

APN# 1319-09-701-004

Recording Requested by/Mail to:

Name: Oscar Reese Trust

Address: 15087 Idaho Avenue

City/State/Zip: Santa Monica CA 90403

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Affidavit 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)

Affidavit of Death – NRS 440.380 (1)(A) & NRS 40.525 (5)

Military Discharge – NRS 419.020 (2)

Other NRS _____ (state specific law)

-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)



Signature

J Lane

Printed Name

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

RECORDING REQUESTED BY:
Signature Title Company LLC

AND WHEN RECORDED MAIL TO:

Carolyn Reese Frank, Successor Trustee of the Oscar
N. Reese Family Trust
1508 Idaho Avenue
Santa Monica CA90403

A.P.N.: 1319-09-701-004
Order No.:
Escrow No.: ZC3610-JL

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS

Carolyn Reese Frank, of legal age, being first duly sworn, deposes and says:

That **Oscar Norman Reese** the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Oscar N. Reese**, trustee of the **Oscar N. Reese Family Trust**, named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **September 2, 2009**, executed by **Robert Donald Funk and Ann Willrich Funk**, Trustees of the "**Funk Family Trust**", to **Oscar N. Reese**, Trustee of the **Oscar N. Reese Family Trust**, recorded as Instrument No. **2009-750134**, on **September 3, 2009**, of Official Records of **Douglas** County, Nevada covering the following described real property situated in the County of **Douglas**, State of Nevada:


Commencing at the Southwest corner of Mill Street and Genoa Street in the Town of Genoa, which point is marked by a steel pipe; thence South 89°50'20" West along the Northerly boundary of the property of L.J. Allen, being the Northerly line of Lot 1 in Block 4 of Genoa Townsite and said line extended Westerly a distance of 214.13 feet to the true point of commencement; thence South 20°05'24" West 241.95 feet; thence South 8°49'38" West 101.71 feet; thence South 18°08'23" West 40.86 feet; thence South 8°34'22" West 84.87 feet; thence South 1°23'05" West 75.16 feet; thence South 11°49'07" East 162.43 feet to a point on the South line of the Northwest quarter of said Section 9; thence West along said line 258.49 feet; thence North 684.68 feet; thence East 350.87 feet to the true point of commencement.

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Document No. 750134 is hereby provided pursuant to NRS 111.312

A section of the trust provides that if either **Oscar N. Reese** or **Carolyn Reese Frank** is, through death, disability or refusal to act, unable or unwilling to act as Trustee, the other shall act alone as Trustee. That at the date hereof, **Carolyn Reese Frank** is the sole Trustee of the above named Trust.

Dated: July 11, 2024


Carolyn Reese Frank, Successor Trustee

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

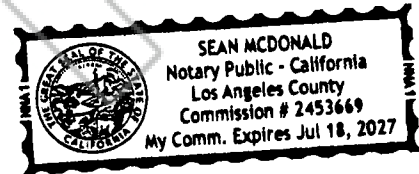
On 07/11/2024 before me, Sean McDonald Notary Public
(insert name and title of the officer)

personally appeared Carolyn Frank,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature] (Seal)



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2010017995

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Oscar Norman REESE		2. DATE OF DEATH (Mo/Day/Year) December 01, 2010		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) Evergreen Gardnerville Health and Rehabilitation		3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient (Specify) Nursing Home	
4. SEX Male		7a. AGE-Last birthday (Years) 95		8. DATE OF BIRTH (Mo/Day/Yr) April 29, 1915	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS	
9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER ██████-2458	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Builder/pilot		14b. KIND OF BUSINESS OR INDUSTRY Construction/test Pilot		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1354 Eldorado Apt E.		17. MOTHER - NAME (First Middle Last Suffix) Mary			
16. FATHER - NAME (First Middle Last Suffix) Sivert B REESE		18a. INFORMANT - NAME (Type or Print) Cynthia R MARTIN			
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 242 La Vista Grande Santa Barbara, California 93103		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			
19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery		19c. LOCATION City or Town State Gardnerville Nevada 89410			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		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) SIGNATURE AUTHENTICATED LAURENCE GEORGE GAY M.D.		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) December 02, 2010		21c. HOUR OF DEATH 02:40		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) Laurence George Gay M.D. PO Box 19936 Reno, NV 89511087			
23b. LICENSE NUMBER 5152		24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 02, 2010		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) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Hypoxia DUE TO, OR AS A CONSEQUENCE OF: (c) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death Seconds		Interval between onset and death Days	
Interval between onset and death Days		Interval between onset and death Days			
Interval between onset and death		Interval between onset and death			
PART II Malnutrition, Failure to Thrive		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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	

STATE REGISTRAR

3688869

363002

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: 12/06/2010

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev. 20100218

