

WHEN RECORDED MAIL TO:  
**Trilja Kae Laird and Sonja Dawn Grass,**  
**Successor Trustees of The Carmel L.**  
**Paddock Trust dated June 4, 2009**

*PO Box 2185  
Minden NV 89423*

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02005583RLT

APN No.: 1220-16-710-002

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of Douglas }

**Trilja Kae Laird and Sonja Dawn Grass, Successor Trustees of The Carmel L. Paddock Trust dated June 4, 2009**, being duly sworn, deposes and says:

1. Carmel Nelson Paddock, the decedent mentioned in attached copy of Certificate of Death, is the same person as Carmel L. Paddock Trustee of the Carmel L. Paddock Trust dated June 4, 2009. named as one of the trustee(s) in that certain Grant, Bargain and Sale Deed, dated June 4, 2009, executed by Carmel L. Paddock, a Widow to Carmel L. Paddock Trustee of the Carmel L. Paddock Trust dated June 4, 2009, recorded on 06/04/2009 as instrument number 0744462, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, **Trilja Kae Laird and Sonja Dawn Grass, Successor Trustees of The Carmel L. Paddock Trust dated June 4, 2009**, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: October 21, 2014

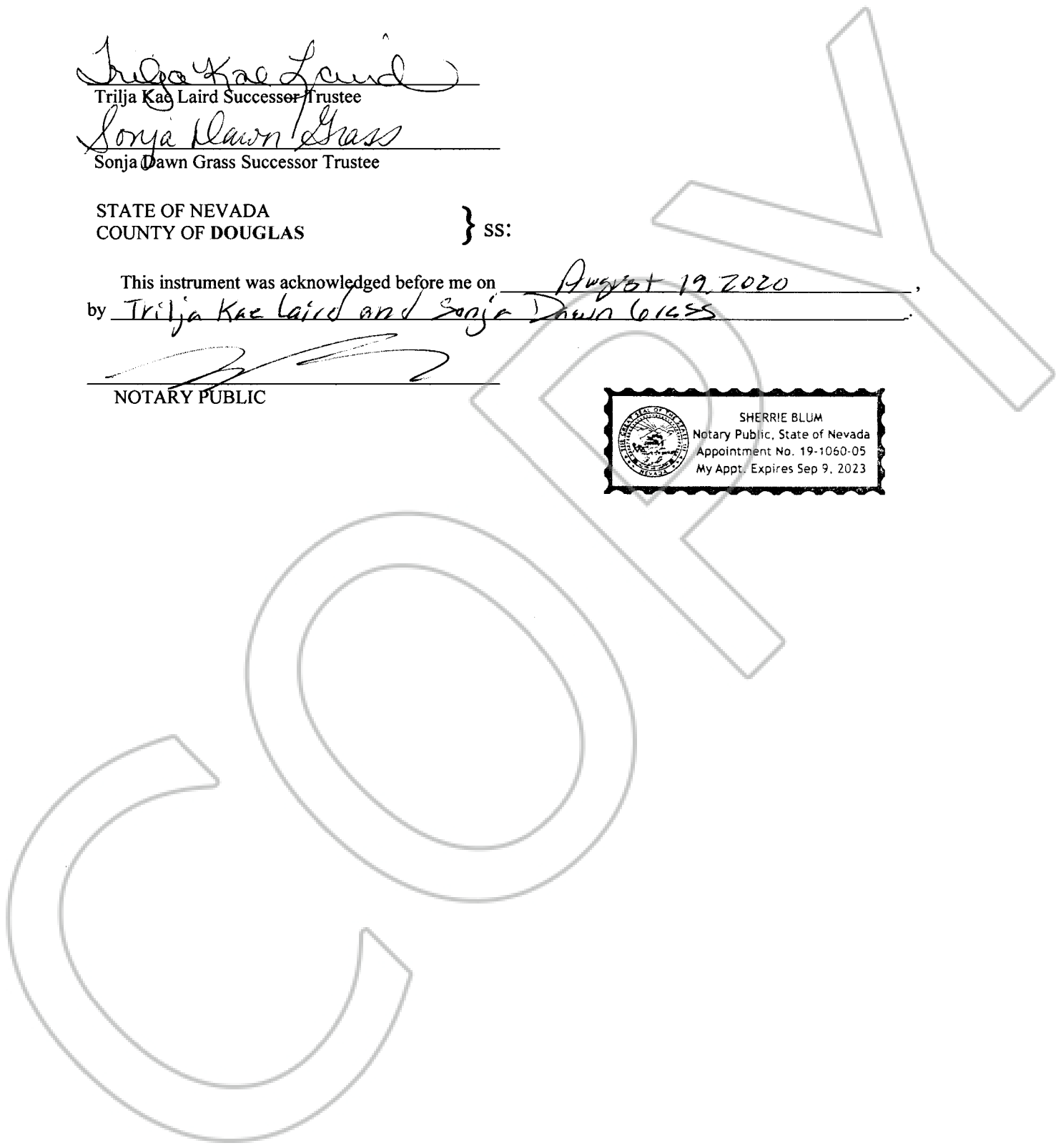
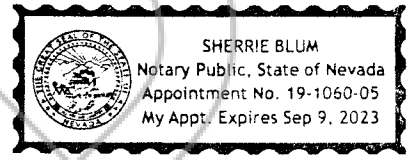
*Trilja Kae Laird*  
Trilja Kae Laird Successor Trustee

*Sonja Dawn Grass*  
Sonja Dawn Grass Successor Trustee

STATE OF NEVADA }  
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on August 19, 2020,  
by Trilja Kae Laird and Sonja Dawn Grass.

*[Signature]*  
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. 4086248

#### CERTIFICATE OF DEATH

2019011379  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Carmel Nelson PADDOCK</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 06, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>895 Tillman Lane</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7. UNDER 1 YEAR <b>MOS: 79</b>	
	7a. AGE-Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR <b>DAYS: 79</b>		7c. UNDER 1 DAY <b>HOURS: 79</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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>16</b>	
	11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSES NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>0508</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>SECRETARY</b>		14b. KIND-OF BUSINESS OR INDUSTRY <b>CLEANING</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>895 Tillman Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James ROY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Laura M CAMDEN</b>		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) <b>Trilja LAIRD</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>PO Box 2185 Minden, Nevada 89423</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>	
CERTIFIER	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>Fitz Henry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423</b>	
	20a. SIGNATURE AUTHENTICATED					
CAUSE OF DEATH	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>NITA SCHWARTZ MD</b>					
	21b. DATE SIGNED (Mo/Day/Yr) <b>June 10, 2019</b>		21c. HOUR OF DEATH <b>17:51</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	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)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
	24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 11, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) <b>Lung Cancer With Metastasis</b> Interval between onset and death					
CAUSE OF DEATH	(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
	(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
CAUSE OF DEATH	(d) DUE TO, OR AS A CONSEQUENCE OF: 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>	
CAUSE OF DEATH	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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	
CAUSE OF DEATH	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	



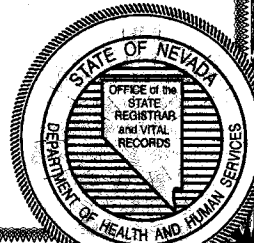
CERTIFIED COPY OF VITAL RECORDS

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.

*Ann Shytle*  
**Interim Administrator**  
STATE REGISTRAR

DATE ISSUED: 6/14/2019

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



**Order No.: 02005583-RLT**

**EXHIBIT A**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 2 in Block A as said lot and block are shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 10, 1967 in Map Book 1, Page 55, Filing No. 35914.

APN: 1220-16-710-002

