

WHEN RECORDED MAIL TO:
**Kathleen Marie Kelly, Surviving
Trustees of The Robert James and
Kathleen Marie Kelly Trust dated
August 2, 2004
1588 Barker Court
Gardnerville, NV 89410**

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. 01900840RLT

APN No.: 1320-30-311-028

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

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

Kathleen Marie Kelly, being duly sworn, deposes and says:

Robert James Kelly, the decedent mentioned in attached copy of Certificate of Death, is the same person as Robert James Kelly named as one of the trustee(s) in that certain Grant Bargain and Sale Deed dated 5/22/2007, executed by Robert James Kelly and Kathleen Marie Kelly, Trustees who acquired title as Trustees, or any successors in trust under The Robert James and Kathleen Marie Kelly Trust dated August 2, 2004 to Robert James Kelly and Kathleen Marie Kelly, Trustees of The Robert James and Kathleen Marie Kelly Trust dated August 2, 2004, recorded on 5/29/2007 as instrument number 0701947, 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.

1. That I, Kathleen Marie Kelly, am named within the aforementioned trust as successor trustee;
2. 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;
3. 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.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4065501

CERTIFICATE OF DEATH

2019002455
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) Robert James KELLY		2. DATE OF DEATH (Mo/Day/Year) February 06, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient)(Specify) 861 Longleaf Place Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76	
9a. STATE OF BIRTH (If not USCA, name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 0440		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Locksmith		14b. KIND OF BUSINESS OR INDUSTRY Locksmithing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 861 Longleaf Place		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kathleen BEST		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph KELLY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Loyola HALLORAN		
18a. INFORMANT - NAME (Type or Print) Kathleen KELLY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 861 Longleaf Place Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) ANNA E FERRERA 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) February 11, 2019		21c. HOUR OF DEATH 11:00		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) Anna E Ferrera MD 5538 Longley Ln Ste B Reno, NV 89511				23b. LICENSE NUMBER 12495	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 11, 2019		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) Protein Calorie Malnutrition				Interval between onset and death	
(b) Dementia				Interval between onset and death 3 Years	
(c) Unknown Etiology				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	
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



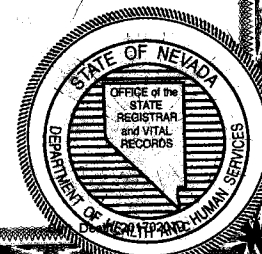
CERTIFIED COPY OF VITAL RECORDS

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: **2/11/2019**

Julie Ketchum
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

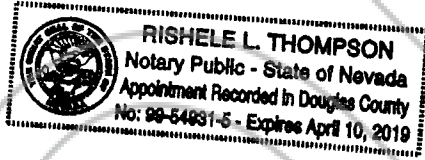
Dated: March 11, 2019

Kathleen Marie Kelly
Successor Trustee, Kathleen Marie Kelly

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on 3/11/19,
by Kathleen Marie Kelly

RTH
NOTARY PUBLIC



Escrow No. 1900840-RLT

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 7 in Block D, as set forth on Final Map of WESTWOOD VILLAGE UNIT NO. III, filed in the office of the County Recorder of Douglas County, State of Nevada on August 31, 1989 in Book 889, Page 4564 as Document No. 209883.

APN: 1320-30-311-028

