

APN# 1420-35-411-022

Recording Requested by/Mail to:

Name: Heritage Law, A Division of Kalicki Collier, LLP

Address: 1625 Highway 88, Suite 304

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Mr. Fred. A Barker, Trustee

Address: 1703 Chiquita Circle

City/State/Zip: Minden, NV 89423



KAREN ELLISON, RECORDER

Affidavit of Death of Settlor/Trustee of Trust

Title of Document (required)

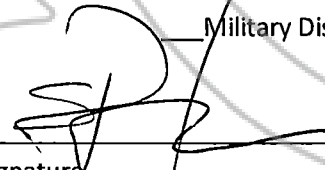
----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

Suzanne Remington

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1420-35-411-022

Recorded At The Request Of:
Heritage Law, A Division of
Kalicki, Collier, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423

Mail Future Tax Statements To:
Mr. Fred A. Barker, Trustee
1703 Chiquita Circle
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording does not contain any personal information and/or social security number of any person.

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 :ss.
COUNTY OF DOUGLAS)

FRED A. BARKER, 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 MARION W. BARKER, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada, is the same person as MARION W. BARKER, Settlor of the *Barker Family Trust, dated December 1, 2005*, and named as one of the grantees in that certain Grant, Bargain and Sale Deed dated December 31, 2012, executed by FREDERICK ALDEN BARKER and MARION W. BARKER, husband and wife as joint tenants, and recorded on January 24, 2013, as Document No. 0816930 of Official Records of Douglas County, State of Nevada, which deed pertains to property situated at 1703 Chiquita Circle, Minden, Nevada, more precisely described as:


LOT 76, IN BLOCK B, AS SET FORTH ON THE FINAL SUBDIVISION MAP FSM #94-04-02 FOR SKYLINE RANCH PHASE 2 FILED FOR RECORD WITH THE DOUGLAS COUNTY RECORDER ON JUNE 18, 2003, IN BOOK 0603, OF OFFICIAL RECORDS, PAGE 9142 AS DOCUMENT NO. 0580419, AND AMENDED BY THAT CERTAIN CERTIFICATE OF AMENDMENT RECORDED JANUARY 08, 2008 IN BOOK 0108, PAGE 1564 AS INSTRUMENT NO. 0715922 OF OFFICIAL RECORDS.

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain and Sale Deed recorded on January 24, 2013, as Document No. 0816930.

FRED A. BARKER shall forthwith serve as sole Trustee of the *Barker Family Trust, dated December 1, 2005, as restated and amended.*

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

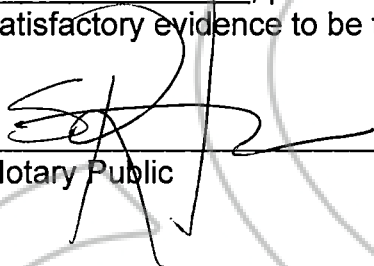
Dated: April 23, 2020.



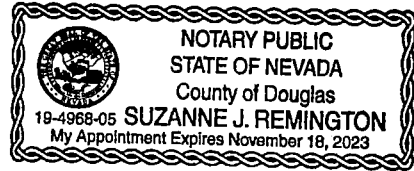
FRED A. BARKER, Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me on this 23rd day of April, 2020, by FRED A. BARKER, 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



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4135931

CERTIFICATE OF DEATH

2020005729

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) Marion W BARKER		2. DATE OF DEATH (Mo/Day/Year) March 22, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 1703 Chiquita Circle		3e. If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
4 SEX Female		7a. AGE-Last birthday (Years) 75		7c. UNDER 1 DAY HOURS MIN	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) March 08, 1945	
9a. STATE OF BIRTH (if not US/CA, name country) Scotland		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Frederick A BARKER			
13. SOCIAL SECURITY NUMBER 4446		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) ACCOUNTANT		14b. KIND OF BUSINESS OR INDUSTRY ACCOUNTING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1703 Chiquita Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alexander WYLLIE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dona MCKENZIE		
18a. INFORMANT- NAME (Type or Print) Frederick BARKER		18b. MAILING ADDRESS (Street or R F D. No. City or Town, State, Zip) 1703 Chiquita Circle Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED NITA SCHWARTZ MD					
21b. DATE SIGNED (Mo/Day/Yr) March 23, 2020		21c. HOUR OF DEATH 18:00		22a. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. PRONOUNCED DEAD (Mo/Day/Yr)	
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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 23, 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) Pancreatic Cancer With Metastasis DUE TO, OR AS A CONSEQUENCE OF (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ 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 1.				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

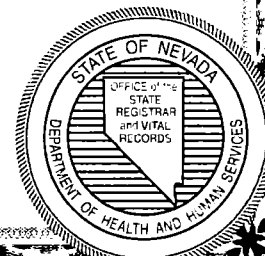
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED:

3/31/2020

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

Shana B Rhinehart
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE