

WHEN RECORDED MAIL TO:

Eunice Marie Facey
148 County Highway 109
Broadalbin, NY 12025

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. 01902195DC1

APN No.: 1220-22-410-012

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Eunice Marie Facey, being duly sworn, deposes and says:

1. Dean Arthur Facey, the decedent mentioned in attached copy of Certificate of Death, is the same person as Dean Arthur Facey named as one of the trustee(s) in that certain Quitclaim Deed dated 8-23-2005, executed by Dean Arthur Facey and Eunice Marie Facey, as married joint tenants to Dean Arthur Facey and Eunice Marie Facey, as Trustees of the "Dean Arthur Facey and Eunice Marie Facey Revocable Trust" dated August 23, 2005, recorded on 8-30-2005 as instrument number 0653726, 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.

2. That I, Eunice Marie Facey, am named within the aforementioned trust as successor trustee;
3. 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;
4. 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.

Dated: 5/14/2019

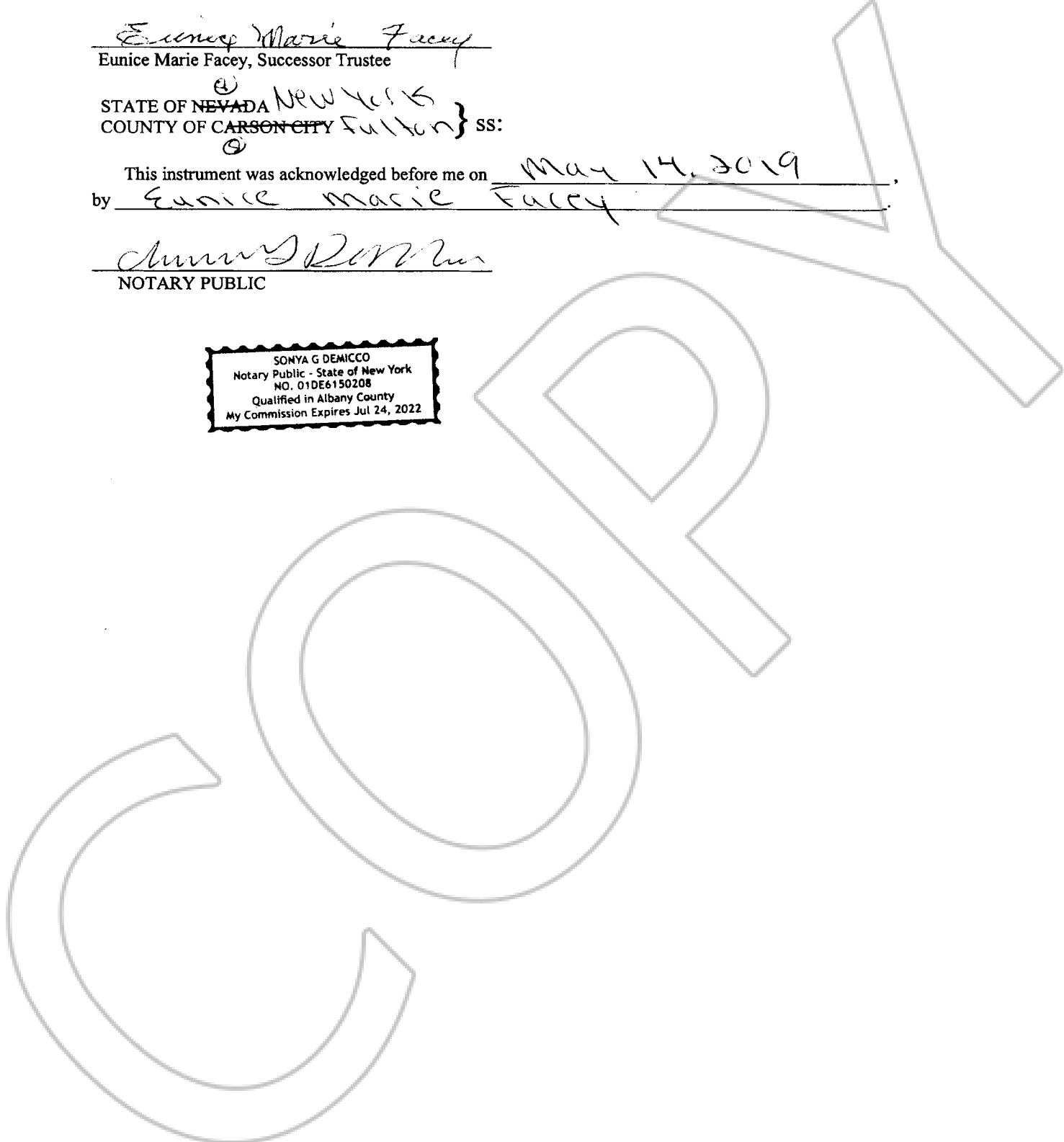
Eunice Marie Facey
Eunice Marie Facey, Successor Trustee

STATE OF ~~NEVADA~~ New York }
COUNTY OF ~~CARSON CITY~~ Fulton } SS:

This instrument was acknowledged before me on May 14, 2019,
by Eunice Marie Facey.

[Signature]
NOTARY PUBLIC

SONYA G DEMICCO
Notary Public - State of New York
NO. 01DE6150208
Qualified in Albany County
My Commission Expires Jul 24, 2022



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SACRAMENTO
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052018200030

CERTIFICATE OF DEATH

3201834009090

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITED OUTS OR ALTERATIONS (IC-10) (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DEAN		2. MIDDLE ARTHUR		3. LAST (Family) FACEY	
AKA: ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 10/08/1939	5. AGE Yrs. 78	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes
9. BIRTH STATE/FOREIGN COUNTRY ND		10. SOCIAL SECURITY NUMBER 5384	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP (M Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 09/26/2018
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED RANGE SUPPORT SPECIALIST		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, local construction, employment agency, etc.) AIRCRAFT MAINTENANCE		19. YEARS IN OCCUPATION 19	
20. DECEDENT'S RESIDENCE (Street and number, or location) 632 LONG VALLEY ROAD					
21. CITY GARDNERVILLE		22. COUNTY/PROVINCE DOUGLAS	23. ZIP CODE 89460	24. YEARS IN COUNTY 25	25. STATE/FOREIGN COUNTRY NV
26. INFORMANT'S NAME, RELATIONSHIP EUNICE FACEY, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 632 LONG VALLEY ROAD, GARDNERVILLE, NV 89460		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST EUNICE		29. MIDDLE MARIE	30. LAST (BIRTH NAME) BOSLAR		
31. NAME OF FATHER/PARENT - FIRST THEODORE		32. MIDDLE -	33. LAST FACEY		34. BIRTH STATE ND
35. NAME OF MOTHER/PARENT - FIRST BERNICE		36. MIDDLE -	37. LAST (BIRTH NAME) HANSON		38. BIRTH STATE SD
39. DISPOSITION DATE mm/dd/yyyy 10/03/2018		40. PLACE OF FINAL DISPOSITION VETERANS MEMORIAL CEMETERY 14 VETERANS WAY, FERNLEY, NV 89408			
41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EMBALMER TITUS GREEN		43. LICENSE NUMBER EMB8305	
44. NAME OF FUNERAL ESTABLISHMENT MORGAN JONES FUNERAL HOME		45. LICENSE NUMBER FD855	46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD		47. DATE mm/dd/yyyy 10/03/2018
101. PLACE OF DEATH UC DAVIS MEDICAL CENTER					
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2315 STOCKTON BLVD.		106. CITY SACRAMENTO	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIAC ARREST		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequitentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) SEVERE SEPTIC SHOCK		(AT) MINS		(BT) HOURS	
(C) SEVERE LIVER FAILURE		(CT) HOURS		(DT) YEARS	
(D) CORONARY ARTERY DISEASE		(ET) YEARS		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 END STAGE HEART FAILURE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) 09/24/2018: LEFT VENTRICULAR ASSIST DEVICE					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE (DEATH OCCURRED) AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: _____ Decedent's Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER PAUL ANTHONY PERRY M.D.		116. LICENSE NUMBER A124165	
117. DATE mm/dd/yyyy 09/20/2018		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PAUL ANTHONY PERRY M.D.		117. DATE mm/dd/yyyy 10/03/2018	
119. I CERTIFY THAT IN MY OPINION (DEATH OCCURRED) AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicidal <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		
STATE REGISTRAR	A	B	C	D	E

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health and Human Services.

DATE ISSUED **October 10, 2018**



001761460

Olivia Kasirye MD

OLIVIA KASIRYE, MD
 LOCAL REGISTRAR

PENCO (REV) 09/16

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Order No.: 01902195-DC1

EXHIBIT A

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

Parcel 404 as shown on that Record of Survey in Support of a Boundary Line Adjustment for Osborne Family Trust, Record of Survey Map No. 385600, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 16, 1996, in Book 496, at Page 2954, as File No. 385600, official records, being more particularly described as follows:

A parcel of land located within a portion of the Southwest one-quarter of the Southwest one-quarter of Section 22, Township 12 North, Range 20 East, Mount Diablo Meridian, more particularly described as:

Beginning at the Southeast corner of Lot 404 as shown on the Final Map for Gardnerville Ranchos Unit No. 7 as recorded March 27, 1974 in Douglas County, Nevada as Document No. 72456, said point being on the Westerly right-of-way line of Long Valley Road; thence South $78^{\circ}42'00''$ West, 125.00 feet; thence North $09^{\circ}27'00''$ West, 75.22 feet; thence North $07^{\circ}93'01''$ West 11.18 feet; thence North $82^{\circ}57'00''$ East, 124.94 feet to a point on the Westerly right-of-way line of Long Valley Road; thence non-tangent to the preceding course along the arc of a curve to the left having a radius of 1040.00 feet, a central angle of $04^{\circ}14'59''$ an arc length of 77.14 feet and a chord bearing of South $09^{\circ}10'31''$ East, 77.12 feet to the Point of Beginning.

The Basis of Bearing of this description is North $16^{\circ}42'00''$ West, the centerline of Long Valley Road per said Final Map.

APN: 1220-22-410-012

Note: Document No. 653726 is provided pursuant to the requirements of Section 6.NRS 111.312.