

APN: 1420-28-701-040

**Recording Requested By
And When Recorded Mail To:**

Neal C. Falk, Esq.
Minden Lawyers, LLC
P.O. Box 2860
Minden, NV 89423

Mail Tax Statements to:

Julio Rodriguez
1355 Jackie Lane
Minden, NV 89423

DOUGLAS COUNTY, NV **2024-1009698**
Rec:\$40.00
Total:\$40.00 **07/02/2024 02:51 PM**
MINDEN LAWYERS LLC Pgs=3



00183373202410096980030039

SHAWNYNE GARREN, RECORDER

SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE

AFFIDAVIT OF DEATH OF TRUSTEE

Julio Rodriguez-Navis, a/k/a Julio Rodriguez-Navas, of legal age, being first duly sworn, deposes and says:

1. PATRICIA KAY RODRIGUEZ, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Patricia Kay Rodriguez named as Co-Trustee of THE RODRIGUEZ FAMILY 2005 REVOCABLE TRUST dated June 3, 2005.

2. At the time of the decedent's death, decedent was the record owner, as Co-Trustee, of certain real property which property is described in a Quitclaim Deed which was executed by Patricia Kay Rodriguez on June 3, 2005, and recorded as Doc # 0646631, on June 13, 2005, of the Official Records of County of Douglas, State of Nevada.

3. The legal description of said property is specifically described as follows:

All that certain lot, piece or parcel of land situate in Section 28, Township 14 North, Range 20 East, M. D B. & M., Douglas County State of Nevada described as follows:

Parcel B-2, as set forth on Parcel Map No. 5 for D. N. S. Ventures filed for

record in the office of the County Recorder of Douglas County, State of Nevada, on December 7, 1993, in Book 1293, Page 1340, as Document No. 324376. A.P.N. 21-050-67.

Previously recorded as Document 338651, Book 0694, Page 0104, dated June 1994.

COMMONLY KNOWN AS: 1355 JACKIE LANE, MINDEN, NEVADA

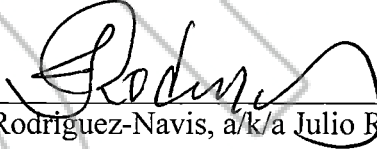
Together with all improvements, tenements, hereditaments, and appurtenances belonging thereto or appertaining and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

4. I am the named successor Sole 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

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

DATED this 25 day of June 2024.

By:

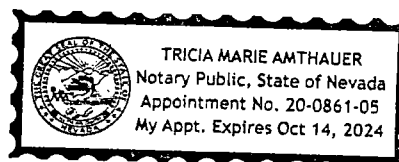

Julio Rodriguez-Navis, a/k/a Julio Rodriguez-Navas

State of Nevada
County of Douglas

Subscribed and sworn to before me on this 25 day of June 2024, by Julio Rodriguez-Navas, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

Signature  (Notary Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4146604

CERTIFICATE OF DEATH

2020010705
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) Patricia Kaye RODRIGUEZ		2. DATE OF DEATH (Mo/Day/Year) May 22, 2020		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) 1355 Jackie Lane		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) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 14, 1947		9a. STATE OF BIRTH (If not US/CA, name country) Kentucky		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Julio RODRIGUEZ	
13. SOCIAL SECURITY NUMBER -0336		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1355 Jackie Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Joseph Stanton HERRON JR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Janie Elizabeth REYNOLDS		
18a. INFORMANT- NAME (Type or Print) Julio RODRIGUEZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1355 Jackie Lane Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Anatomical Donation/Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
20c. NAME AND ADDRESS OF FACILITY 1281 N Roop Carson City NV 89706					
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) DENVER J MILLER MD			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 26, 2020		21c. HOUR OF DEATH 23:56		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) Denver J Miller MD 5538 Longley Lane Reno, NV 89511			
23b. LICENSE NUMBER 7330		24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 27, 2020	
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) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
Interval between onset and death Months		Interval between onset and death			
Interval between onset and death		Interval between onset and death			
Interval between onset and death		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

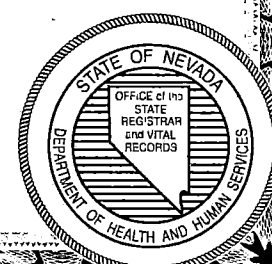
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 7/1/2024

Cody D. Higgins

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