

APN: 1420-29-812-034

WHEN RECORDED RETURN TO:
MIKE PAVLAKIS, ESQ.
ALLISON MacKENZIE, LTD.
402 N. Division Street
P.O. Box 646
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
Nancy J. Jarvis, Trustee
1149 North Fork Trail
Minden, NV 89423

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

NANCY J. JARVIS, being first duly sworn, deposes and says:

1. That THE NANCY AND WAYNE JARVIS REVOCABLE TRUST DATED August 4, 2004, was established on August 4, 2004, by WAYNE R. JARVIS and NANCY J. JARVIS, as Grantors and Co-Trustees.
2. That Grantor, WAYNE R. JARVIS, died on July 5, 2020, and a certified copy of his death certificate issued by the State of Nevada is attached hereto.
3. That due to the passing of WAYNE R. JARVIS, NANCY J. JARVIS is the currently acting sole Trustee of THE NANCY AND WAYNE JARVIS REVOCABLE TRUST.
4. That said Trust is the owner of that certain parcel of real property located in the Town of Minden, County of Douglas, State of Nevada, commonly referred to as 1149 North Fork Trail, Minden, Nevada, more particularly described as follows:

Lot 32, in Block C, as set forth on Final Subdivision Map, Planned development PD 02-01 for NORTH FORK TRAILS, filed in the office of the county Recorder of Douglas County on October 20, 2003, in Book 1003, Page 9460, as Document No. 594029.

Being Assessor's Parcel Number 1420-29-812-034.

EXCEPTING THEREFROM all minerals, oil, gas and other hydrocarbons as deeded to STOCK PETROLEUM CO., INC. in Document recorded March 13, 1980 in Book 380, Page 1315, as Document No. 42677, Official Records of Douglas County, Nevada.

- 5. That THE NANCY AND WAYNE JARVIS REVOCABLE TRUST is revocable.
- 6. That this Affidavit is made and executed in accordance with the laws of the State of Nevada.
- 7. That Affiant certifies and declares under penalty of perjury the foregoing is true and correct.

Further, Affiant sayeth naught.

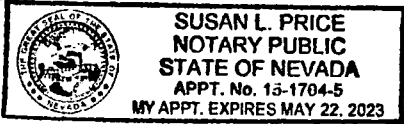
DATED: July 28, 2020

Nancy J. Jarvis
NANCY J. JARVIS

STATE OF NEVADA)
 : ss.
CARSON CITY)

On July 28, 2020, personally appeared before me, a notary public, NANCY J. JARVIS, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Trustee, and who acknowledged to me that she executed the same.

Susan L. Price
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. 4153696

CERTIFICATE OF DEATH

2020013821
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) Wayne Russell JARVIS		2 DATE OF DEATH (Mo/Day/Year) July 05, 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) 1149 North Fork Trail		3e If Hosp or Inst indicate DOA, OP, Emer Rm Inpatient (Specify) Home	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE - Last birthday (Years) 89	
7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS		8 DATE OF BIRTH (Mo/Day/Yr) October 14, 1930	
9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 16	
11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Nancy Jeanne LIVONI			
13 SOCIAL SECURITY NUMBER 7544		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) CPA		14b KIND OF BUSINESS OR INDUSTRY ACCOUNTING	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 1149 North Fork Trail		15e INSIDE CITY LIMITS (Specify Yes or No) Yes			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Eugene Carr JARVIS			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Anita DUNN		
18a INFORMANT - NAME (Type or Print) Nancy JARVIS		18b MAILING ADDRESS (Street or R F D No City or Town, State Zip) 1149 North Fork Trail 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) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD917		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
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) NITA SCHWARTZ 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) July 07, 2020		21c HOUR OF DEATH 02:00		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)	
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 07, 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) Emphysema				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF,				Interval between onset and death	
(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 I				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a ACC SUICIDE, HOV, UNDEF 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	

000824109



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: 7/20/2020

Wesley T Storey
STATE REGISTRAR

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

