

APN: 1419-00-001-017
When recorded, return Deed to:



KAREN ELLISON, RECORDER

James P. Pace
448 Hill Street
Reno, NV 89501

Send tax statements to:

Kelley Gene Higgins, Trustee
936 Yellow Rose Court
Sparks, NV 89436

The undersigned hereby affirms that this document submitted for recording does contain the social security number of a person or persons. (Pursuant to NRS 440.380.1(a))

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT DEATH OF GRANTOR

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

KELLEY GENE HIGGINS, hereby swears (or affirms) under penalty of perjury, that the following assertions are true of her own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to matters hereinafter stated:
2. The Trust is the grantee named in that certain instrument executed by KELLEY GENE HIGGINS under Statutory Form Power of Attorney dated January 14, 2017, recorded as document number 2017-895863, of the Official Records, in the Office of the County Recorder of Douglas County, Nevada on March 13, 2017.
3. The IVA GENE CUNNYNGHAM Trust Agreement dated March 6, 2017, appoints me to serve as Trustee of the Trust with respect to the real property described below, which is part of the trust estate:

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

The NE ¼ of the NW ¼ of Section 2, Township 14 North, Range 19 EAST, M.D.B.&M., Douglas County, Nevada.

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“IN COMPLIANCE WITH NEVADA REVISED STATUE 111.312, THE
HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM
INSTRUMENT RECORDED APRIL 28, 2003, AS FILE NO. 0574818,
RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY,
STATE OF NEVADA.”

TOGETHER WITH easements, tenements, hereditaments, and appurtenances thereunto
belonging or appertaining including by not limited to water and mineral rights and shares
of stock evidencing the same, and the reversion and reversions, remainder and
remainders, rents, issues, and profits thereof.

- 4. IVA GENE CUNNYNGHAM, named as decedent in that certain Death certificate, a
copy of a certified copy of which is attached hereto, died on March 8, 2017.

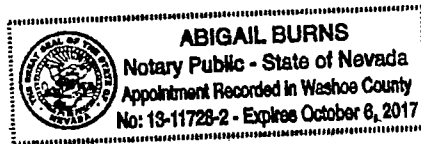
DATED this 30 day of March, 2017.

Kelley Gene Higgins
KELLEY GENE HIGGINS

STATE OF NEVADA)
)ss.
COUNTY OF WASHOE)

On this 30th day of MARCH, 2017, personally appeared before me, a Notary
public, KELLEY GENE HIGGINS personally known (or proved) to me to be the person whose
name is subscribed to the foregoing instrument, and who acknowledged that she executed the
instrument.

Abigail Burns
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA
CERTIFICATE OF DEATH

CASE FILE NO. 3945129

2017004356
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Iva Gene CUNNYNGHAM		2. DATE OF DEATH (Mo/Day/Year) March 08, 2017		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Sparks		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and city) Brookdale		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Residential Care Facility	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) January 04, 1938		9a. STATE OF BIRTH (If not US/CA, name country) Arkansas		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 16		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER 3706		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) School Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Sparks	
DISPOSITION	15d. STREET AND NUMBER 4710 Cheatgrass Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		14c. Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Lee KELLEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Wileen Ethel DOTSON		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Kelley Gene HIGGINS		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 936 Yellow Rose Court Sparks, Nevada 89436			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Churchill County Public Cemetery		19c. LOCATION City or Town State Fallon Nevada 89406	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LORRETTA GUAZZINI		20b. FUNERAL DIRECTOR LICENSE NUMBER 600		20c. NAME AND ADDRESS OF FACILITY The Gardens 2949 Austin Hwy Fallon NV 89406	
	20a. SIGNATURE AUTHENTICATED					
REGISTRAR	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) GRANT P ANDERSON MD			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)		
CAUSE OF DEATH	21b. DATE SIGNED (Mo/Day/Yr) March 09, 2017		21c. HOUR OF DEATH 23:33		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Grant P Anderson MD 330 E Liberty St Reno, NV 89501				23b. LICENSE NUMBER 3156	
	24a. REGISTRAR (Signature) CARMEN M MENDOZA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 10, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				26. AUTOPSY (Specify Yes or No) No	
	PART I (a) Glioblastoma Multiforme Of Brain Not Metastatic				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
CAUSE OF DEATH	(b) Unknown Etiology				Interval between onset and death	
	(c) Unknown Etiology				Interval between onset and death	
CAUSE OF DEATH	(d) Unknown Etiology				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				Interval between onset and death	
CAUSE OF DEATH	28a. ACC. SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
CAUSE OF DEATH	28g. LOCATION		STREET OR R.F.D No		CITY OR TOWN STATE	
	STATE REGISTRAR					

COO 257457

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.

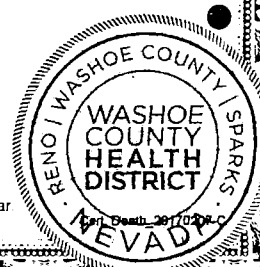
3/15/2017

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

DATE ISSUED:
REV 10/15

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Douglas County Recorder's Office

Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>

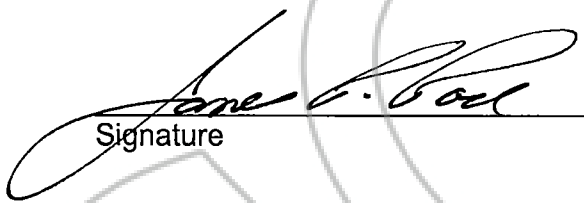
kellison@co.douglas.nv.us

(775) 782-9027

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.



Signature



Date

JAMES P. PAEE, ESQ
Printed Name

MAILING ADDRESS: P.O. Box 218, Minden, Nevada 89423

Main phone (775) 782-9025 - FAX (775) 783-6413