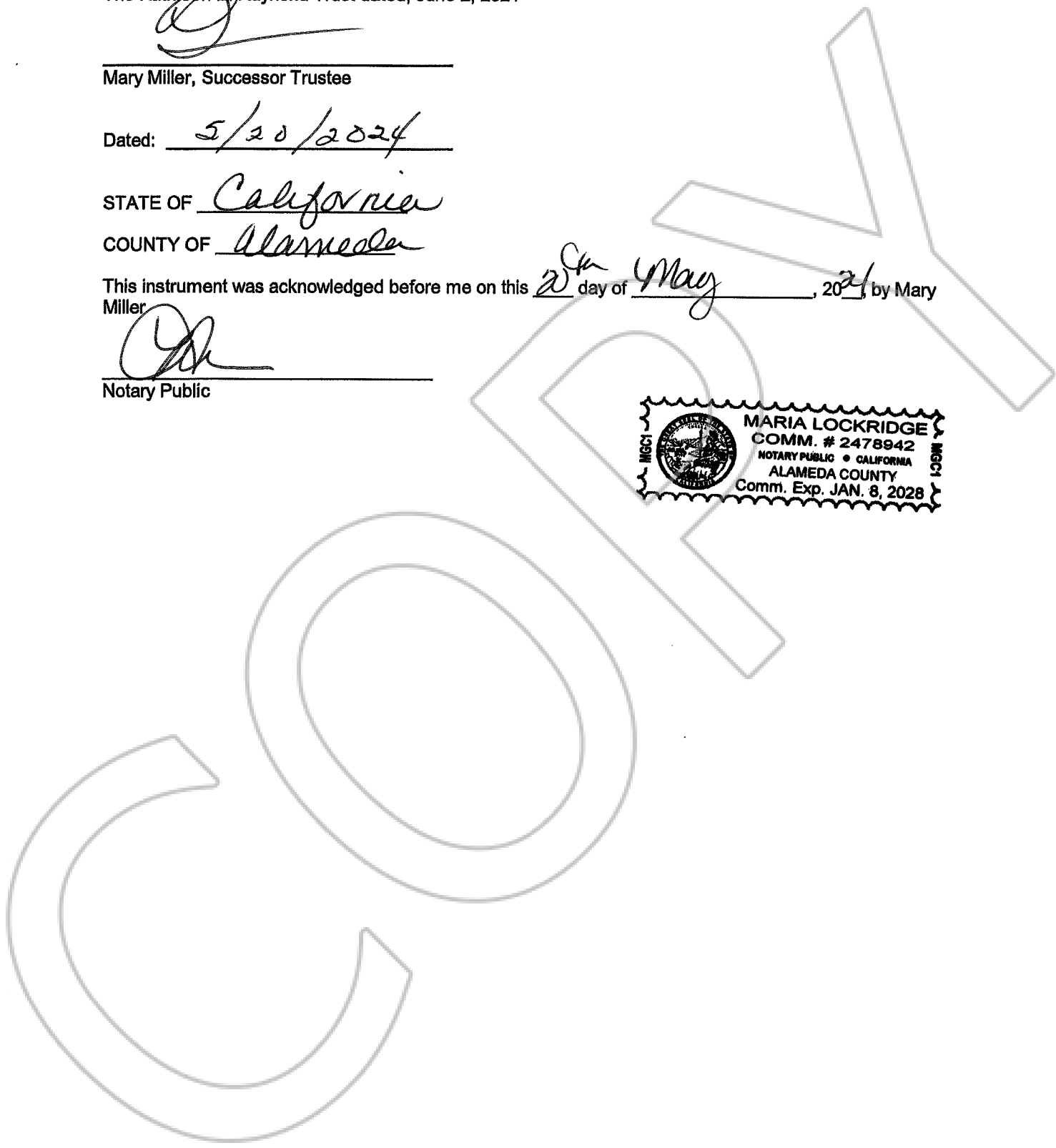
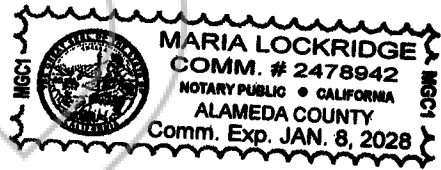
Dated: 5/20/2024

STATE OF California
COUNTY OF Alameda

This instrument was acknowledged before me on this 20th day of May, 2024, by Mary Miller

[Handwritten Signature]

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. 4376319 **CERTIFICATE OF DEATH** 2023023017
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

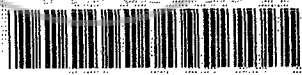
CERTIFIER

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) Kathleen E RAYMOND		2. DATE OF DEATH (Mo/Day/Year) October 19, 2023		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) 1255 Concho Trail		3e. If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MO'S DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 14, 1954		9a. STATE OF BIRTH (If not US/CA, name country) Oregon		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]-3258		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Administrative Specialist 4		14b. KIND OF BUSINESS OR INDUSTRY Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1255 Concho Trail #1		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William James STEVES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorthis Joanna ARMSTRONG		
18a. INFORMANT- NAME (Type or Print) Mary Elizabeth MILLER		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 5624 Charlotte Way Livermore, California 94550			
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	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD987		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
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) NITA SCHWARTZ MD 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) October 23, 2023		21c. HOUR OF DEATH 18:29		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Schwartz MD 710 W Washington Street Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) ANNAH M HOWARD SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 23, 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).) PART I (a) Metastatic Malignant Neoplasm Of Other Part Uterus			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) 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.				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	



CERTIFIED COPY OF VITAL RECORDS

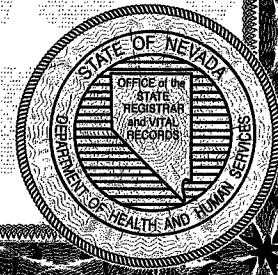
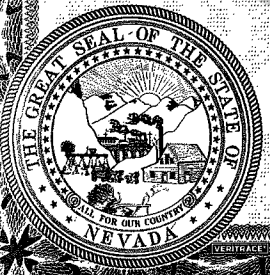
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **10/25/2023**

Cody J. Phinney

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