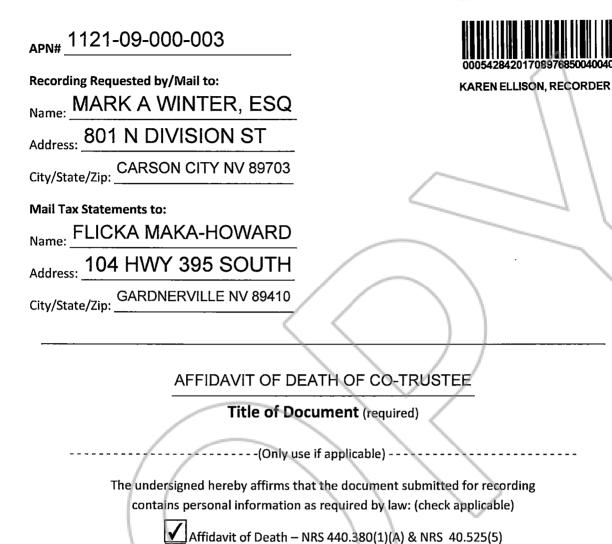
DOUGLAS COUNTY, NV

2017-897685 04/24/2017 08:30 AM

Rec:\$17.00 Total:\$17.00 MARK A. WINTER



Judgment - NRS 17.150(4)

Military Discharge - NRS 419.020(2)

MARK A WINTER, ESQ

**Printed Name** 

This document is being (re-)recorded to correct document #\_\_\_\_\_\_, and is correcting

Recorded at the request of:
Mark A. Winter
801 N. Division
Carson City, NV 89703
When recorded, mail to:
Mail tax statements to:
Flicka Maka-Howard
104 Hwy 395 South
Gardnerville, NV 89410

## AFFIDAVIT OF DEATH OF CO-TRUSTEE

APN: 1121-09-000-003

STATE OF NEVADA)

ss.

CARSON CITY

Flicka Maka-Howard being first duly sworn, deposes and says:

- 1. William L. Howard, died on the 25th day of November, 2015, and that a certified copy of his Death Certificate is attached hereto.
- 2. That at the date of his death, the said William L. Howard was a Co-Trustee with the affiant of the WF Howard Revocable Trust dated September 29, 2008, which is the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

Being a portion of the Northeast quarter of Section 9, Township 11 North, Range 21 East, M.D.B. & M., more particularly described as follows:

Parcel A, as set forth on that certain Parcel Map for CATHY PALMER recorded September 14, 1978, in Book 978, of Official Records at page 955, Douglas County, Nevada, as document No. 25224, said map being a Division of Parcel B, as shown on that Record of Survey Map for STODDARD JACOBSEN, recorded May 7, 1965, in Official Records of Douglas County, State of Nevada, as document No. 28057.

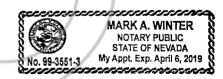
This legal description was taken from the vesting deed which was recorded on November 25, 1991, in Book 1191, Page 4013, as Document Number 265806 in the Douglas County Recorder's Office.

- 3. That said ownership was created by a Deed dated September 29, 2008, and recorded on September 30, 2008, as Document Number 0730818 in the Douglas County Recorder's Office.
- 4. That upon the death of William L. Howard, Flicka Maka-Howard, became the sole Trustee of the WF Howard Revocable Trust dated September 29, 2008.

Flicka Maka-Howard

On April 20, 2017, personally appeared before me, a Notary Public, Flicka Make-Howard who is personally known to me, who sworn to and signed the above document in my presence.

Notary Public





DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH** 

TYPE OR PRINT IN PERMANENT BLACK INK 3b.  DECEDENT 5. (S)  JE DEATH OCCURRED IN INSTITUTION SEE HANDSOOK REGARDING COMPLETION OF RESIDENCE ITEMS 15  PARENTS 18  SPOSITION 20  RADE CALL TO PRINT IN THE	Nevada 6. FATHER/PARENT - NAME (Type Flicka M 6a. BURIAL, CREMATION, REI Cremati Da. FUNERAL DIRECTOR - SiGNAT RADE CALL - NAME AND ADD O 101 to the best of my kn 2 21a. To the best of my kn 2 21a. To the best of my kn 2 21a. To the cause(s) stated. (Signated and the cause(s) stated.	NOF DEATH 3c. HOSPIT  S.A., 9b. CITIZEN OF  United  The United Second Se	HOWA TAL OR OTHER  104 3. Hispanic Origin No - Non-Hispa WHAT COUNTR d States CUPATION (Give  15c. CITY  WARD  19b. CEMETER  ting as Such)	INSTITUTION -I US Highwa IP Specify anic  RY 10.EDUCATE 16 e Kind of Work E Data Proc Y, TOWN OR LO Gardnerville D. MAILING ADD RY OR CREMAN	Name (If not e by 395 S    7a. AGE-La (Years)     10N   11. MARI     Marrio     Marrio	st birthday 71 88 TAL STATUS (ed Most of 15d. STRE 104 US High US High W. E ematory	Novem reet ar 39. If Inpati In	ent(Specify)  YEAR 7c. UNDE: YS HOURS  2. SURVIVING SPO  DF BUSINESS OF BANKIN  BER  E (First Middle  Hazel Fern  Town, State, Zip  Gardnerville,	icate DOA OPA HOME R 1 DAY 8. D. MINS USES NAME (Last R INDUSTRY 9 Last Suffix) NELSON NELSON Nevada 89 CATION City Carson City	ENUMBER OUNTY OF DEATH Douglas Emer. Rm. 4. SEX Ma ATE OF BIRTH (Mo/Day October 14, 192: st name prior to first marriage Flicka M Ever in US Ar Forces? Yes LIMITS (Specify or No) No			
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å	ବିଛି December 07, 20	/Day/Yr) 21c. I	HOUR OF DEAT	794	o Be Completed by	22b. DATE \$	SIGNED (Mo/	Day/Yr)	22c, HOU	R OF DEATH			
1.5	21d. NAME OF ATTEND	DING PHYSICIAN IF OTHE	ER THAN CERTI	FIER	To Be CORO	22d. PRON	DUNCED DE	AD (Mo/Day/Yr)	22e. PROI	NOUNCED DEAD AT (H			
23	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING Evan W Easley M.D. 1520 Virg			ginia Ranch Rd Gardnerville, N			V 89410 7446						
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CAUSE OF 1	25. IMMEDIATE CAUSE	(ENTER ONLY ONE C	AUSE PER LINE	FOR (a), (b), A	ND (c).)	1			inte	erval between onset and			
DEATH	PARTI (a) Renal Fa	_1_1											
	DUE TO, OR AS A CONSEQUENCE OF:  (b) Glomerolonephritis								inte	erval between onset and			
CONDITIONS IF ANY WHICH GAVE RISE TO		AS A CONSEQUENCE OF	F:						inte	ervel between onset and			
CAUSE	(c) Amylaid		· ·			/				STATE DECHOO! COLDEN CO. S.			
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR A	AS A CONSEQUENCE OF	FL		/	/		<del></del>	int	erval between onset and			
CAUSELAST	(d)		-			r			:				
/ /P	PART II OTHER SIGNIFICANT	T CONDITIONS-Condition:	s contributing to	death but not re	sulting in the	underlying c	ause given ir			(Specif 27. WAS CASE REFERRED TO CO			
/ /			The State of the S	-	and the same of th				(es or No)	REFERRED TO CO			
21	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (MC	o/Day/Yr)	28c. HOUR OF INJI	URY 28d.	DESCRIBE HO	OW INJURY OC	CÜRRED					
1 1		^											
	8e. INJURY AT WORK (Specif		Y- At home, farm	, street, factory,	office 28g	LOCATION	STRE	ET OR R.F.D. No	o. CITY OF	R TOWN ST			
/ //	'es or No)	puilding, etc. (Specify)	<del></del>	OTAT	E DEGIG	-DAD							
/ ,	\	/	/	SIAII	E REGIS	IRAK							
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