

APN: 1420-07-115-003

Recording Requested by and  
When Recorded Mail To:

C. Haley Abel, Esq.  
McDonald Carano Wilson, LLP  
100 West Liberty Street, 10<sup>th</sup> Floor  
Reno, Nevada 89501

Send Tax Statements to:  
The Linda M. Allen Trust  
1400 Kim Place  
Minden, NV 89423



KAREN ELLISON, RECORDER

The undersigned hereby affirms that this document submitted for recording DOES contain the personal information of the decedent per NRS 239B.030(2)(a), NRS 440.380(1)(a) and NRS 40.525(5).

**AFFIDAVIT OF DEATH OF CO-TRUSTEE**

STATE OF NEVADA      )  
  : ss.  
COUNTY OF WASHOE    )

LINDA M. ALLEN, being first duly sworn, upon oath deposes and says:

1. Affiant is over the age of twenty-one years, legally competent and possessed of his rights; and

2. ROBERT M. ALLEN, the decedent mentioned in the certified copy of the Certificate of Death attached hereto as Exhibit "A", and incorporated herein and made a part hereof by this reference, is one of the Co-Trustees of the ALLEN 2010 FAMILY TRUST , dated August 16, 2010 (the "Trust"), which acquired title to certain real property commonly known as 878 Vista Park, Minden, Nevada, under Document No. 0782743, recorded on May 5, 2011, and more particularly described in Exhibit "B" attached hereto and incorporated herein.

3. Affiant, LINDA M. ALLEN, further states that ROBERT M. ALLEN died in Minden, Douglas County, State of Nevada, on April 26, 2015, and as a result of his death and pursuant to the terms of the Trust, LINDA M. ALLEN, became the sole Trustee of the Trust.

4. Title to the subject property is now held as follows:

**“LINDA M. ALLEN, Trustee of THE ALLEN 2010 FAMILY TRUST,  
dated August 16, 2010”**

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

Further your affiant sayeth naught.

DATED: This 1<sup>st</sup> day of March, 2016.

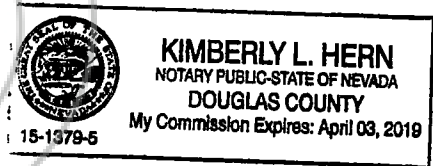
By: *Linda M Allen*  
LINDA M. ALLEN, Trustee

STATE OF NEVADA            )  
  : ss.  
COUNTY OF Douglas )

On this 1<sup>st</sup> day of March, 2016, personally appeared before me, a notary public, LINDA M. ALLEN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in her capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

*Kimberly L. HERN*  
NOTARY PUBLIC



442744

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

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

**CERTIFICATE OF DEATH**

2015010383

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) <b>Robert Martin ALLEN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>April 26, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar <b>1400 Kim Place</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>		4 SEX <b>Male</b>
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>56</b>		7b. UNDER 1 YEAR <b>MOS</b>   <b>DAYS</b>
9a. STATE OF BIRTH (if not U.S.A.) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
13. SOCIAL SECURITY NUMBER <b>2874</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Sales Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Retail</b>		12. SURVIVING SPOUSE (Maiden name) <b>Linda LUSCHAR</b>
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>1400 Kim Place</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Jerry ALLEN</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nancy BOWDEN</b>		
18a. INFORMANT-NAME (Type or Print) <b>Linda ALLEN</b>				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1400 Kim Place Minden, Nevada 89423</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703</b>		
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) <b>Signature of Marshall Flagg</b>			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) <b>MARSHALL FLAGG</b>			
21b. DATE SIGNED (Mo/Day/Yr) <b>June 03, 2015</b>		21c. HOUR OF DEATH <b>09:03</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>June 03, 2015</b>		22c. HOUR OF DEATH <b>09:03</b>
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>April 26, 2015</b>		22e. PRONOUNCED DEAD AT (Hour) <b>09:03</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Coroner MARSHALL FLAGG 1038 Buckeye Rd. Minden, NV 89423</b>					23b. LICENSE NUMBER <b>465</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 22, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Arteriosclerotic And Hypertensive Cardiovascular Disease</b>						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b)						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c)						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						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>Obesity</b>					26. AUTOPSY (Specify Yes or No) <b>Yes</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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		

STATE REGISTRAR

3829361

583625

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.

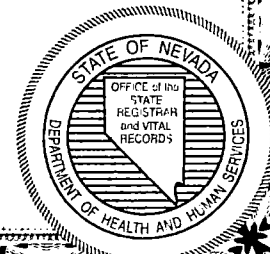
DATE ISSUED:

6/22/2015

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

*Verallynn A Boyack*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE