

APN# 1220-17-810-006



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Michael L. Trealor

Address: 1102 Oro Way

City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:

Name: Michael L. Trealor

Address: 1102 Oro Way

City/State/Zip: Gardnerville, NV 89460

Affidavit of Death of Trustee

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)

- Checked: Affidavit of Death - NRS 440.380 (1)(A) & NRS 40.525 (5)
Other NRS (state specific law)
Military Discharge - NRS 419.020 (2)

-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)

Handwritten signature of Michael L. Trealor

Signature

Michael L. Trealor

Printed Name

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

Recording requested by:
Michael L. Treloar
1102 Oro Way
Gardnerville, NV 89460

And when recorded, mail to:
Michael L. Treloar
1102 Oro Way
Gardnerville, NV 89460

APN: 1220-17-810-006

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)
County of Douglas) ss.
)

Michael L. Treloar, of legal age, being first duly sworn, deposes and says:

1. Ruby Rae Trealor, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ruby R. Trealor named as Trustee in the Declaration of Trust dated February 24, 2017, and executed by Micheal L. Trealor and Ruby R. Trealor as Grantors and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1102 Oro Way, Gardnerville, NV 89460, which property is described in a Deed which was executed by Michael L. Trealor and Ruby R. Trealor as Grantors on February 27, 2017, and recorded as Document No. 2017-895195 of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
LOT 26, AS SHOWN ON THE MAP OF TIERRA LINDA ESTATES, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 14, 1965, IN BOOK 34, PAGE 376, AS DOCUMENT NO. 29457.
4. I am the named surviving Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

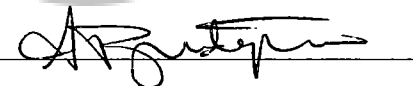
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

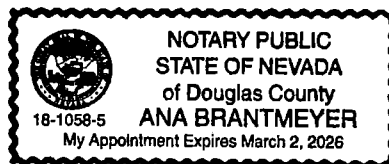
Dated 6-13-2024


Michael L. Treloar

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 13th day of June, 2024, by Michael L. Treloar, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature 



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4415399

CERTIFICATE OF DEATH

2024012062
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) Ruby Rae TRELOAR			2. DATE OF DEATH (Mo/Day/Year) May 26, 2024		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) The Chateau		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility		4. SEX Female
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 81	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) October 12, 1942
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	10. EDUCATION 12	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Michael Leroy TRELOAR	
13. SOCIAL SECURITY NUMBER ██████████-3520		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b. KIND OF BUSINESS OR INDUSTRY Manufacturing		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1102 Oro Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Peter Ira ROLL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bonnie B HANDS			
18a. INFORMANT- NAME (Type or Print) Michael Leroy TRELOAR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1102 Oro Way Gardnerville, Nevada 89460				
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) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861	20c. NAME AND ADDRESS OF FACILITY Walton'S Funerals And Cremations 1521 Church Street Gardnerville NV 89410			
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) ILEANA C DEFTU 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) May 31, 2024		21c. HOUR OF DEATH 18:32	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) Ileana C Deftu MD 235 West 6th Street Reno, NV 89503					23b. LICENSE NUMBER 12431	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 03, 2024		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) Alzheimer'S Disease Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Dementia Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Diabetes Mellitus Type 2 Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(d) Chronic Kidney Disease 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. Unknown Etiology					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



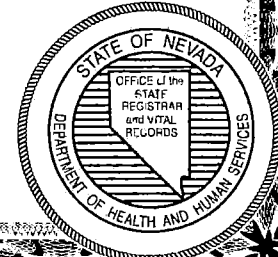
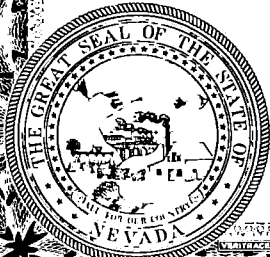
CERTIFIED COPY OF VITAL RECORDS

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: **6/4/2024**

Cody 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