

THIS document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).


ANDERSON, DORN & RADER, LTD.

APN: 1220-20-001-015

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Barbara C. Larmee, Trustee
1143 Meadowlark Circle
Gardnerville, Nevada 89460

AFFIDAVIT OF DEATH OF TRUSTEE

We, BARBARA C. LARMEE and MARK E. LARMEE, Trustees of the DONALD EUGENE LARMEE AND BARBARA C. LARMEE REVOCABLE TRUST, dated February 25, 1981, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated February 25, 1981, DONALD EUGENE LARMEE and BARBARA C. LARMEE executed the DONALD EUGENE LARMEE AND BARBARA C. LARMEE REVOCABLE TRUST ("Trust").
- (2) DONALD EUGENE LARMEE deceased on March 26, 2018, at _____, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said DONALD EUGENE LARMEE.
- (3) Said trust appointed BARBARA C. LARMEE to serve as sole Trustee upon the death of DONALD EUGENE LARMEE. BARBARA C. LARMEE reserved

the right to amend or revoke the Trust Agreement in whole or in part and by amendment dated May 3, 2018, BARBARA C. LARMEE appointed herself and MARK E. LARMEE as Co-Trustees.

- (4) Pursuant to the terms of the Trust, we have assumed the responsibilities of Co-Trustees.
- (5) The following described real property is part of the Trust estate: See Exhibit "A" attached.
- (6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as Trustees with respect to the Trust's interest in the described property.
- (7) No other person has a right to the interest of the Trust in the described property.
- (8) The described property shall be transferred to us as Co-Trustees.

Executed in the County of Douglas, State of Nevada, on May 3, 2018.

Barbara C. Larmee
BARBARA C. LARMEE, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on May 3, 2018, by BARBARA C. LARMEE, Trustee.

[Signature]
Notary Public

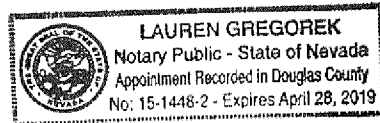


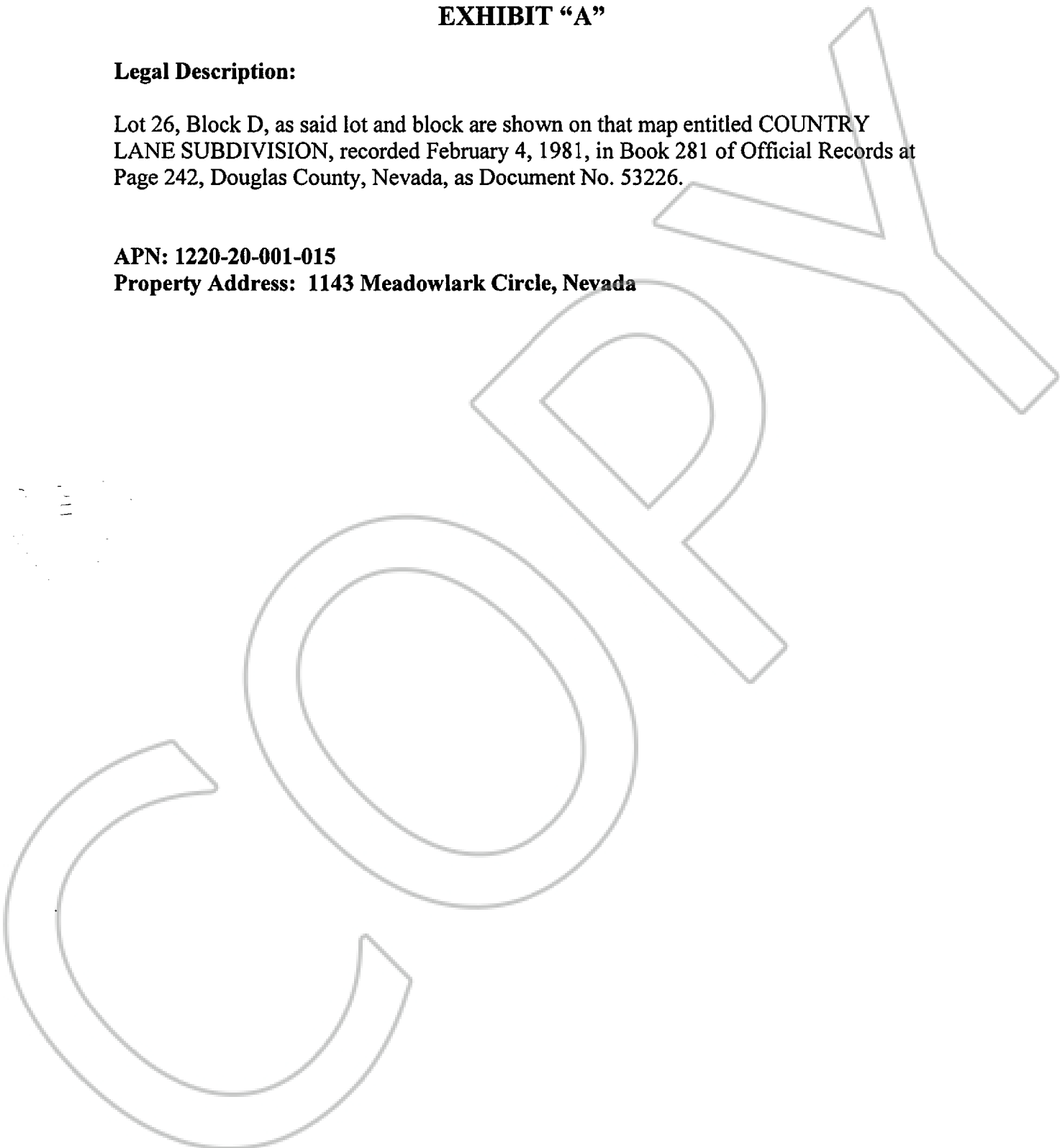
EXHIBIT "A"

Legal Description:

Lot 26, Block D, as said lot and block are shown on that map entitled COUNTRY LANE SUBDIVISION, recorded February 4, 1981, in Book 281 of Official Records at Page 242, Douglas County, Nevada, as Document No. 53226.

APN: 1220-20-001-015

Property Address: 1143 Meadowlark Circle, Nevada



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4011881

CERTIFICATE OF DEATH

2018006227
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) Donald E LARMEE | | 2. DATE OF DEATH (Mo/Day/Year) March 26, 2018 | | 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 Inpatient)(Specify) 1143 Meadowlark Circle Home | | 4. SEX Male | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | 7a. AGE-Last birthday (Years) 92 | 7b. UNDER 1 YEAR MOS DAYS HOURS MINS | 8. DATE OF BIRTH (Mo/Day/Yr) July 07, 1925 |
| 9a. STATE OF BIRTH (If not US/CA, name country) Michigan | | 9b. CITIZEN OF WHAT COUNTRY United States | 10. EDUCATION 16 | 11. MARITAL STATUS (Specify) Married | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barbara COOKE |
| 13. SOCIAL SECURITY NUMBER [REDACTED]-4280 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY Mechanical | 15. Ever in US Armed Forces? Yes |
| 15a. RESIDENCE - STATE Nevada | 15b. COUNTY Douglas | 15c. CITY, TOWN OR LOCATION Gardnerville | 15d. STREET AND NUMBER 1143 Meadowlark Circle | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Oscar LARMEE | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) M Evelyn SNYDER | | |
| 18a. INFORMANT- NAME (Type or Print) Brittany LARMEE | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1690 S. Wells Ave #10 Reno, Nevada 89502 | | | |
| 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) TAMAR R BEAULAC SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD870 | 20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502 | | |
| 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) SIGNATURE AUTHENTICATED MEL MAGBOO MD | | | 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) April 01, 2018 | | 21c. HOUR OF DEATH 11:55 | | 22b. DATE SIGNED (Mo/Day/Yr) | 22c. HOUR OF DEATH |
| 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) Mei Magboo MD 5250 Neil Rd Ste #207 Reno, NV 89502 | | | | 23b. LICENSE NUMBER 9713 | |
| 24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 02, 2018 | 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) Atherosclerotic Cardiovascular Disease | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (d) | | | | 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) 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

000712353



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.

Julie Katchear
STATE REGISTRAR

DATE ISSUED: **APR 10 2018**

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

