

Assessor's Parcel Number: 1420-33-312-065

Recording Requested by:
Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423



00062302201709046620030034

KAREN ELLISON, RECORDER

Mail Documents and Tax Statements to:
Linda J. Jones, Successor Trustee
159 South G Street
Tulare, CA 93274

LJ I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. (Per NRS 239B.030(4))

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT OF SUCCESSOR TRUSTEE

Linda J. Jones, of legal age, being first duly sworn, deposes and says:

1. Tamara Lee Avis, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Tamara L. Avis, Trustor and Trustee of the Tamara L. Avis Living Trust dated January 14, 2009, as amended ("Living Trust").

2. The decedent passed away on September 9, 2017. I am the Successor Trustee of said Living Trust.

3. At the time of the decedent's death, she was the record owner, as Trustee, of certain real property commonly known as 1311 Wrangler Circle, Minden, NV 89423, which property is described in a Grant Deed executed by Tamara L. Avis, Grantor, and recorded on April 1, 2011, in Book 0411 at Page 0018, as Document Number 0780942 of Official Records, Douglas County Nevada.

4. The legal description of said property is all that certain real property situate in the County of Douglas, State of Nevada, described as follows:

LOT 169, as shown on the final Map of WILDHORSE UNIT 6, A PLANNED UNIT DEVELOPMENT, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on March 15m 1994, in Book 394, Page 2741, as Document No. 332336.

The source of the legal description above is the Grant Deed recorded on April 1, 2011, as Document Number 0780942 of Official Records, Douglas County Nevada.

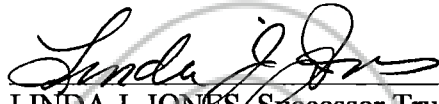
5. I am the named Successor Trustee of the Tamara L. Avis Living Trust dated January 14, 2009, which was in effect at the time of the death of the decedent, and which has not been revoked. I hereby consent to act as such.

5. The subject property remain part of the Living Trust estate until such time as it is sold pursuant to the original Trustor and Trustee's desires expressed in her Living Trust.

6. There is no federal estate tax as the result of the death of the decedent.

7. There was no probate proceeding relative to the estate of Tamara L. Avis.

Dated: September 26, 2017.



LINDA J. JONES, Successor Trustee of
The Tamara L. Avis Living Trust dated January 14, 2009

STATE OF NEVADA }
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on September 26th, 2017, by
LINDA J. JONES.



Notary Public

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3977235

CERTIFICATE OF DEATH

2017017053

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) Tamara Lee AVIS		2. DATE OF DEATH (Mo/Day/Year) September 09, 2017		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient)(Specify) Carson Nursing and Rehab Nursing Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) October 06, 1944	
13. SOCIAL SECURITY NUMBER 1538		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Coast Counties Glass	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1311 Wrangler Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
18. FATHER/PARENT - NAME (First Middle Last Suffix) John VAN LANEEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Leona		
18a. INFORMANT - NAME (Type or Print) Linda J JONES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 159 S. G Street Tulare, California 93274			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) JOSE AGUIRE MD 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) September 13, 2017		21c. HOUR OF DEATH 04:49		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 13, 2017		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				Interval between onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death	
(b) End Stage Renal Disease				Interval between onset and death	
(c) Diabetes				Interval between onset and death	
(d) Hypertension				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. Dyslipidemia, Anemia; Unknown Etiology				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

000689919



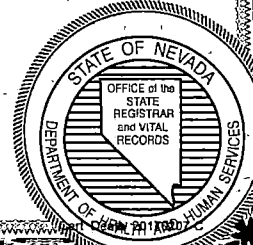
CERTIFIED COPY OF VITAL RECORDS

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: **9/21/2017**

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE