

Recording requested by:  
Susan D. Knight, Trustee  
3474 Alpine View  
Carson City, NV 89705  
And when recorded, mail to:  
Susan D. Knight, Trustee  
3474 Alpine View  
Carson City, NV 89705



0005555201708988050020028

KAREN ELLISON, RECORDER

APN:

**AFFIDAVIT OF DEATH OF TRUSTEE**

State of Nevada )  
 ) ss.  
County of Douglas )

Susan D. Knight, of legal age, being first duly sworn, deposes and says:

1. Gary William Knight, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gary W. Knight named as Trustee in the Declaration of Trust dated April 3, 2013, and executed by Gary W. Knight and Susan D. Knight as Settltors and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 3474 Alpine View, Carson City, NV 89705, which property is described in a Deed which was executed by Gary W. Knight and Susan D. Knight as Grantor(s) on April 5, 2013 and recorded as Instrument No. 0821208, in Book 0413, Page 1522, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
LOT 102, OF ALPINE VIEW ESTATES, NO. 3, AS SHOWN ON THE OFFICIAL MAP RECORDED ON APRIL 16, 1973, IN BOOK OF MAPS, AS DOCUMENT NO. 65319.
4. I am the named surviving Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

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

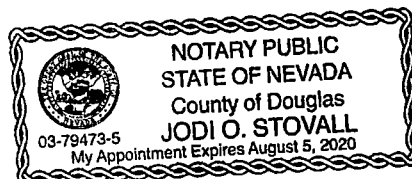
Dated may 18, '17

Susan D Knight  
(Signature)  
SUSAN D KNIGHT

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 18 day of MAY, 20 17, by Susan D Knight, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Jodi O. Stovall



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

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

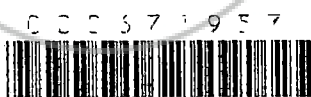
CASE FILE NO. 3952111

**CERTIFICATE OF DEATH**

**2017007762**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Gary William KNIGHT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 19, 2017</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and no.) <b>3474 Alpine View Court</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
	7a. AGE-Last birthday (Years) <b>68</b>		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	9a. STATE OF BIRTH (If not US/CA, name country) <b>New Jersey</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Susan MARGWARTH</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████6226</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Bartender</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Gaming</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
DISPOSITION	15d. STREET AND NUMBER <b>3474 Alpine View Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Everett Thomas KNIGHT</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ruth Katherine HAMBERG</b>		18a. INFORMANT- NAME (Type or Print) <b>Susan KNIGHT</b>			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3474 Alpine View Court Carson City, Nevada 89705</b>		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Genoa Cemetery</b>	
	19c. LOCATION City or Town State <b>Genoa Nevada</b>		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b>		20d. SIGNATURE AUTHENTICATED <b>3945 Fairview Dr Carson City NV 89701</b>			
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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>Daniel J COVERLEY</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>DANIEL J COVERLEY</b>			
	21b. DATE SIGNED (Mo/Day/Yr) <b>April 25, 2017</b>		21c. HOUR OF DEATH <b>02:00</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr) <b>April 19, 2017</b>		22c. HOUR OF DEATH <b>02:00</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>April 19, 2017</b>	
	22e. PRONOUNCED DEAD AT (Hour) <b>02:00</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Daniel J Coverley P.O. Box 218 Minden, NV 89423</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 27, 2017</b>	
	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).) PART I			
(a) <b>Dementia</b>		Interval between onset and death <b>7 Years</b>		(b) <b>Unspecified Cranial Injury</b>		
(b) <b>Unspecified Cranial Injury</b>		Interval between onset and death <b>7 Years</b>		(c) <b>Unspecified Cranial Injury</b>		
(c) <b>Unspecified Cranial Injury</b>		Interval between onset and death		(d) <b>Unspecified Cranial Injury</b>		
(d) <b>Unspecified Cranial Injury</b>		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) <b>No</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



CERTIFIED COPY OF VITAL RECORDS

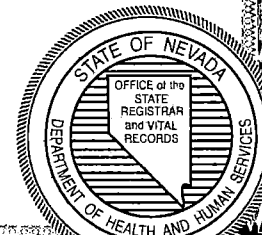
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

5/2/2017

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

*Cody Phinney*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]