

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES CONTAIN A SOCIAL
SECURITY NUMBER AS REQUIRED BY
LAW NRS 440.380(1)(a) and NRS 40.525(5)



KAREN ELLISON, RECORDER

APN: 1420-07-610-041

**After Recording, Return and
Mail Tax Statements to:**

Harold C. Mathis and Joann E. Mathis Revocable Trust
3572 Loam Lane
CARSON CITY, NEVADA 89705

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF TRUSTEE

JOANN E. MATHIS, of legal age, being first duly sworn, deposes and says:

1. By instrument dated May 19, 2001, HAROLD C. MATHIS and JOANN E. MATHIS executed the HAROLD C. MATHIS and JOANN E. MATHIS REVOCABLE TRUST (incorrectly shown on Document 2017-904878 as the HAROLD C. MATHIS and JOANN ETHEL MATHIS REVOCABLE TRUST DATED **April 25, 2001.**)
2. Said Trust appointed me to serve as sole Successor Trustee upon the death or incapacity of HAROLD C. MATHIS.
3. HAROLD C. MATHIS deceased on March 6, 2019, at Carson City, Nevada a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said HAROLD C. MATHIS.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
5. The following described real property is part of the Trust estate: See Exhibit "B" attached and is commonly known as 3572 Loam Lane.
6. I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee 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 me as Successor Trustee.

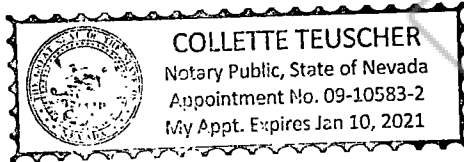
Executed this 20th day of May 2019, at Carson City, Nevada.

Joann E. Mathis
JOANN E. MATHIS, Successor Trustee

State of Nevada)
CARSON CITY)

Subscribed and Sworn to before me on May 20, 2019, by JOANN E. MATHIS I,
Successor Trustee.

Collette Teuscher
NOTARY PUBLIC



THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH
OF TRUSTEE
DATED May 20, 2019

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4070841

CERTIFICATE OF DEATH

2019004841
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Harold Carl MATHIS		2 DATE OF DEATH (Mo/Day/Year) March 06, 2019		3a COUNTY OF DEATH Douglas	
	3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 3572 Loam Lane		3e If Hosp or Inst indicate DOA,OP/Emer Rm (inpatient)(Specify) Home	
DECEDENT	4 SEX Male		5 RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a AGE-Last birthday (Years) 89		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not US/CA, name country) Wisconsin		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 18	
	11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Joann Ethel NEELEY			
PARENTS	13 SOCIAL SECURITY NUMBER 2571		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d STREET AND NUMBER 3572 Loam Lane		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Carl William MATHIS	
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) Gladys Rose LEHMAN		18a INFORMANT- NAME (Type or Print) Joann E MATHIS		18b MAILING ADDRESS (Street or R F D No, City or Town State, Zip) 3572 Loam Lane Carson City, Nevada 89705	
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) TAMAR R BEAULAC		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	
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) NITA SCHWARTZ MD		21b DATE SIGNED (Mo/Day/Yr) March 13, 2019		21c HOUR OF DEATH 05:05	
	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b LICENSE NUMBER 9114	
CAUSE OF DEATH	24a REGISTRAR (Signature) ANGELICA RAMIREZ		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 13, 2019		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24c DEATH DUE TO COMMUNICABLE DISEASE		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) Cerebral Atherosclerosis		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)		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				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



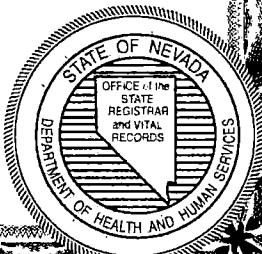
CERTIFIED COPY OF VITAL RECORDS

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.

Julie Katcheva
STATE REGISTRAR

DATE ISSUED: **MAR 22 2019**

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



VRS-Rev-20120523a

EXHIBIT B

Lot 24, in Block B, of the Final Map of SUNRIDGE HEIGHTS PHASE 1, a Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 11, 1993, in Book 693, Page 2465, as Document No. 309550.

APN: 1420-07-610-041

