

APN 1219-03-002-046

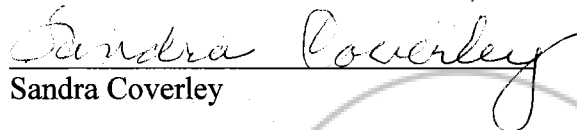
**RECORDING REQUESTED BY  
AND WHEN RECORDED RETURN TO:**

Steven E. Tackes, Esq.  
Kaempfer Crowell  
510 West Fourth Street  
Carson City, NV 89703

**MAIL TAX STATEMENTS TO:**

Sandra Coverley and Daniel Coverley, Co-Trustees  
Coverley Family Trust dated May 1, 2006  
P.O. Box 997  
Genoa, NV 89411

I affirm that this document submitted for recording **does** contain the social security number of any person or persons. (Per NRS 440.380(1) and 40.525(5))

  
Sandra Coverley

**AFFIDAVIT OF DEATH OF TRUSTEE**

STATE OF NEVADA        )  
                                  )ss:  
CARSON CITY            )

SANDRA COVERLEY, being first duly sworn, upon oath and under penalty of perjury, deposes and says as follows:

1. That I am over the age of twenty-one (21) years of age and competent to testify to the matters hereinafter stated.
2. That WILLIAM H. COVERLEY, JR., the decedent mentioned in the attached certified copy of Certificate of Death is the same person as WILLIAM H. COVERLEY, JR., named as a Co-Trustee of the COVERLEY FAMILY TRUST dated May 1, 2006, in that certain

Grant Bargain and Sale Deed recorded as Document No. 0701229 on May 15, 2007, covering the following described property.

3. That the real property described herein is real property situated in the County of Douglas, State of Nevada, and more particularly described as follows:

A portion of the Southwest  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  of Section 3, Township 12 North, Range 19 East, M.D.B. & M., more particularly described as follows:

COMMENCING at the Southwest corner of Section 3; thence North  $89^{\circ}57'$  East 844.73 feet along the Section Line to a point; thence North  $0^{\circ}10'19''$  West 30 feet to the True Point of Beginning; thence continuing North  $0^{\circ}10'19''$  West 280.00 feet to the Northwest corner of the parcel; thence North  $89^{\circ}57'$  East 157.5 feet to a point, said point being the Northwest corner of that certain parcel of land described in the deed to Thomas D. Andrews and Norma D. Andrews, husband and wife as Joint Tenants, recorded April 22, 1968 in Book 58, Page 551, File No. 40719, Official Records, thence South  $0^{\circ}10'19''$  East along the West line of Andrews parcel 280.00 feet to a point on the North line of a 60 foot road; thence South  $89^{\circ}57'$  West 157.5 feet along the North line of said road to the Point of Beginning.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Legal description taken from Grant Bargain and Sale Deed recorded May 15, 2007, as Document No. 0701229.

Also known as 232 Autumn Hills Rd., Gardnerville, Nevada 89460; APN 1219-03-002-046.

4. That I, SANDRA COVERLEY, am named within the aforementioned Trust, am the spouse of the decedent, and am the surviving Grantor, Trustor, Settlor, and Co-Trustee. Pursuant to the terms of the Trust, I retain the power to amend or revoke the Trust.

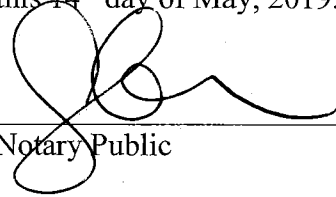
5. That I, SANDRA COVERLEY, confirm, and I consent to serve as Co-Trustee of the aforementioned Trust, and along with Co-Trustee DANIEL COVERLEY, I hereby assume the powers and duties as Trustee of such Trust.

6. 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 this 14<sup>th</sup> day of May, 2019.

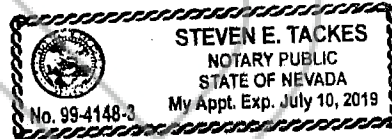
  
SANDRA COVERLEY,  
Trustor and Co-Trustee

SUBSCRIBED AND SWORN to before  
me by SANDRA COVERLEY  
this 14<sup>th</sup> day of May, 2019.



Notary Public

(Seal)



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

#### CERTIFICATE OF DEATH

2015004443  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK  DECEASED  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) <b>William H COVERLEY JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 14, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address) <b>232 Autumn Hills Rd</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient/Specify) <b>Home</b>		
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE - Last birthday (Years) <b>72</b>	
7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>		7d. UNDER 1 DAY <b>MIN</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 04, 1942</b>	
9a. STATE OF BIRTH (If not U.S.A.) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>19</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
12. SURVIVING SPOUSE (Maiden name) <b>Sandra FORD</b>		13. SOCIAL SECURITY NUMBER <b>████████ 4636</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>High School Teacher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>232 Autumn Hills Rd</b>	
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) <b>William H COVERLEY SR</b>					
17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Alice REID</b>						18a. INFORMANT - NAME (Type or Print) <b>Sandra COVERLEY</b>	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>232 Autumn Hills Rd, Gardnerville, Nevada 89460</b>						19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	
19b. CEMETERY OR CREMATORY - NAME <b>Mottsville Cemetery</b>						19c. LOCATION - City or Town - State <b>Gardnerville Nevada 89460</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410</b>			
20d. SIGNATURE AUTHENTICATED							
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) <b>NITA SCHWARTZ M.D.</b>				21b. DATE SIGNED (Mo/Day/Yr) <b>March 18, 2015</b>			
21c. HOUR OF DEATH <b>21:50</b>				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)				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) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>						23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b>				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 18, 2015</b>		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) <b>Malignant Melanoma, Metastatic</b> 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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC. SUICIDE, HOMICIDE, 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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

STATE OF NEVADA  
MAY 20 2016  
VALIDATED

574813

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:

4/13/2015

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

SIGNATURE AUTHENTICATED

