

APN: 1321-32-002-035

Recorded at the Request of:
Heritage Law Group, A Division of
KALICKI COLLIER, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
Jack R. Wyle, Trustee
1465 Calle Pequeno
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

JACK R. WYLE, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of his own personal knowledge:

That MARY L. WYLE, the Decedent mentioned in the attached, certified Certificate of Death issued by the State of Nevada (see **Exhibit 1**) is the same person as MARY L. WYLE, one of the Settlor of *The Jack R. Wyle and Mary L. Wyle Revocable Trust, dated May 19, 1993*, and any amendments thereto, and named as one of the grantees in that certain Individual Grant Deed, dated February 3, 1994, executed by Grantors Michael D. Bennett and Sheryl A. Bennett, and recorded on March 1, 1994, as Document No. 331289, Book 0394, Page 0126, of Official Records of Douglas County, State of Nevada, which deed pertains to property situated at 1465 Calle Pequeno, Gardnerville, Nevada, more precisely described as:

Parcel A, as set forth on the Parcel Map of Charles D. Jones, being a portion of the Northeast quarter of the Southwest quarter of Section 32, Township 13 North, Range 21 East, M.D.B. & M., recorded April 18, 1978, in Book 476, Page 1020, Document No. 19736, Official Records of Douglas County, State of Nevada.

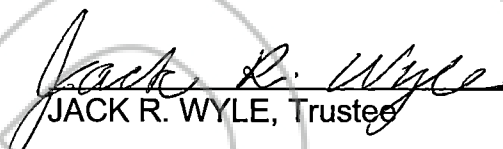
RESERVING THEREFROM non-exclusive easements for roadway and utility purposes 25 feet in width lying parallel and adjacent to the North and West boundaries of said Parcel A and as set forth on said Map.

Pursuant to NRS 111.312, the above legal description previously appeared the Individual Grant Deed recorded on February 3, 1994, as Document No. 331289.

JACK R. WYLE shall forthwith serve as sole Trustee of *The Jack R. Wyle and Mary L. Wyle Revocable Trust, dated May 19, 1993*, and any amendments thereto.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.


Dated: January 14, 2020.



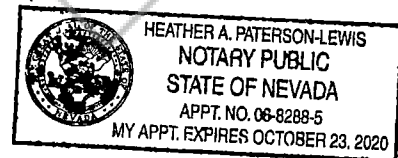
JACK R. WYLE, Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 8th day of January, 2020, by JACK R. WYLE, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Notary Public



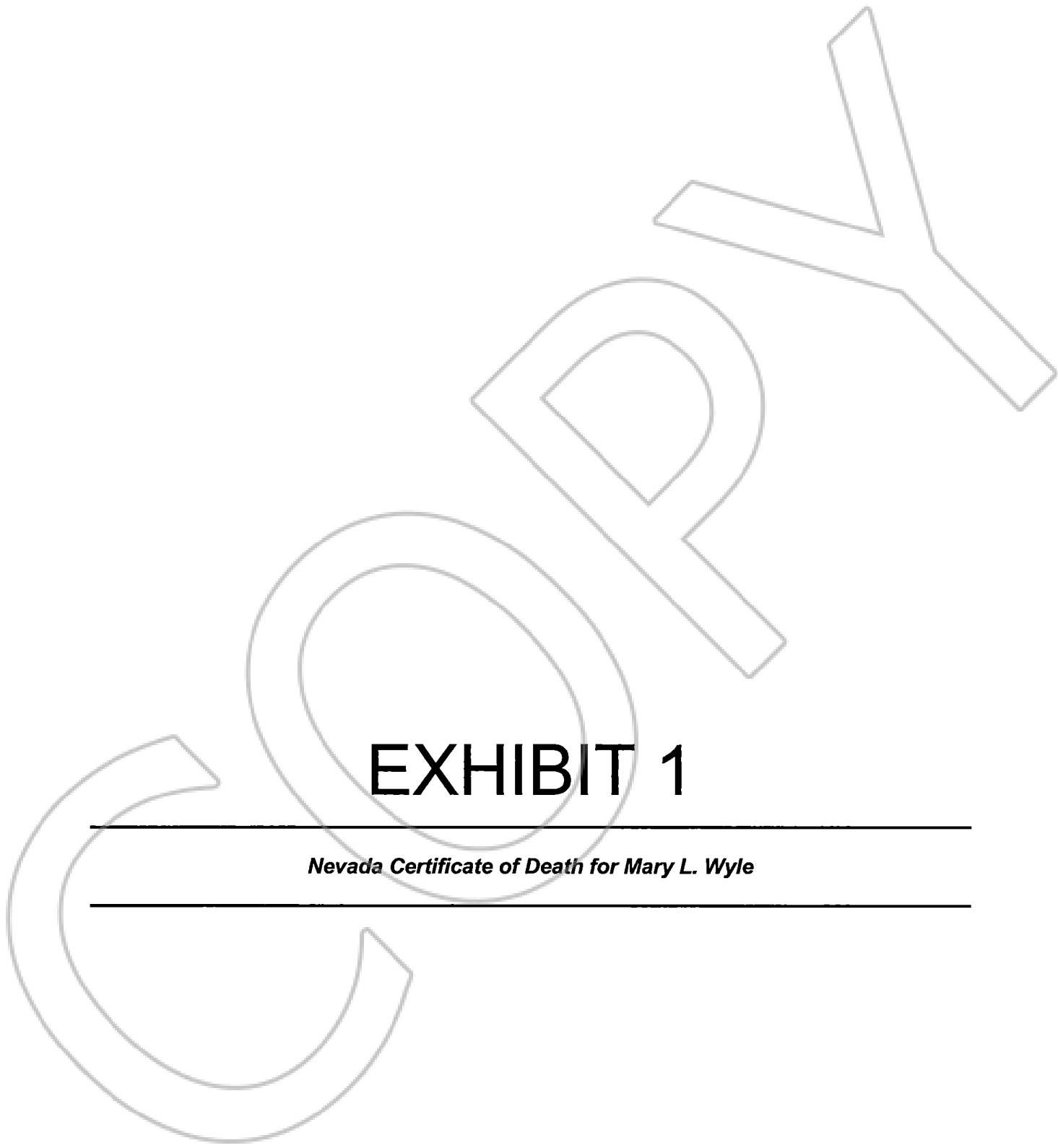


EXHIBIT 1

Nevada Certificate of Death for Mary L. Wyle

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4108882

CERTIFICATE OF DEATH

2019020499

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Mary Louise WYLE		2. DATE OF DEATH (Mo/Day/Year) October 16, 2019		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) Gardnerville Health and Rehab		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Nursing Home	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 94		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) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jack WYLE			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████5402		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Real Estate Broker		14b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1465 Calle Pequeno		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Eugene WATTS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth MACMILLAN		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Catherine STANFORD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1446Calle Pequeno Gardnerville, Nevada 89410			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
	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					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) October 17, 2019		21c. HOUR OF DEATH 06:59		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE OF DEATH	21e. PRONOUNCED DEAD (Mo/Day/Yr)		22d. 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) BREECE D FLORES SIGNATURE AUTHENTICATED			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 18, 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).) PART I (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Squamous Carcinoma DUE TO, OR AS A CONSEQUENCE OF: (c) Nontraumatic Hemorrhage DUE TO, OR AS A CONSEQUENCE OF: (d) Hypertension					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. Constipation; Adult Failure To Thrive; Unknown Etiology					26. AUTOPSY (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		
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		

000792036



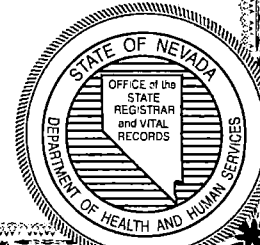
CERTIFIED COPY OF VITAL RECORDS

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: 10/22/2019

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

Jose Aguirre
Administrator
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE