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Natalia K. Vander Laan, Esq.



KAREN ELLISON, RECORDER

A.P.N.: 1420-35-310-026

Recording Requested By:)
Vander Laan Law Firm, LLC)
1624 10th St, Suite 3)
Minden, NV 89423)

When Recorded Mail to:)
Vander Laan Law Firm, LLC)
1624 10th St, Suite 3)
Minden, NV 89423)

Mail Tax Statements to:)
Paul Robert Hardy, Trustee)
2647 Skyline Drive)
Minden, NV 89423)

AFFIDAVIT – DEATH OF CO-TRUSTEE

I, PAUL ROBERT HARDY, of legal age, being first duly sworn, declare under penalty of perjury that:

NANCY GAIL HARDY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NANCY GAIL HARDY named as Co-Trustee in the Declaration of Trust executed on June 26, 1996, by Paul Robert Hardy and Nancy Gail Hardy as Settlers.

NANCY GAIL HARDY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NANCY GAIL HARDY, named as one of the parties in that certain deed dated June 16, 2003, and executed by Andrew W. Mitchell, president (Grantor), to Paul Robert Hardy and Nancy Gail Hardy, Trustees of THE HARDY FAMILY TRUST, dated June 26, 1996 (Grantees), recorded on June 20, 2003, as Document No. 0580741, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 57 in Block E as set forth on the Final Subdivision Map FSM #94-04-01 for SKYLINE RANCH PHASE I filed for record with the Douglas County Recorder on May 11, 2001 in Book

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

NANCY GAIL HARDY, the deceased Co-Trustee, died on December 3, 2018, as shown in the attached certified copy of Certificate of Death.

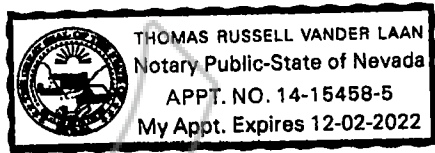
The Affiant is the Husband of the deceased Co-Trustee and now the sole Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such.

Executed on this 26 day of JUNE, 2019, in Douglas County, State of Nevada.

Paul Robert Hardy
 PAUL ROBERT HARDY

STATE OF NEVADA)
): ss
 COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this 26th day of June, 2019, by PAUL ROBERT HARDY.



[Signature]

 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the 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. 4054513

CERTIFICATE OF DEATH

2018023652
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) Nancy Gail HARDY		2 DATE OF DEATH (Mo/Day/Year) December 03, 2018		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Minden		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient)(Specify) 2647 Skyline Dr Home		3e If Hosp. or Inst. indicate DOA,OP/Emer Rm. Female	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 81	
7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS		7d UNDER 1 MIN MIN	
8 DATE OF BIRTH (Mo/Day/Yr) April 16, 1937					
9a. STATE OF BIRTH (If not US/CA, name country) Michigan		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12	
11 MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Paul HARDY			
13. SOCIAL SECURITY NUMBER 8889		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Office Manager)		14b. KIND OF BUSINESS OR INDUSTRY Hearing Aids	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 2647 Skyline Dr		15e INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward Leo BLUNT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Angeline BRINKER		
18a INFORMANT- NAME (Type or Print) Paul HARDY		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 2647 Skyline Dr 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 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) ADAM WINDSOR			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) ADAM WINDSOR		
21b DATE SIGNED (Mo/Day/Yr) December 13, 2018		21c HOUR OF DEATH 10:45		22b DATE SIGNED (Mo/Day/Yr) December 13, 2018	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH 10:45		22d. PRONOUNCED DEAD (Mo/Day/Yr) December 03, 2018	
22e. PRONOUNCED DEAD AT (Hour) 10:45					
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Adam Windsor P O Box 218 Minden, NV 89423				23b LICENSE NUMBER 446	
24a REGISTRAR (Signature) CATHERINE E SIMPSON		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 13, 2018		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) Arteriosclerosis Cardiovascular Disease		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF					
(b) Diabetes		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF					
(c) Hypertension		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF					
(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 I				26 AUTOPSY (Specify Yes or No) No	
				27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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: **DEC 18 2018**

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

Julie Katcheva
STATE REGISTRAR

