

WHEN RECORDED MAIL TO:
**Doreen Ford, Trustees of The 1990
Harold and Doreen Ford Family Trust
March 14, 1990
1758 Westwood Dr.
Minden, NV 89423**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01800200RLT

APN No.: 1320-30-116-001

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }

Doreen Ford, being duly sworn, deposes and says:

1. Harold Graham Ford, the decedent mentioned in attached copy of Certificate of Death, is the same person as Harold G. Ford named as one of the trustee(s) in that certain Grant, Bargain and Sale Deed dated 5-4-10, executed by Dan W. Zinzer, Trustee to Harold G. Ford and Doreen Ford, Trustees of the 1990 Harold and Doreen Ford Family Trust dated March 14, 1990, recorded on 5-25-10 as instrument number 764217, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Doreen Ford, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: 3-23-18

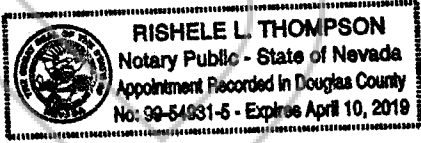
Doreen Ford
Doreen Ford

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 3/23/18,
by Doreen Ford

Ron
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. 3947403

2017005549
STATE FILE NUMBER

| | | | | | | | |
|---|---|---|--|---|---|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK DECEASED 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) Harold Graham FORD | | 2. DATE OF DEATH (Mo/Day/Year) March 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 or Inpatient)(Specify) Continuicare Hospital of Carson Tahoe, Inc. Nursing Home | | 4. SEX Male | | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 83 | | 7b. UNDER 1 YEAR MOS DAYS HOURS MINS | |
| 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 13 | | 11. MARITAL STATUS (Specify) Married | |
| 13. SOCIAL SECURITY NUMBER ██████████-7723 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Operating Engineers | | 14b. KIND OF BUSINESS OR INDUSTRY Highway Construction | | Ever in US Armed Forces? Yes | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | | 15d. STREET AND NUMBER 1758 Westwood Drive | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) William John FORD | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helyn AMICK | | 18a. INFORMANT - NAME (Type or Print) Doreen FORD | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1758 Westwood Drive Minden, Nevada 89423 | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Forest Lawn | | 19c. LOCATION City or Town State Glendale California 91201 | | 15c. INSIDE CITY LIMITS (Specify Yes or No) Yes | |
| 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 FitzHenry's Carson Valley Funeral Home 1386 Highway 395 N Gardnerville NV 89410 | | 20a. FUNERAL DIRECTOR - NAME AND ADDRESS Forest Lawn Funeral Home 1712 S Glendale Avenue Glendale CA 91205 | |
| 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 | | 21b. DATE SIGNED (Mo/Day/Yr) March 23, 2017 | | 21c. HOUR OF DEATH 16:05 | | 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) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22b. DATE SIGNED (Mo/Day/Yr) | | 22c. HOUR OF DEATH | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | |
| 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) VERALYNN A BOYACK SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 28, 2017 | |
| 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) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (d) Bacteremia | | 26. AUTOPSY (Specify Yes or No) | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | 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. Septic Emboli, Left Parietal Stroke, Inclusion Body Myositis, Severe Malnutrition, Unknown Etiology | | 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| 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 | | 28d. DESCRIBE HOW INJURY OCCURRED | |

STATE REGISTRAR



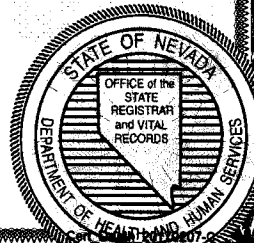
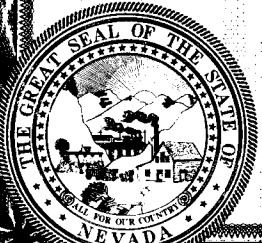
CERTIFIED COPY OF VITAL RECORDS

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: 3/30/2017

SIGNATURE AUTHENTICATED

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



Order No.: 01800200-RLT

EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 5, Block F, as shown on the Official Map of Westwood Village Unit No. 1, filed in the office of the County Recorder of Douglas County, State of Nevada on October 5, 1979, in Book 1079, Page 440, Document No. 37417, Official Records, and amended by Certificate of Amendment recorded July 14, 1980, in Book 780, Page 783, Document No. 46166, and recorded January 31, 1991, in Book 191, Page 3820, Document No. 243938, Official Records.

APN: 1320-30-116-001

