

Assessors Parcel Numbers:

1220-22-410-160

1220-22-310-150

1220-03-11-005

1220-16-411-014



00079695201809197180050058

KAREN ELLISON, RECORDER

Return Recorded Document To:

Mahe Law, Ltd.

707 N. Minnesota Street, Suite D

Carson City, NV 89703

Recording Requested By:

Mahe Law, Ltd.

707 N. Minnesota Street, Suite D

Carson City, NV 89703

Mail Tax Statements To:

Kathryn L. Kallas Noad

2714 Snowflake Drive

Carson City, NV 89703

AFFIDAVIT OF DEATH OF TRUSTEE

I, KATHRYN L. KALLAS NOAD, Successor Trustee of the KALLAS FAMILY TRUST, DATED January 8, 1982, as thereafter amended, affirm under penalty of perjury under the laws of the State of Nevada that the following information is true and correct:

1. JAMES A. KALLAS and W. CHARLENE KALLAS executed a trust agreement known as the KALLAS FAMILY TRUST dated January 8, 1982, and amended and restated such Trust Agreement on December 4, 1998 ("Trust").
2. Pursuant to the terms of the Trust, JAMES A. KALLAS and W. CHARLENE KALLAS were the original Trustees of the Trust.
3. The Trust Agreement provides that upon the death of JAMES A. KALLAS, then W. CHARLENE KALLAS shall be Trustee.

4. JAMES A. KALLAS died on October 7, 2012, in Orange County, California. An Affidavit of Death of Trustee was previously recorded for APN 1220-03-111-005 as Document No. 0820216. An Affidavit of Death of Trustee was previously recorded for APN 1220-22-410-160 as Document No. 0820214. An Affidavit of Death of Trustee was previously recorded for APN 1220-22-310-150 as Document No. 0820215. An Affidavit of Death of Joint Tenant was previously recorded for APN 1220-16-411-014 as Document No. 0820212.
5. W. CHARLENE KALLAS died on August 18, 2017, in Carson City, Nevada. A certified copy of her Certificate of Death is attached hereto and incorporated herein by this reference.
6. Said Trust appointed KATHRYN L. KALLAS NOAD to serve as sole Trustee upon the death of W. CHARLENE KALLAS, and she is making this Affidavit to establish her succession as trustee of the afore cited trust, and to enable her to administer, allocate and distribute the trust estate pursuant to the terms of such Trust.
7. The following described real property is part of the Trust estate. See Exhibit "A" attached hereto and incorporated herein by this reference.
8. KATHRYN L. KALLAS NOAD is authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as Trustee with respect to the Trust's interest in the described property.
9. The described property shall be transferred to KATHRYN L. KALLAS NOAD as Successor Trustee, and title shall be held as KATHRYN L. KALLAS NOAD, as Successor Trustee of the KALLAS FAMILY TRUST dated January 8, 1982.

IN WITNESS WHEREOF, the said Successor Trustee has signed and sealed these presents
the day and year first above written.

GRANTOR:


KALLAS FAMILY TRUST,
dated January 8, 1982-
TRUST A and TRUST B

By: Kathryn L. Kallas Noad
KATHRYN L. KALLAS NOAD,
Successor Trustee

STATE OF NEVADA)
 : ss.
CARSON CITY)

On September 10, 2018, before me, a notary public, KATHRYN L.
KALLAS NOAD, personally known to me (or proved to me on the basis of satisfactory evidence)
to be the person whose name is subscribed to the within instrument and acknowledged to me that
she executed the foregoing instrument.

Nichole Valdez
NOTARY PUBLIC

 NICHOLE E. VALDEZ
Notary Public-State of Nevada
APPT NO 16-1067-3
My App Expires January 10, 2020

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3973597

CERTIFICATE OF DEATH

2017015737
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) Winifred Charlene KALLAS		2. DATE OF DEATH (Mo/Day/Year) August 18, 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 address) 1111 College Parkway #113		3e. If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient(Specify) Assisted Living Facility	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 28, 1931		9a. STATE OF BIRTH (If not US/CA, name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 6880		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1111 College Parkway #113		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles HIGGINS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Winifred SMITH		18a. INFORMANT- NAME (Type or Print) Kathryn NOAD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2714 Snowflake Drive Carson City, Nevada 89703	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) DOUGLAS VACEK DO 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) August 22, 2017		21c. HOUR OF DEATH 09:50		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) Douglas Vacek DO 850 6th Street Lovelock, NV 89419					23b. LICENSE NUMBER 1125
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 23, 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) Cardiac Arrest				Interval between onset and death	
(b) Congestive Heart Failure				Interval between onset and death	
(c) Atherosclerotic Cardiovascular Disease				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 1. Advanced Age					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



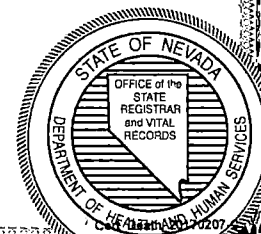
CERTIFIED COPY OF VITAL RECORDS

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: **8/28/2017**

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

Lot 972 as shown on the map of GARDNERVILLE RANCHO UNITS NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

APN: 1220-422-410-160

Lot 734, of Gardnerville Ranchos Unit No. 7, according to the map thereof filed in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as file No. 72456.

APN: 1220-22-310-150

Lot 5 of Block A, as shown on the map entitled, Stodick Estates South, Phase 2, in the County of Douglas, State of Nevada, filed June 6, 2005 as Document No. 646056 in the Office of the County Recorder of said County.

APN: 1220-03-11-005

Lot 4, Block B, as shown on the Final Map of MOUNTAIN SHADOWS APARTMENTS, recorded February 5, 1992, in Book 292, Page 472, Document No. 270423, Official Records of Douglas County, State of Nevada.

APN: 1220-16-411-014