

RECORDING REQUESTED BY
of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**

*Cynthia Munoz
1476 Angora Dr.
Gardnerville NV 894160*



00072794201809137360040045
KAREN ELLISON, RECORDER

Space Above This Line for
Recorder's Use Only

A.P.N. *1220-03-212-005*

File No.: ()

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Cynthia Munoz ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. Vernalou Kay Allsip ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on September 28, 2017 at Gardnerville Nevada (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated 8/31/16 executed by Vernalou Kay Allsip Living Trust as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain trust dated 8/31/16 which was recorded as Instrument No. *887154* in Book *N/A*, Page , of Official Records of Douglas County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated:

DECLARANT:

Cynthia Munoz
Cynthia Munoz Trustee

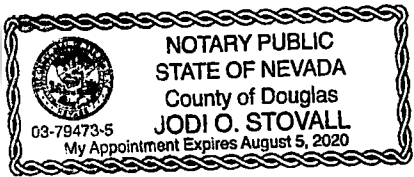
State of Nevada)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada this 2nd day of May, 2018 by CYNTHIA MUNOZ, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Jodi O. Stovall
My Commission Expires: 8-6-20

This area for official notarial seal



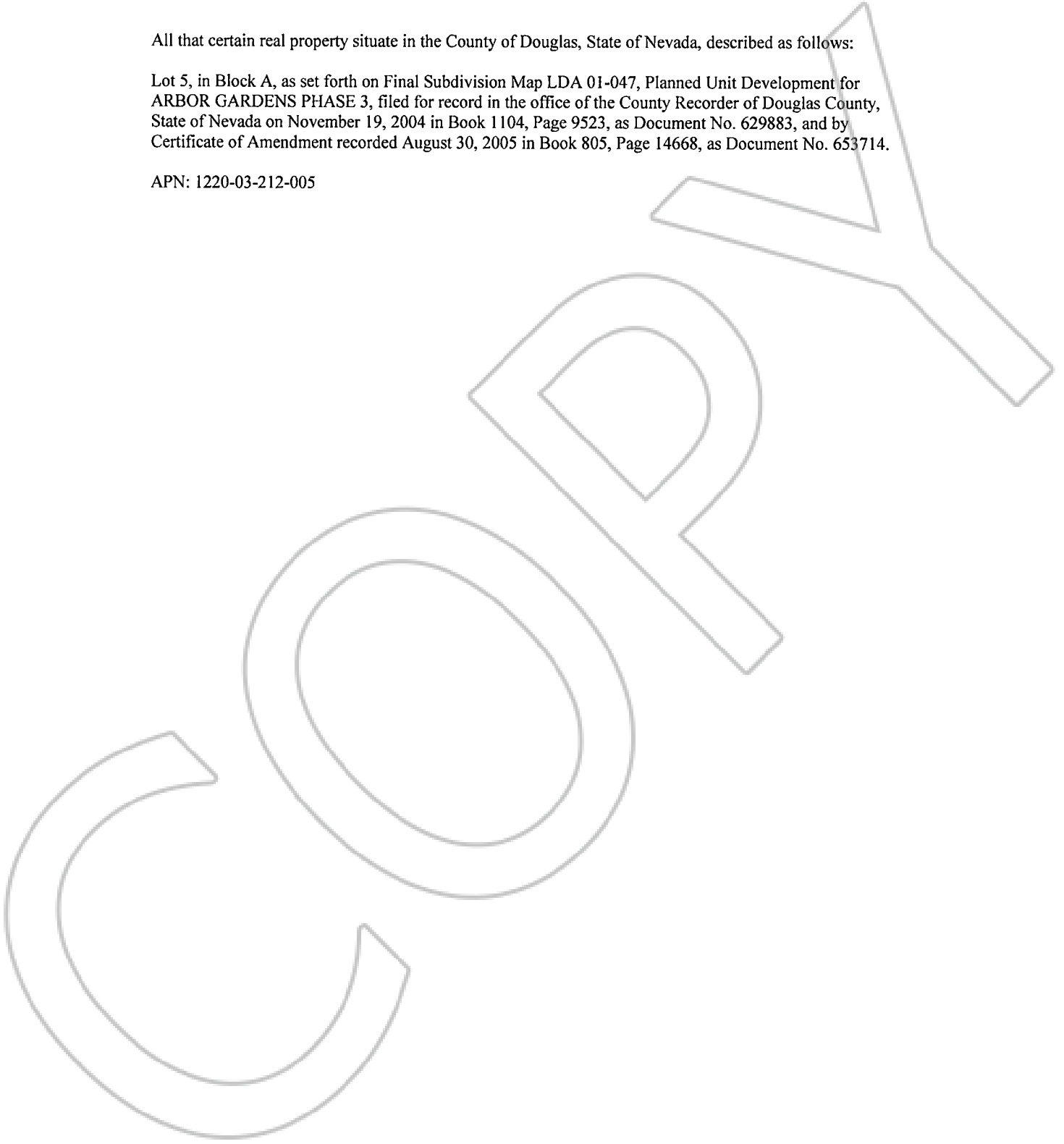
Notary Name: Jodi Stovall Notary Phone: 775-782-9025
Notary Registration Number: 03-79473-5 County of Principal Place of Business _____

EXHIBIT "A"

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

Lot 5, in Block A, as set forth on Final Subdivision Map LDA 01-047, Planned Unit Development for ARBOR GARDENS PHASE 3, filed for record in the office of the County Recorder of Douglas County, State of Nevada on November 19, 2004 in Book 1104, Page 9523, as Document No. 629883, and by Certificate of Amendment recorded August 30, 2005 in Book 805, Page 14668, as Document No. 653714.

APN: 1220-03-212-005



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3980783

CERTIFICATE OF DEATH

2017019168
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Vernalou Kay ALLSIP		2. DATE OF DEATH (Mo/Day/Year) September 28, 2017		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and 1405 Sugar Maple Ave		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 69		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	8a. STATE OF BIRTH (If not US/CA, name country) California		8b. CITIZEN OF WHAT COUNTRY United States		8c. DATE OF BIRTH (Mo/Day/Yr) June 05, 1948	
	9a. SOCIAL SECURITY NUMBER 1674		9b. USUAL OCCUPATION (Give Kind of Work Done During Most of Management Analyst		9c. KIND OF BUSINESS OR INDUSTRY Government	
PARENTS	10. Ever in US Armed Forces? No		11. RESIDENCE - STATE Nevada		12. COUNTY Douglas	
	13. CITY, TOWN OR LOCATION Gardnerville		14. STREET AND NUMBER 1405 Sugar Maple Ave		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) James Lee COLTON		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Agnes Catherine SHEPHERD			
	18a. INFORMANT - NAME (Type or Print) Cyndie Kay MUNOZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1476 Angora Drive Gardnerville, Nevada 89460			
TRADE CALL	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) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GERALD L. COTTRELL MD SIGNATURE AUTHENTICATED					
	21b. DATE SIGNED (Mo/Day/Yr) October 05, 2017		21c. HOUR OF DEATH 18:30		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)		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Gerald L Cottrell MD 1702 County Rd Minden, NV 89423				23b. LICENSE NUMBER 6778	
	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 09, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
	(a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:				20 Min	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) Arteriosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF:				20 Min	
	(d) _____ DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(e) _____ DUE TO, OR AS A CONSEQUENCE OF:				Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hypertension				26. AUTOPSY (Specify Yes or No) No		
27a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		27b. DATE OF INJURY (Mo/Day/Yr)		27c. HOUR OF INJURY		
27d. DESCRIBE HOW INJURY OCCURRED		27e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

000694038



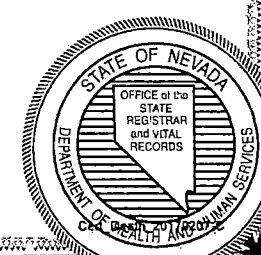
CERTIFIED COPY OF VITAL RECORDS

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: 10/17/2017

[Signature]
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