


Affects APN: 1318-09-810-081

After recording, return Affidavit to:

Kurt O. Hunsberger, Esq.  
Maupin, Cox & LeGoy  
4785 Caughlin Parkway  
Reno, NV 89519

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The undersigned hereby affirms that this document submitted for recording does contain the personal information of any person or persons per N.R.S. 239B.030.



\_\_\_\_\_  
Signature of Declarant or Agent

**AFFIDAVIT - DEATH OF TRUSTEE-  
SUCCESSION OF SUCCESSOR TRUSTEE  
[Pertaining to 621 Freel Drive]**

STATE OF NEVADA            )  
  ) ss:  
COUNTY OF WASHOE        )

MARILYN B. GISH, being first duly sworn, deposes and states the following:

1.       DAVID N. GISH, the decedent mentioned in the certified copy of Certificate of Death attached hereto as Exhibit "A," was a Co-Trustee of the GISH FAMILY TRUST established under agreement dated March 26, 1998, as amended and restated in its entirety on August 23, 2010, and as further amended pursuant to Second Amendment dated April 6, 2015 (collectively as "Trust").

2.       DAVID N. GISH died on November 12, 2019. Following the death of DAVID N. GISH, MARILYN B. GISH is the currently serving sole Trustee of the Trust.

3.       At the time of death of DAVID N. GISH, the Trust is record owner of the real property commonly known as 621 Freel Drive, Zephyr Cove, Douglas County, Nevada, and more particularly described as follows:

Lot 18 in Block G as delineated on that certain map entitled AMENDED MAP OF SUBDIVISION NO. 2, ZEPHYR COVE PROPERTIES, INC., IN SECTIONS 9 AND 10, TOWNSHIP 13 NORTH, RANGE 18 EAST, which was filed for record August 5, 1929, in the office of the County Recorder of Douglas County,

Nevada. This subdivision is sometimes called "MARLA BAY".  
Together with all improvements thereon.

4. MARILYN B. GISH hereby consents to act as sole Trustee of the Trust, and does hereby assume the powers and duties as Trustee of the Trust.

5. This Affidavit is being given and recorded to establish the proper chain of title in certain of the assets of the GISH FAMILY TRUST (AS RESTATED).

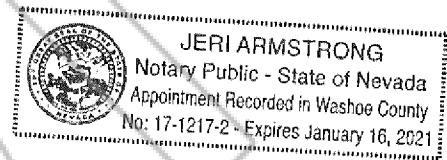
Dated this 15<sup>th</sup> day of June, 2020.

GISH FAMILY TRUST (AS RESTATED)

By: Marilyn B. Gish  
Marilyn B. Gish, Trustee

Subscribed and sworn to before  
me this 15 day of JUNE,  
2020, by MARILYN B. GISH.

Jeri Armstrong  
Notary Public



# EXHIBIT “A”

**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4113494

**CERTIFICATE OF DEATH**

**2019023010**

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) <b>David Nicholas GISH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 12, 2019</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street number) <b>Alta Skilled Nursing and Rehabilitation Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Nursing Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthda (Years) <b>87</b>		7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b>		7c. UNDER 1 DAY <b>HOURS</b> <b>MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 27, 1931</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Florida</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Marilyn BROOKS</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-3327</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Lieutenant Colonel</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>United States Air Force</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Reno</b>	
15d. STREET AND NUMBER <b>2775 Tamarisk Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Nicholas David GISH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ona Mae WILLIAMS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Marilyn GISH</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2775 Tamarisk Drive Reno, Nevada 89502</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MICHAEL HUKILL</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD885</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals &amp; Cremations - Sierra Chapel</b> <b>675 West Second St Reno NV 89503</b>	
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) <b>MEL MAGBOO MD</b> <b>SIGNATURE AUTHENTICATED</b>			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) <b>November 22, 2019</b>		21c. HOUR OF DEATH <b>06:47</b>		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) <b>Mel Magboo MD 5250 Neil Rd Ste #207 Reno, NV 89502</b>				23b. LICENSE NUMBER <b>9713</b>	
24a. REGISTRAR (Signature) <b>CARMEN M MENDOZA</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 25, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) <b>End Stage Parkinson's Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Unknown Etiology</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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	

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**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.

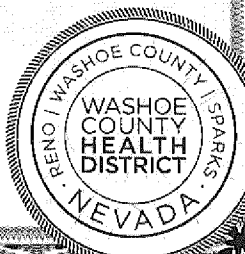
DEPUTY REGISTRAR

*Signature Authenticated*

DATE ISSUED:

**11/26/2019**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE