

APN: 1319-03-611-013

Recording Requested by and

When Recorded Mail To:

Mark W. Knobel, Esq.
McDONALD CARANO
100 West Liberty Street, 10th Floor
Reno, Nevada 89501

Send Tax Statements to:

Judith C. Houlahan, Trustee
The Houlahan Family Trust
81-087 Avenida Lorena
Indio, CA 92203

The undersigned hereby affirm that this document submitted for recording DOES contain the personal information of the decedent per NRS 239B.030(2)(a), NRS 440.380(1)(a) and NRS 40.525(5).

AFFIDAVIT OF DEATH OF TRUSTEE

JUDITH C. HOULAHAN, certifies and states the following is true and correct:

1. Affiant is JUDITH C. HOULAHAN and is the spouse of JOHN J. HOULAHAN;
2. JOHN J. HOULAHAN, the decedent mentioned in the certified copy of the Certificate of Death attached hereto as **Exhibit "A"**, and incorporated herein and made a part hereof by this reference, is one of the Co-Trustees of the HOULAHAN FAMILY TRUST, dated July 5, 2005, as amended ("Trust"), which acquired title to certain real property commonly known as 02541 Genoa Aspen Drive, Genoa, NV 89411, under File No. 0649541, recorded on July 13, 2005 at the County Recorder of Douglas County, Nevada and more particularly described as **Exhibit "B"**.
3. Affiant, JUDITH C. HOULAHAN, further states that JOHN J. HOULAHAN died in Carson City, Nevada, on September 21, 2017, and as a result of his death and pursuant to the terms of the Trust, JUDITH C. HOULAHAN, became the sole Trustee of the Trust.
4. Title to the subject property is now held as follows:

"JUDITH C. HOULAHAN, Trustee of the HOULAHAN FAMILY TRUST, dated July 5, 2005, as amended"

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3979154

CERTIFICATE OF DEATH

2017017859
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) John J HOULAHAN		2. DATE OF DEATH (Mo/Day/Year) September 21, 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) Ormsby Post Acute Rehabilitation Center Nursing Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 23, 1932	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Judith COOPER			
PARENTS	13. SOCIAL SECURITY NUMBER -9482		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Marketing Researcher		14b. KIND OF BUSINESS OR INDUSTRY Marketing	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
DISPOSITION	15d. STREET AND NUMBER 2541 Genoa Aspen Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph HOULAHAN	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Deane FACKRELL		18a. INFORMANT - NAME (Type or Print) Judith HOULAHAN			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 475 Genoa, Nevada 89411				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			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
	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 AGUIRRE MD SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) September 25, 2017		21c. HOUR OF DEATH 02:18		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
	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)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE OF DEATH	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	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 26, 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 (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Urinary Retention DUE TO, OR AS A CONSEQUENCE OF: (c) Urinary Tract Infection DUE TO, OR AS A CONSEQUENCE OF: (d) Sepsis					
STATE REGISTRAR	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Dementia; Hypertension; Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC, SUICIDE, HGM, 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

000691692



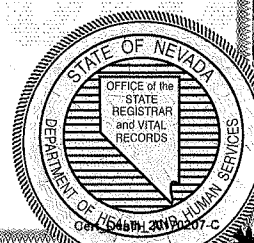
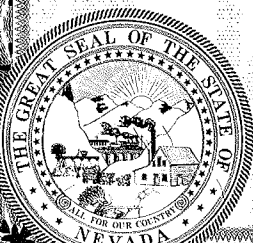
CERTIFIED COPY OF VITAL RECORDS

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: 10/9/2017

[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

EXHIBIT "A"
DEATH CERTIFICATE

COPY

EXHIBIT "B"

Legal Description

(APN: 1319-03-611-013)

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

Lot 60, Block J, as set forth on the final map of GENOA LAKES, PHASE 1-B, FILED IN THE OFFICE OF THE County Recorder of Douglas County, Nevada on June 28, 1993, in Book 693, at Page 6217, as Document No. 311009, Official Records.