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Natalia K. Vander Laan, Esq.



SHAWNYNE GARREN, RECORDER

**APN: 1220-08-410-009**

**Recording requested by:** )  
Jan Cheslock )  
1024 Rocky Terrace Drive )  
Gardnerville, NV 89460 )

**When recorded mail to:** )  
Jan Cheslock )  
1024 Rocky Terrace Drive )  
Gardnerville, NV 89460 )

**Mail tax statement to:** )  
Jan Cheslock )  
1024 Rocky Terrace Drive )  
Gardnerville, NV 89460 )

## AFFIDAVIT – DEATH OF CO-TRUSTEE

I, JAN FIXLER CHESLOCK, of legal age, being first duly sworn, declare under penalty of perjury that:

GLENWOOD ROYCE CHESLOCK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GLENWOOD ROYCE CHESLOCK named as Co-Trustee in the Declaration of Trust executed on February 14, 2008, by GLENWOOD ROYCE CHESLOCK and JAN FIXLER CHESLOCK as Grantors.

GLENWOOD ROYCE CHESLOCK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GLENWOOD R. CHESLOCK named as one of the parties (grantees) in that certain deed dated March 20, 2024, and executed by “William W. Nichols, Trustee of The Quails Nest Trust 1999” (grantor) to “Glenwood R. Cheslock and Jan Fixler Cheslock as Trustees of The 2008 Cheslock Family Trust, dated July 22, 1993” (grantees), recorded on March 26, 2024, as Document No. 2024-1006043 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

LOT 32, IN BLOCK A, AS SET FORTH ON THE FINAL SUBDIVISION MAP PLANNED UNIT DEVELOPMENT, PD 03-011, FOR ROCKY TERRACE, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON NOVEMBER 30, 2005, IN BOOK 1105, PAGE 12654, DOCUMENT NO. 661875.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

GLENWOOD ROYCE CHESLOCK, the deceased party, died on July 5, 2024, as shown in the attached certified copy of Certificate of Death.

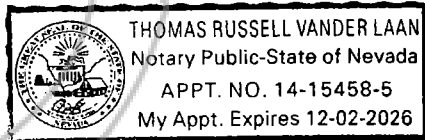
The Affiant is the Wife of the deceased party and now the sole surviving Trustee of the 2008 CHESLOCK FAMILY TRUST, now holding title as JAN FIXLER CHESLOCK, Trustee, or her successors in Trust, under the 2008 CHESLOCK FAMILY TRUST, dated February 14, 2008 (previously incorrectly dated as July 22, 1993).

Executed on this August 19, 2024, in Douglas County, State of Nevada.

  
 \_\_\_\_\_  
 JAN FIXLER CHESLOCK

STATE OF NEVADA            )  
   ): ss  
 COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this August 19, 2024, by JAN FIXLER CHESLOCK.



  
 \_\_\_\_\_  
 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4422384

**CERTIFICATE OF DEATH**

2024014981  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

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) <b>Glenwood Royce CHESLOCK</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 05, 2024</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 21, 1937</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
10. EDUCATION <b>13</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Jan Christine BRUBAKER</b>	
13. SOCIAL SECURITY NUMBER <b>██████-3882</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Design Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Engineering</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1024 Rocky Terrace Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John CHESLOCK</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dorothy Woodring ECKROTE</b>		18a. INFORMANT- NAME (Type or Print) <b>Jan Christine CHESLOCK</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1024 Rocky Terrace Drive Gardnerville, Nevada 89460</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Smith Family Crematory</b>		19c. LOCATION City or Town State <b>Fallon Nevada 89406</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MERCEDES Q QUARTUCCI</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD983</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society Of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502</b>	
20d. SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) <b>SIGNATURE AUTHENTICATED REBAIKA CHOPRA MD</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>July 08, 2024</b>		21c. HOUR OF DEATH <b>03:40</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
				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) <b>Rebaika Chopra MD 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>23991</b>			
24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 08, 2024</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		(a) <b>Acute on chronic systolic congestive heart failure exacerbation</b>		Interval between onset and death <b>4 Days</b>	
		(b) <b>Ischemic Cardiomyopathy</b>		Interval between onset and death	
		(c)		Interval between onset and death	
		(d)		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. <b>Acute Renal Failure</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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

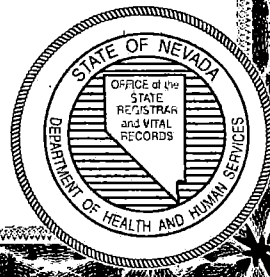
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

7/12/2024

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

*Cody P. ...*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE