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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

A.P.N.: 1220-01-002-027

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 Statement to:)
Ralph Lynn, Trustee)
916 Black Sage Circle)
Gardnerville, NV 89410)

AFFIDAVIT – DEATH OF CO-TRUSTEE

I, RALPH GARY LYNN, of legal age, being first duly sworn, declare under penalty of perjury that:

BETTY JUNE LYNN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BETTY JUNE LYNN named as Co-Trustee in the Declaration of Trust executed on December 4, 2018, by Ralph Gary Lynn and Betty June Lynn as Grantors.

BETTY JUNE LYNN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BETTY JUNE LYNN, Trustee of the RALPH GARY LYNN AND BETTY JUNE LYNN REVOCABLE LIVING TRUST, dated December 4, 2018, and any amendments thereto, named as one of the parties (transferees) in that certain deed dated December 4, 2018, recorded on December 5, 2018, as Document No. 2018-923242, in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

LOT 438, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,

NEVADA, ON MARCH 27, 1974, AS DOCUMENT NO. 72456.

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

BETTY JUNE LYNN, the deceased Co-Trustee, died on June 22, 2019, as shown in the attached certified copy of Certificate of Death.

Pursuant to the terms of the Trust, the present sole Trustee of the Trust is RALPH GARY LYNN.

The Affiant, RALPH GARY LYNN, is the husband of the deceased Co-Trustee and now the sole Trustee under the above-referenced Trust and the Affiant hereby consents to act as such.

The above-referenced Trust was in effect at the time of the death of the decedent mentioned herein, and has not been revoked.

Executed on this 21st day of August, 2019, in Douglas County, State of Nevada.

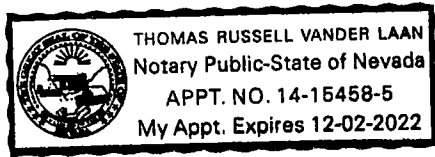
Trustee:




RALPH GARY LYNN

STATE OF NEVADA)
): ss
COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this 21st day of August, 2019, by RALPH GARY LYNN.





NOTARY PUBLIC

COOPER

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. 4088571

CERTIFICATE OF DEATH

2019012431
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) Betty June LYNN | | 2. DATE OF DEATH (Mo/Day/Year) June 22, 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 and number) Carson Tahoe Regional Medical Center | | 3e. If Hosp or Inst. Indicate DOA,OP/Emr Rm. Inpatient(Specify) Inpatient | |
| 4. SEX Female | | 5. RACE (Specify) White | | 6. Hispan.c Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 79 | | 7b. UNDER 1 YEAR MOS | | 7c. UNDER 1 DAY HOURS | |
| 7d. UNDER 1 DAY MIN | | 8. DATE OF BIRTH (Mo/Day/Yr) April 11, 1940 | | 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) Married | |
| 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Ralph Gary LYNN | | 13. SOCIAL SECURITY NUMBER ████████-7809 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) OFFICE CLERK | |
| 14b. KIND OF BUSINESS OR INDUSTRY INSURANCE | | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | |
| 15c. CITY, TOWN OR LOCATION Gardnerville | | 15d. STREET AND NUMBER 1916 Black Sage Circle | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Levi PAULK | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Essie BROWN | | |
| 18a. INFORMANT- NAME (Type or Print) Ralph Gary LYNN | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State Zip) 1916 Black Sage Circle Gardnerville, Nevada 89410 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory | | 19c. LOCATION City or Town State Sparks Nevada 89431 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ANDREW W JOYCE SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD936 | | 20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706 | |
| 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) June 25, 2019 | | 21c. HOUR OF DEATH 08:22 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 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) June 25, 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)) | | | | Interval between onset and death | |
| PART I (a) Cardiopulmonary Arrest | | | | Interval between onset and death | |
| (b) Respiratory Failure | | | | Interval between onset and death | |
| (c) Pulmonary Fibrosis | | | | Interval between onset and death | |
| (d) Pneumonia | | | | 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. 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 STREET OR R.F.D. No CITY OR TOWN STATE | |



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.

Jose Aguirre
Interim Administrator

DATE ISSUED: **7/5/2019**

STATE REGISTRAR

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

