

APN # 3-141-08

Recording Requested By:

Name Dambacher, Trujillo
and Russell, APLC

Address 32 N. Washington St

City/State/Zip _____

Sonora, California 95370

EUREKA COUNTY, NV
LAND-DTR
Rec:\$37.00
Total:\$37.00

2021-246481
10/19/2021 03:01 PM
Pgs=6

DAMBACHER, TRUJILLO, APLC



00014013202102464810060061

LISA HOEHNE, CLERK RECORDER

Affidavit of Death
(Title of Document)

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

Recording Requested By
GARY P. DAMBACHER, ESQ.

WHEN RECORDED MAIL THIS DOCUMENT TO:

DAMBACHER, TRUJILLO & RUSSELL, APLC
32 N. Washington Street
Sonora, California 95370

APN: 3-141-08

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT OF DEATH OF TRUSTEE AND ACCEPTANCE OF SUCCESSOR TRUSTEE

I, JANET BARNETT, of legal age, being first duly sworn according to law, deposes and says:

1. HELEN E. BARNETT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as a Co-Trustee in the certain revocable trust known as the BARNETT FAMILY 1993 TRUST, executed by DEAN H. BARNETT and HELEN E. BARNETT as trustees.
2. DEAN HARVEY BARNETT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as a Co-Trustee in the certain revocable trust known as the BARNETT FAMILY 1993 TRUST, executed by DEAN H. BARNETT and HELEN E. BARNETT as trustees.
3. At the time of the decedent's deaths, decedents were the owners, as Settlers and Trustees, of certain real property located in Eureka County, State of Nevada, more particularly described as follows:

TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.&M.

SECTION 29, N1/2 SW1/4 NW1/4, as shown upon Record of Survey of Crescent Valley Ranch and Farm, Unit No. 5, filed in the office of the Eureka County Recorder on November 5, 1959.

4. I am the daughter-in-law of the decedents and the successor Trustee of the same trust under which said decedents held title as Trustees, and I am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof, and I accept the duties and responsibilities of trustee and consent to act as trustee of said trust.
5. There is no federal estate tax as the result of the deaths of the decedents mentioned in paragraphs 1 and 2.

6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and this Affidavit is executed at Sonora, California.

Dated: 10/12, 2021.


JANET BARNETT

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 TUOLUMNE

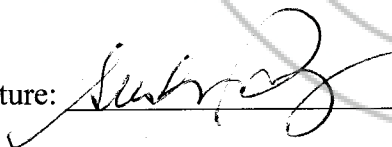
§

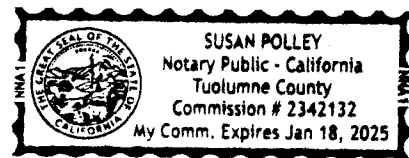
§

Subscribed and sworn to (or affirmed) before me on OCTOBER 12, 2021, by JANET BARNETT, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

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:  (Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF ASSESSOR - RECORDER

COUNTY OF TUOLUMNE

SONORA, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS

3 2001 55 000204

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		3 2001 55 000204	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE	
DEAN		HARVEY	
3. LAST (FAMILY)		BARNETT	
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS	
02/17/1921		80	
6. SEX		7. DATE OF DEATH M/M/DD/CCYY	
M		05/17/2001	
8. HOUR		0630	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	
MO		[REDACTED]	
11. MILITARY SERVICE		12. MARITAL STATUS	
[] YES [X] NO [] UNK		Married	
13. EDUCATION—YEARS COMPLETED		14. RACE	
12		White	
15. HISPANIC—SPECIFY		16. USUAL EMPLOYER	
[] YES [X] NO		United Airlines	
17. OCCUPATION		18. YEARS IN OCCUPATION	
Airline Mechanic		30	
19. KIND OF BUSINESS		Airline Transportation	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)			
21625 Crestview Dr.			
21. CITY			
Sonora			
22. COUNTY			
Tuolumne			
23. ZIP CODE			
95370			
24. YRS IN COUNTY			
4			
25. STATE OR FOREIGN COUNTRY			
CA			
26. NAME, RELATIONSHIP			
Karl Barnett, Son			
27. MAILING ADDRESS—(STREET AND NUMBER OR PO BOX NUMBER, CITY OR TOWN, STATE, ZIP)			
16190 Hidden Valley Rd. Sonora, CA 95370			
28. NAME OF SURVIVING SPOUSE—FIRST			
Helen			
29. MIDDLE			
Elizabeth			
30. LAST (MAIDEN NAME)			
Kimble			
31. NAME OF FATHER—FIRST			
Harve			
32. MIDDLE			
Barnett			
33. LAST			
MO			
34. BIRTH STATE			
MO			
35. NAME OF MOTHER—FIRST			
Ester			
36. MIDDLE			
Busick			
37. LAST (MAIDEN)			
MO			
38. BIRTH STATE			
MO			
39. DATE M/M/DD/CCYY			
05/21/2001			
40. PLACE OF FINAL DISPOSITION			
St. Patricks Cemetery Sonora, CA 95370			
41. TYPE OF DISPOSITION			
BU			
42. SIGNATURE OF EXAMINER			
[Signature]			
43. LICENSE NO.			
7053			
44. NAME OF FUNERAL DIRECTOR			
Heuton Memorial Chapel			
45. LICENSE NO.			
FD 362			
46. SIGNATURE OF LOCAL REGISTRAR			
[Signature]			
47. DATE M/M/DD/CCYY			
05/18/2001			
101. PLACE OF DEATH			
Sonora Community Hospital			
102. IF HOSPITAL, SPECIFY ONE:			
[X] IP [] ER/OP [] DOA [] CONV [] RES [] CARE [] OTHER			
103. FACILITY OTHER THAN HOSPITAL			
104. COUNTY			
Tuolumne			
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)			
1 S. Forest Rd.			
106. CITY			
Sonora			
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
IMMEDIATE CAUSE (A) Cardiorespiratory Arrest			
TIME INTERVAL BETWEEN ONSET AND DEATH			
Minutes			
108. DEATH REPORTED TO CORONER			
[] YES [X] NO			
109. BIOPSY PERFORMED			
[] YES [X] NO			
110. AUTOPSY PERFORMED			
[] YES [X] NO			
111. USED IN DETERMINING CAUSE			
[] YES [] NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107			
Stroke			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE			
No			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED			
DECEDENT ATTENDED SINCE [] DECEDENT LAST SEEN ALIVE M/M/DD/CCYY			
04/25/2001 05/16/2001			
115. SIGNATURE AND TITLE OF PHYSICIAN			
[Signature]			
116. LICENSE NO.			
GO-56099			
117. DATE M/M/DD/CCYY			
05/18/2001			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP			
Dan B. Phillips 4 S. Forest Rd. Sonora, CA 95370			
119. MANNER OF DEATH			
[] NATURAL [] SUICIDE [] HOMICIDE			
[] ACCIDENT [] PENDING INVESTIGATION [] COULD NOT BE DETERMINED			
120. INJURY AT WORK			
[] YES [] NO			
121. INJURY DATE M/M/DD/CCYY			
122. HOUR			
123. PLACE OF INJURY			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)			
126. SIGNATURE OF CORONER OR DEPUTY CORONER			
127. DATE M/M/DD/CCYY			
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR			
A B C D E F G H FAX AUTH. # CENSUS TRACT			

23553

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF TUOLUMNE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tuolumne County Assessor-Recorder.

DATE ISSUED

06/11/2001

This copy is not valid unless prepared on an engraved border, displaying the date and signature of the Assessor-Recorder.

DAVID W. WYNNE

TUOLUMNE COUNTY ASSESSOR-RECORDER

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF ASSESSOR - RECORDER

COUNTY OF TUOLUMNE

SONORA, CALIFORNIA

3052020271819

CERTIFICATE OF DEATH

3202055000623

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
KARL		BARNETT	
2. MIDDLE		4. DATE OF BIRTH mm/dd/ccyy	
VAUGHN		05/08/1947	
5. AGE Yrs.		6. SEX	
73		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SDP (at Time of Death)	
[X] YES [] NO [] UNK		MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. DATE OF DEATH mm/dd/ccyy	
BACHELOR		11/19/2020	
15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
[] YES [X] NO		WHITE, ENGLISH, IRISH	
17. USUAL OCCUPATION - type of work for most of life. DO NOT USE RETIRED		18. YEARS IN OCCUPATION	
OWNER-OPERATOR		40	
19. DECEDENT'S RESIDENCE (Street and number, or location)		20. YEARS IN COUNTY	
16190 HIDDEN VALLEY ROAD		25	
21. CITY		22. STATE/FOREIGN COUNTRY	
SONORA		CA	
23. COUNTY/PROVINCE		24. ZIP CODE	
TUOLUMNE		95370	
25. INFORMANT'S NAME, RELATIONSHIP		26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
JANET BARNETT, WIFE		16190 HIDDEN VALLEY ROAD, SONORA, CA 95370	
27. NAME OF SURVIVING SPOUSE/SDP - FIRST		28. MIDDLE	
JANET		ARLENE	
29. LAST (BIRTH NAME)		30. LAST (BIRTH NAME)	
MASON		MASON	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	
DEAN		HARVEY	
33. LAST (BIRTH NAME)		34. BIRTH STATE	
BARNETT		MO	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
HELEN		ELIZABETH	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
KIMBLE		CO	
39. DISPOSITION DATE mm/dd/ccyy		40. PLACE OF FINAL DISPOSITION	
12/21/2020		MT. SHADOW CEMETERY	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
BU		JOHN MOORE	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
EMB6430		TERZICH AND WILSON FUNERAL HOME	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD762		KAENAN S. WHITMAN	
47. DATE mm/dd/ccyy		48. IF OTHER THAN HOSPITAL, SPECIFY ONE	
12/03/2020		[] IP [] ERVOP [] DCA [] Hospice [] Nursing Home/LTC [] Decedent's Home [X] Other	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
PLACE OF BUSINESS		[] IP [] ERVOP [] DCA [] Hospice [] Nursing Home/LTC [] Decedent's Home [X] Other	
103. COUNTY		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
TUOLUMNE		19447 VILLAGE DRIVE	
105. CITY		106. CITY	
SONORA		SONORA	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		[X] YES [] NO	
(A) SEVERE SYSTOLIC HEART FAILURE		REFERRAL NUMBER	
(B) NON SUSTAINED VENTRICULAR TACHYCARDIA		2011190023	
(C)		109. BIOPSY PERFORMED?	
(D)		[] YES [X] NO	
(E)		110. AUTOPSY PERFORMED?	
(F)		[] YES [X] NO	
(G)		111. USED IN DETERMINING CAUSE?	
(H)		[] YES [] NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. IF FEMALE, PREGNANT IN LAST YEAR?	
NONE		[] YES [] NO [] UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since: 07/15/2020		Decedent Last Seen Alive: 10/16/2020	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
NANCY MICHELLE INFORZATO M.D.		G87571	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE	
NANCY MICHELLE INFORZATO M.D.		12/02/2020	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/ccyy	
[] YES [] NO [] UNK		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
129. STATE REGISTRAR		130. FAX AUTH.#	
A B C D E		131. CENSUS TRACT	

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tuolumne County Assessor-Recorder.

Kaenan Whitman
KAENAN WHITMAN
TUOLUMNE COUNTY ASSESSOR-RECORDER

DATE ISSUED 12/3/2020

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Assessor-Recorder.
PINCO (Rev) 95/17

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 3-141-08
b) _____
c) _____
d) _____

2. Type of Property:

- a) ☒ Vacant Land b) ☐ Single Fam. Res.
c) ☐ Condo/Twnhse d) ☐ 2-4 Plex
e) ☐ Apt. Bldg f) ☐ Comm'l/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
☐ Other _____

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

\$ 2,100.00

Deed in Lieu of Foreclosure Only (value of property) _____

Transfer Tax Value: _____

\$ _____

Real Property Transfer Tax Due _____

\$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 7

b. Explain Reason for Exemption: Transfer to Successor Trustee

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature _____

Janet Barnett
Janet Barnett

Capacity _____

Trustee
Trustee

Signature _____

Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Helen Barnett, Deceased

Address: c/o 16190 Hidden Valley Rd.

City: Sonora

State: California Zip: 95370

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Janet Barnett, Trustee

Address: 16190 Hidden Valley Rd.

City: Sonora

State: California Zip: 95370

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: Gary P. Dambacher, Esq.

Escrow #: none

Address: 32 N. Washington St.

City: Sonora, CA 95370

State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED