

APN: 1420-18-710-030

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:
Bonnie T. Henderson, Successor Trustee
3337 Dog Leg Drive
Minden, NV 89423

AFFIDAVIT OF DEATH OF GRANTOR/TRUSTEE OF TRUST

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

BONNIE T. HENDERSON, 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 DALE L. LARSON, the Decedent mentioned in the attached, certified Certificate of Death issued by the State of Nevada (see **Exhibit 1**) is the same person as DALE L. LARSON, one of the Grantors and surviving Trustee of the *Larson Family Trust, dated January 30, 2009, and any amendments thereto*, and named as one of the grantees in that certain Quitclaim Deed, dated September 18, 2015, executed by Dale L. Larson and Ester R. Larson and recorded on September 29, 2015, as Document No. 2015-870262 of Official Records of Douglas County, State of Nevada, which deed pertains to property situated at 3337 Dog Leg Drive, Minden, Nevada, more precisely described as:

Lot 30 in Block B, as set forth on that certain Amended Final Map LDA number 99-54-1A for Sunridge Heights III, Phase 1A, a Planned Unit Development, recorded in the office of the Douglas County Recorder on December 29, 2003, in Book 1203, Page 12019, as Document No. 600647.

MORE commonly known as: 3337 Dog Leg Drive, Minden, Nevada 89423.

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

Pursuant to NRS 111.312, the above legal description previously appeared in Quitclaim Deed recorded on September 29, 2015, as Document No. 2015-870262.

BONNIE T. HENDERSON is the Successor Trustee of the *Larson Family Trust*, dated January 30, 2009, and any amendments thereto. The Trust was in effect on the date of death of Decedent and is now irrevocable. Declarant has consented to act as Successor Trustee under the Trust.

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


Dated: March 12, 2020.



BONNIE T. HENDERSON,
Successor Trustee/Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on March 12, 2020, by BONNIE T. HENDERSON, 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

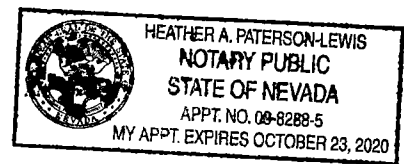




EXHIBIT 1

Affidavit of Death of Settlor/Trustee of Trust
The Larson Family Trust, dated January 30, 2009

Nevada Certificate of Death for Dale L. Larson

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4133977

CERTIFICATE OF DEATH

2020004906
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) Dale Leslie LARSON		2. DATE OF DEATH (Mo/Day/Year) March 11, 2020		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/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 16, 1937		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████ 8437		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Commander		14b. KIND OF BUSINESS OR INDUSTRY United States Navy	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 3337 Dog Leg Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Leslie LARSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Velva RUSH		
18a. INFORMANT - NAME (Type or Print) Bonnie HENDERSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5039 Woodyard Ave La Mesa, California 91942			
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop 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) March 11, 2020		21c. HOUR OF DEATH 00:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) BLAISE SATARIANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 11, 2020		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				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Aspiration Pneumonia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Severe Dysphagia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Acute Kidney Injury				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, Dehydration; Atrial Fibrillation; Hypertension; Physical Debility; 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	

000809289



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: 3/12/2020

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

