

DOUGLAS COUNTY, NV

2024-1009976

Rec:\$40.00

\$40.00

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07/12/2024 10:08 AM

TICOR TITLE - CC (NVTH3K)

SHAWNYNE GARREN, RECORDER

APN # 1220-13-801-008

ORDER NO.: **TTR2401665-DKC**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

Recording Requested by and Return to:

Ticor Title of Nevada, Inc.
307 W. Winnie Lane Suite #1

Carson City, NV 89703

Affidavit Death of Trustee
(Title on Document)

By: *Danielle Carrete*

Print Name/Title: Danielle Carrete

This page added to provide additional information required by NRS 111.312 Sections 1-2
(Additional recording fee applies).

APN: 1220-13-801-008

Escrow No.: TTR2401665-DKC

When Recorded Mail Document To:

Shirlee A. Roeder
824 Cayuse Dr
Gardnerville, NV 89410-7864

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA

COUNTY OF Douglas

Shirlee Roeder, being of legal age, and first duly sworn, deposes and says:

1. That Phillip Layton Roeder the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in The Roeder Family 2020 Trust, dated January 15, 2020 executed by Phillip L. Roeder and Shirlee A. Roeder, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 824 Cayuse Dr, Gardnerville, NV 89410-7864, which property is described in the deed which was signed by Phillip L. Roeder and Shirlee A. Roeder, Husband and Wife as Joint Tenants with Right of Survivorship as Grantor(s) and recorded as Instrument No. 2020-941618 of Official Records on January 31, 2020. The property is situated in the County of Douglas, State of Nevada. The legal description of said property is as follows:

FOR LEGAL DESCRIPTION OF THE REAL PROPERTY, SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

3. I, Shirlee A. Roeder am the named Successor 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of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of 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.

SIGNATURE PAGE ATTACHED HERETO

AFFIDAVIT - DEATH OF TRUSTEE
(continued)

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

The Roeder Family 2020 Trust

Shirlee A. Roeder

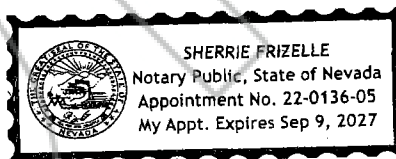
Shirlee A. Roeder, Successor Trustee

State of NEVADA

County of DOUGLAS

This instrument was acknowledged before me on this 8th day of July, 2024, by
Shirlee A. Roeder.

Sherrie Frizelle
Notary Public



[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. 4375477

CERTIFICATE OF DEATH

2023022796
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

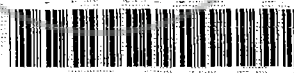
CERTIFIER

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) Phillip Layton ROEDER		2. DATE OF DEATH (Mo/Day/Year) October 14, 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) 824 Cayuse Drive		3e. If Hosp. or Inst. indicate DOA,OP,Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MIN	
8. DATE OF BIRTH (Mo/Day/Yr) September 17, 1942		9a. STATE OF BIRTH (If not US/CA, name country) Wisconsin		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) Shirlee Ann VAN ATTA	
13. SOCIAL SECURITY NUMBER 5543		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Aircraft Inspector		14b. KIND OF BUSINESS OR INDUSTRY Airline	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 824 Cayuse Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT -NAME (First Middle Last Suffix) Willard ROEDER			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Lois SCHWARTZ		
18a. INFORMANT- NAME (Type or Print) Shirlee Ann ROEDER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 824 Cayuse Drive Gardnerville, Nevada 89410			
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 (Or Person Acting as Such) DENICE PORTILLO CARPENTER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Neptune Society Of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) REED DOPF 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 19, 2023		21c. HOUR OF DEATH 23:47		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703	
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 19, 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					Interval between onset and death
(a) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) Stroke DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) Patent Foramen Ovale 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 I. Atherosclerotic Cerebrovascular Disease					26. AUTOPSY (Specify Yes or No) No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOM., UNDEF. 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

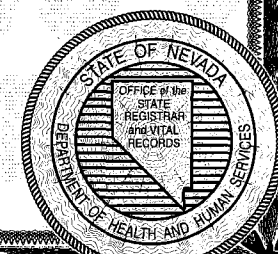
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Cody Phinney

DATE ISSUED: 10/24/2023

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

EXHIBIT "A"
Legal Description

Order No.: TTR2401665

For APN/Parcel ID(s): 1220-13-801-008

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Being a portion of the Southeast 1/4 of Section 13, Township 12 North, Range 20 East, M.D.B. & M., further described as follows:

Parcel 4-B as set forth in Parcel Map #2 for JERRY E. TILLEY filed in the Office of the County Recorder of Douglas County, State of Nevada on April 13, 1990, Book 490, Page 1902, as Document No. 223931, and Certificate of Amendment Recorded January 31, 1991, Book 191, Page 3825, Document No. 243941.

Said land being a portion of Lot 18, as shown on the Amended Official Map of RUHENS TROTH RANCHOS SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 11, 1976, as Document No. 88873.

