

APN# 1121-09-000-003



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: MARK A WINTER, ESQ

Address: 801 N DIVISION ST

City/State/Zip: CARSON CITY NV 89703

Mail Tax Statements to:

Name: FLICKA MAKA-HOWARD

Address: 104 HWY 395 SOUTH

City/State/Zip: GARDNERVILLE NV 89410

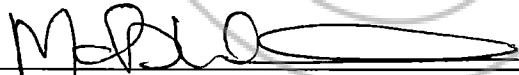
AFFIDAVIT OF DEATH OF CO-TRUSTEE

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)


Signature

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.

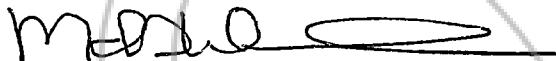
3. That said ownership was created by a Deed dated September 29, 2008, and recorded on September 30, 2008, as Document Number 0730818 in the Douglas County Recorder's Office.

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.

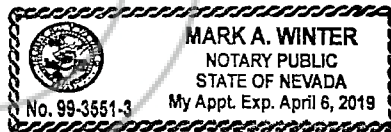


Flicka Maka-Howard

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



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

CASE FILE NO. 3866050

2015021623

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) William Lee HOWARD			2. DATE OF DEATH (Mo/Day/Year) November 25, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 104 US Highway 395 S		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 88	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) October 14, 1927
9a. STATE OF BIRTH (If not U.S.A., Nebraska		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Flicka M MAKA	
13. SOCIAL SECURITY NUMBER ██████-0719		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Data Processing		14b. KIND OF BUSINESS OR INDUSTRY Banking		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 104 US Highway 395 S		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Clarence Orville HOWARD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hazel Fern NELSON			
18a. INFORMANT- NAME (Type or Print) Flicka M HOWARD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 104 US Highway 395 S Gardnerville, Nevada 89410				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509			
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) EVAN W EASLEY M.D. SIGNATURE AUTHENTICATED			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)			
21b. DATE SIGNED (Mo/Day/Yr) December 07, 2015		21c. HOUR OF DEATH 23:35	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Evan W Easley M.D. 1520 Virginia Ranch Rd Gardnerville, NV 89410					23b. LICENSE NUMBER 7446	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 16, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
PART I (a) Renal Failure						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: Glomerulonephritis						Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF: Amyloidosis						Interval between onset and death
(c) 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 1.					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
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

VRS-Rev-20120523a

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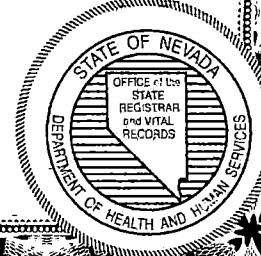
CERTIFIED COPY OF VITAL RECORDS

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: 12/16/2015

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

Rod White
SIGNATURE AUTHENTICATED
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE