Recording Requested By: HALES, HALES & GEORGE, INC.

WHEN RECORDED RETURN TO: HALES, HALES & GEORGE, INC. 19040 Cox Avenue, Suite 3 Saratoga, California 95070

MAIL TAX STATEMENTS TO: Janine Peery 21296 Rumford Drive Cupertino, CA 95014

## AFFIDAVIT OF DEATH OF TRUSTEE APPOINTMENT OF SUCCESSOR TRUSTEE

STATE OF NEVADA
COUNTY OF DOUGLAS

says:

IN RE
THE ACHSAH J. DAVY LIVING TRUST dated July 9, 1991 and amended and fully restated August 30, 1999

JANINE PEERY, being of legal age and being first duly sworn, deposes and

That ACHSAH JEAN DAVY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ACHSAH J. DAVY, named as the Trustee in that certain Grant, Bargain and Sale Deed dated August 9, 1999 executed by The Wright Family 1996 Trust to ACHSAH J. DAVY as Trustee of THE ACHSAH J. DAVY LIVING TRUST dated July 9, 1991 as to a one-half interest and recorded September 8, 1999 as Document No. 476082BK-PG: 9-1149 in the Official Records of the County Recorder of Douglas County, Nevada. The property on said Grant, Bargain and Sale Deed is commonly known as 258 Apple Creek Lane, Gardnerville, Nevada, APN: 0000-19-390-190, and more fully described as follows:

0568687 8K0303PG00330 "Parcel 1 as shown on that certain Parcel Map for R.L. and Valkyrie Easterwood, of Official Map filed in the office of the County Recorder of Douglas County, State of Nevada, on August 20, 1987 in Book 887, as Document No. 160514.

I further declare that I am the Successor Trustee of THE ACHSAH J. DAVY LIVING TRUST pursuant to Article IX of THE ACHSAH J. DAVY LIVING TRUST dated July 9, 1991 and amended and fully restated August 30, 1999.

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

2

Executed this // day of December, 2001, at Saratoga, California.

JAMINE PEERY

JAN MARIE HALES
COMM. # 1303401
NOTARY PUBLIC-CALIFORNIA D
SANTA CLARA COUNTY
COMM. EXP. MAY 5, 2005

Subscribed and sworn (affirmed) before me this 17th day of December, 2001.

Notary Public

0568687 BK0303PG00331

TYPE

## STATE OF NEVADA

## **DEPARTMENT OF HUMAN RESOURCES** DIVISION OF HEALTH

VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH - SECTION OF VITAL STATISTICS **CERTIFICATE OF DEATH** STATE FILE NUMBER LOCAL FILE NUMBER COUNTY OF DEATH DATE OF DEATH (Month, Day, Year) Middle DECEASED-NAME DAVY 2 September 11, 2001 Achsah Jean HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) CITY, TOWN OR LOCATION OF DEATH 3c. 258 Applecreek Lane 3b. Gardnerville

OR PRINT 3a. Douglas PERMANENT If Hosp, or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) **BLACK INK** 4 Female DECEDENT DATE OF BIRTH (Mo., Day, Yr.) UNDER 1 YEAR UNDER 1 DAY RACE—(e.g., White, Black, American Indian, etc.) (Specify) Was Decedent of Hispanic Origin? Specify ☐ yes 🗶 no If yes, specify Mexican, Cuban, Puerto Rican, etc. AGE—Last Birthday (Years) HOURS . MINS MOS : DAYS 8. Sept 11, 1930 7b. 5. White CITIZEN OF WHAT COUNTRY SURVIVING SPOUSE (If wife, give maiden name) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Decedent's Education. Specify highest STATE OF BIRTH IF DEATH OCCURRED IN INSTITUTION grade completed. (If not U.S.A., name country) (Speaty) Married 12 David M. Fry 18 9b. **U.S.A.** 10. 9a. Michigan SEE HANDBOOK KIND OF BUSINESS OR INDUSTRY USUAL OCCUPATION (Give Kind of Work Done Dunng Most of SOCIAL SECURITY NUMBER RECARDING Working Life, Even if Retired) COMPLETION OF 14b. Education 13. **-5472** 14a. Teacher RESIDENCE ITEMS CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS RESIDENCE-STATE COUNTY 258 (Specify Yes or No) 15e. Yes 15d.Applecreek Lane 15c.Gardnerville 15b. Douglas 15aNevada Middle MOTHER-MAIDEN NAME FATHER-NAME First **PARENTS** Meyer Elizabeth E. Herrington Dan (Street or R.F.D. No., City or Town, State, Zip) INFORMANT—NAME (Type or Print) 18b.258 Applecreek Lane, Gardnerville, NV 89410 18a. David M. Fry - Husband BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY-NAME 19b. FitzHenry's Crematory 19c. Carson City, Nevada
FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY FITZHENRY'S Carson Valley Funeral 19a. Cremation DISPOSITION FUNERAL DIBECTOR—SIGNATURE (Or Person Acting as Such) 20c Home, 1380 Hwy 395, Gardnerville, NV 89410 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) and manner stated. To the best of my knowledge, death due to the cause(s) stated. red at the time, date and place and (Signature and Title) (Signature and Title) HOUR OF DEAT DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH DATE SIGNED (Mo., Day, Yr.) 6 I 21c. 2030 CERTIFIER PRONOUNCED DEAD (Hour) PRONOUNCED DEAD (Mo., Day, Yr.) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) LICENSE NUMBER NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a Evan W. Easley M.D., 1107 Hwy 395, Gardnerville, NV 89410 23b. 7446 DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE REGISTRAR CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST YES 24a. (Signature) AUSE PER LINE POR (a). (b), AND (c).) Interval between onset and death 25. IMMEDIATE CAUSE **PART** Interval between onset and death CAUSE LAST DUE TO, AR AS A CONSI Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (c) CAUSE OF OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1 CORONER (Specify Yes or No) Yes or No) **DEATH** 27. Yes ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED

No.183758

STATE



(Specity) 28a.

INJURY AT WORK (Specify Yes or No)

STATE REGISTRAR

28d.

28g.

LOCATION.

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

28b.

28f.

0568687

STREET OR R.F.D. No.

State Registrar

CITY OR TOWN

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

PG 00332 BK 0303

Hales Hales & George Me

IN OFFICIAL RECORDS OF
DOUGLAS CO. HEVADA

**0568687 W0**303PG00333 2003 MAR -3 PM 1:51

WERNER CHRISTEN
RECORDER

17 PAID DEPUTY