



KAREN ELLISON, RECORDER

After Recording Mail to:

Ricky Bournazian
1183 Mill Creek Circle
Gardnerville, NV 89410

Mail Tax Statements
Same

The undersigned affirms that this document **does** contain the social security number of a person or persons, as required by NRS 440.380. (NRS 239B.030).

**AFFIDAVIT OF DEATH OF TRUSTEE AND
SUCCESSION OF SUCCESSOR TRUSTEE**

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Ricky Frank Bournazian of Gardnerville, Nevada, being first duly sworn, does hereby swear under penalties of perjury under the laws of the State of Nevada that the following statements are true:

(1) By instrument dated October 2, 2007, Donna S. Bournazian executed the Declaration of the Donna S. Bournazian Revocable Trust ("Trust").

(2) The Trust, appointed Ricky Frank Bournazian to serve as the Successor Trustee of the Trust upon the death or incapacity of Donna S. Bournazian.

(3) Donna S. Bournazian died on January 10, 2019, a resident of Douglas County Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of Donna S. Bournazian.

(4) Pursuant to the terms of the Trust, Ricky Frank Bournazian has assumed all the duties of Successor Trustee.

(5) Ricky Frank Bournazian is authorized under the terms of the Trust and applicable provisions of Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in any property.

(6) Ricky Frank Bournazian is authorized to act on behalf of the Trust, and is vested with the following powers concerning the management of the Trust property, in addition to the powers now or hereafter conferred under the laws of the State of Nevada, NRS 163.260 to 163.410, inclusive:

(a) To invest the trust estate in any common or preferred stocks, mutual funds,

investment trusts, bonds, deeds of trust, notes, real estate, or other property the Trustee in the Trustee's discretion select. The Trustee shall have the full power to invest the Trust funds without being restricted to forms of investments that the Trustee may otherwise be permitted to make by law.

(b) To manage, control, grant options on, purchase, sell (for cash or deferred payments), convey, exchange, partition, divide, improve and repair real and personal Trust property.

(c) To operate any business that the Trustee receives or acquires under the Trust for as long as the Trustee considers advisable.

(d) To retain, purchase, or otherwise acquire unproductive real or personal property.

(e) To hold securities or other property in the Trustee's own name or in a nominee's name, or to hold securities unregistered in such condition that ownership will pass by delivery.

(f) To lease Trust property for terms within or beyond the term of the Trust for any purpose.

(g) To lend money to any person, including the probate estate of either Trustor.

(h) To purchase property at its fair market value, as determined by the Trustee in the Trustee's discretion, from the probate estate of either Trustor.

(i) To carry insurance of the kinds and in the amounts the Trustee considers advisable, at the expense of the Trust, to protect the trust estate and the Trustee personally against any hazard.

(7) No other person has a right to the interest of the Trust in the described property.

(8) No other person has a right to the interest of the Trust in the following described real property commonly identified as 1183 Mill Creek Circle, Gardnerville, Nevada, and more particularly described as follows:

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

Lot 35, as set forth on the Final Map of MILL CREEK ESTATES, A PLANNED UNIT DEVELOPMENT, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991 in Book 691 at Page 337 as Document No. 252075, Official Records. APN 1320-32-712-035.

(9) For the purpose of inducing all persons, organizations, corporations and entities including but not limited to any bank, broker, custodian, insurer, lender, title company, transfer agent, taxing authority, governmental agency, or party to act in reliance upon this Certificate of Trust, Ricky Frank Bournazian hereby represents, warrants and agrees that:

(a) If the Trust is revoked or amended under any circumstances, Ricky Frank Bournazian, his estate, heirs, successors and assigns will hold any person, organization, corporation or entity (hereinafter referred to collectively as "Person") harmless from any loss suffered, or liability incurred by such Person in acting in accordance with the instructions of the Trustee acting under the Trust Agreement or this Certificate of Trust prior to the receipt by such Person of actual notice of any such revocation or amendment.

(b) The powers conferred on the Trustee by the Trust Agreement as set out in this Certificate of Trust may be exercised by the Trustee and the Trustee's signature or act under the authority granted in the Trust Agreement may be accepted by Persons as fully authorized by the undersigned Trustee and with the same force and effect as if he were personally present, competent and acting on his own behalf.

(c) No Person who acts in reliance upon this Certificate of Trust or any representations this Trustee may make as to the fact that the Trustee's powers are then in effect, the scope of the Trustee's authority granted under the Trust Agreement, the Trustor's competency at the time the Trust Agreement was executed, the fact that the Trust Agreement has not been revoked, or the fact that the Trustee continues to serve as Trustee, shall incur any liability to the undersigned, Ricky Frank Bournazian's heirs or assigns for permitting the Trustee to exercise any such authority.

Dated this 22nd day of March, 2019.

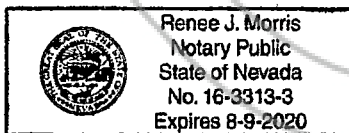


RICKY FRANK BOURNAZIAN

STATE OF NEVADA)
)
) : ss.
)
COUNTY OF DOUGLAS)

On March 22, 2019, before me, Renee J. Morris, Notary Public, personally appeared Ricky Frank Bournazian, 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 same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.





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. 4060859

2019000570
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) Donna Sue BOURNAZIAN		2. DATE OF DEATH (Mo/Day/Year) January 10, 2019		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) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient (Specify) Intensive Care Unit (ICU)	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 23, 1946		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to 1st marriage)	
13. SOCIAL SECURITY NUMBER ████████ 5146		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY HOSPITAL	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1183 Mill Creek Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Edward WARD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret May HUNTER		
18a. INFORMANT- NAME (Type or Print) Ricky BOURNAZIAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1183 Mill Creek Circle Gardnerville, Nevada 89410			
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) JOSE AGUIRRE MD 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) January 16, 2019		21c. HOUR OF DEATH 21:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Jose Aguirre MD, 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 16, 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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Hypoxemic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (d) Hypertension			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Acute Renal Failure; Bilateral Pleural Effusions; Hyperlipidemia; Anemia; Unknown Etiology		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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523

000751975



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:

JAN 22 2019

Julie Katchear
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

