



KAREN ELLISON, RECORDER

After Recording, Mail to:

Michael Buttles, Co-Successor Trustee  
Buttles Family Trust  
9603 Fern Crest Dr.  
San Antonio, TX 78250

The undersigned affirms that this document, and all exhibits which may be attached hereto, DOES contain the social security number of any person, pursuant to NRS 443.380.

## **AFFIDAVIT OF DEATH OF SURVIVING TRUSTEE SUCCESSION OF CO-SUCCESSOR TRUSTEES**

Michael D. Buttles, of 9603 Fern Crest Drive, San Antonio, Texas and Andrew H. Buttles, of 1151 Prunetree Court, Santa Rosa, CA 95401, being first duly sworn, do hereby swear under penalty of perjury under the laws of the State of Nevada that the following statements are true:

1. By instrument dated August 21, 2001, Harold G. Buttles and Marjorie L. Buttles, as settlors and trustees, executed the Buttles Family Trust Agreement, referred to herein after as the "Trust".
2. The Trust appointed Michael D. Buttles to serve as Successor Trustee upon the death or incapacity of Harold G. Buttles and Marjorie L. Buttles.
3. Marjorie L. Buttles died on February 20, 2020. Harold G. Buttles died on May 4, 2020. Attached hereto as Exhibit "A" is a certified copy of the death certificates of Marjorie L. Buttles and Harold G. Buttles.
4. Pursuant to the terms of the Trust, Michael D. Buttles has consented to act. On April 29, 2020, Michael D. Buttles nominated Andrew H. Buttles to act as Co-Successor Trustee of the Trust. A copy of said nomination is attached hereto as Exhibit "B". Michael D. Buttles and Andrew H. Buttles have assumed the powers and duties as the Co-Successor Trustees of the Trust.
5. Michael D. Buttles and Andrew H. Buttles are authorized under the terms of the Trust and applicable provisions of Nevada Revised Statutes to act as the Co-Successor Trustees with respect to the Trust's interest in any property.

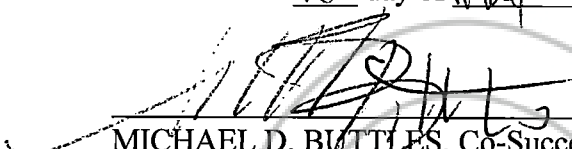
A residence located at 1421 Purple Sage Dr., in the cit of Gardnerville, County of Douglas, State of Nevada more particularly described as follows:

Lot 31, Block A, as shown on the map of BARRINGTON RANCHOS, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 1, 1991, in Book 391, Page 187, as Document No. 245840, being a subdivision of Lot 706 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

This legal description was previously recorded on September 13, 2001 in Book 0901 at Pages 2940-42 as Document No. 0522694.

- 7. No other person has a right to the interest of the Trust in the described property.
- 8. The described property shall be transferred to Michael D. Buttles and Andrew H. Buttles as Co-Successor Trustees of the Buttles Family Trust.

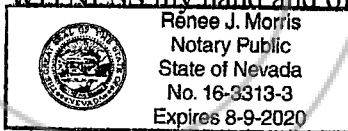
DATED This 13<sup>th</sup> day of May, 2020

  
MICHAEL D. BUTTLES, Co-Successor Trustee of  
THE BUTTLES FAMILY TRUST.


STATE OF NEVADA )  
 ) : ss.  
COUNTY OF DOUGLAS )

On May 18, 2020, before me, Reneé J. Morris, Notary Public, personally appeared MICHAEL D. BUTTLES, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



Seal

  
NOTARY PUBLIC

DATED This 18<sup>th</sup> day of May, 2020

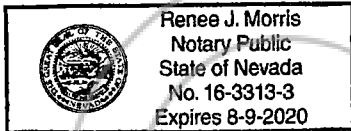
Andrew H. Buttles  
ANDREW H. BUTTLES, Co-Successor Trustee of  
THE BUTTLES FAMILY TRUST.

STATE OF NEVADA )  
 ) : ss.  
COUNTY OF DOUGLAS )

On May 18, 2020, before me, Reneé J. Morris, Notary Public, personally appeared ANDREW H. BUTTLES, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Seal



Renee J. Morris  
NOTARY PUBLIC

COPY

**EXHIBIT A**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4130880

**CERTIFICATE OF DEATH**

**2020003939**  
STATE FILE NUMBER

<b>DECEASED</b>	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Marjorie Lee BUTTLES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 20, 2020</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emem. Rm. Inpatient(Specify) <b>Inpatient</b>	
<b>PARENTS</b>	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>97</b>	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 05, 1923</b>	
<b>POSITION</b>	9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Harold G BUTTLES</b>			
<b>TRADE CALL</b>	13. SOCIAL SECURITY NUMBER <b>2211</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>HOMEMAKER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
<b>TRADE CALL</b>	15d. STREET AND NUMBER <b>1421 Purple Sage Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Water SUMNER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mabel MERRITT</b>		
<b>TRADE CALL</b>	18a. INFORMANT - NAME (Type or Print) <b>Harold G BUTTLES</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1421 Purple Sage Drive Gardnerville, Nevada 89460</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
<b>TRADE CALL</b>	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423</b>	
	TRADE CALL - NAME AND ADDRESS					
<b>CERTIFIER</b>	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>SIGNATURE AUTHENTICATED STEPHEN T HEWITT DO</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>February 21, 2020</b>		21c. HOUR OF DEATH <b>17:55</b>		22b. DATE SIGNED (Mo/Day/Yr)	
<b>REGISTRAR</b>	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>Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>DO1107</b>	
<b>CAUSE OF DEATH</b>	24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 27, 2020</b>		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		26. AUTOPSY (Specify Yes or No) <b>No</b>			
<b>CAUSE OF DEATH</b>	(a) <b>Cardiopulmonary Arrest</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
	DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Sepsis</b>		Interval between onset and death <b>Mins</b>			
<b>CAUSE OF DEATH</b>	DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Pneumonia</b>		Interval between onset and death <b>Days</b>			
	DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Colitis</b>		Interval between onset and death <b>Days</b>			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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

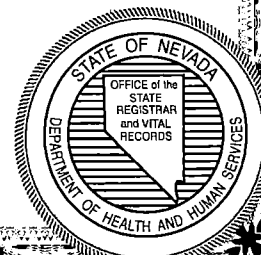
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**5/20/2020**

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*Blaise Satariano*  
STATE REGISTRAR



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4143168

**CERTIFICATE OF DEATH**

**202009527**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

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>Harold Glenn BUTTLES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 04, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville Ranchos</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) <b>1421 Purple Sage Dr</b>		3a.If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>99</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 05, 1920</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>13</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>-5129</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>CIVIL ENGINEER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville Ranchos</b>	
15d. STREET AND NUMBER <b>1421 Purple Sage Dr</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>George BUTTLES</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Florence</b>		
18a. INFORMANT- NAME (Type or Print) <b>Michael BUTTLES</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>9603 Fern Crest San Antonio, Texas 78250</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmerelda Place Minden NV 89423</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>EVAN W EASLEY MD</b> 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) <b>May 08, 2020</b>		21c. HOUR OF DEATH <b>08:39</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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>Evan W Easley MD 1520 Virginia Ranch Rd Gardnerville, NV 89410</b>			
23b. LICENSE NUMBER <b>7446</b>		24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 11, 2020</b>		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) <b>Myocardial Infarction</b>				Interval between onset and death	
(b) <b>Atrial Fibrillation</b>				Interval between onset and death	
(c) <b>Hypertension</b>				Interval between onset and death	
(d) <b>Congestive Heart Failure</b>				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. Age				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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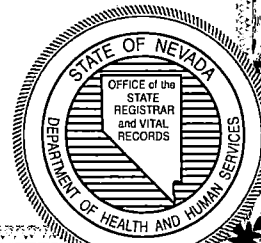
DATE ISSUED:

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

5/13/2020

STATE REGISTRAR

*Joe Joseph*



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

**EXHIBIT B**

DECLARATION OF MICHAEL D. BUTTLES

I, MICHAEL D. BUTTLES, declare under penalty of perjury:

1. I am over the age of 18 and competent to state the following.
2. My Mother, Marjorie Lee Buttles, died on February 20, 2020.
3. In his Durable Power of Attorney for Health Care Decisions, my Father, Harold G. Buttles, named my Mother as his attorney-in-fact and named me as his First Alternative Attorney-in-fact. In his Durable General Power of Attorney, my Father named my Mother as his agent and me as his Successor Agent. In his Last Will and Testament, my Father named my Mother as Executor and me as the successor Executor. In the Buttles Family Trust Agreement, u/d/t August 21, 2001, I was named as the Successor Trustee if either of my parents failed to qualify or ceased to act as Trustee of said Trust.
4. My Father recently experienced medical issues which may limit his ability to care for himself, make routine health care decisions and manage his affairs in the future.
5. I am now living in Texas and, while I intend to serve in the roles to which I was named if it becomes necessary, I believe it would be more beneficial for my Father if I were to act in a joint capacity with someone who lives closer to him. I therefore nominate my younger brother, Andrew H. Buttles, to jointly serve with me as co-Attorney-in-fact, co-Successor Agent, co-Successor Executor and co-Successor Trustee, with each of us having the authority to make decisions alone or jointly while serving in these various capacities.

I declare under penalty of perjury that the foregoing is true and correct and executed this

21 day of April, 2020.

  
MICHAEL D. BUTTLES