

APN# 1220-22-211-022

**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: Christy Stinson, Trustee

Address: 19198 Ricardo Ranch Drive

City/State/Zip: Valley Center, CA 92082



KAREN ELLISON, RECORDER

Affidavit of Death of Settlor/Trustee of Trust

**Title of Document** (required)

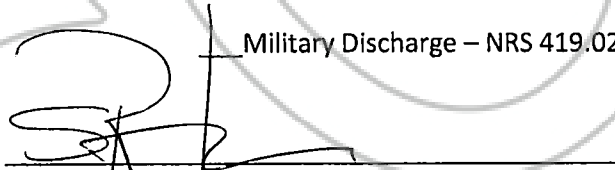
------(Only use if applicable)-----

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: 1220-22-211-022

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:  
Christy Stinson, Trustee/Suc. Trustee  
19198 Ricardo Ranch Drive  
Valley Center, CA 92082

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**AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST**

STATE OF CALIFORNIA )  
: ss.  
COUNTY OF SAN DIEGO )

CHRISTY STINSON, 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 her own personal knowledge:

That RICHARD ALLEN HOWDLE, the Decedent mentioned in the attached, certified Certificate of Death issued by the State of Nevada (see **Exhibit 1**) is the same person as RICHARD A. HOWDLE, one of the Settlor/Trustees of the *Howdle Trust*, dated June 2, 1990, and named as one of the grantees in that certain "Quickclaim Deed", dated May 17, 2017, and recorded on May 17, 2017, as Document No. 2017-989734 of Official Records of Douglas County, State of Nevada, which deed pertains to property situated at 1411 Purple Sage Drive, Gardnerville, Douglas County, Nevada, more precisely described as:

**LOT 22 in Block A**, as shown on the **map of BARRINGTON RANCHOS**, filed for record in the **OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA**, on March 1, 1991 in Book 391 at 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 at page 1026 as File No. 66512. Said LOT 22 commonly known street address is: 1411 Purple Sage Drive, Gardnerville, Nevada 8960 [sic].

Pursuant to NRS 111.312, the above legal description previously appeared the "Quickclaim Deed" recorded on May 17, 2017, as Document No. 2017-898734.

CHRISTY STINSON is the currently acting Trustee/Successor Trustee due to Incapacity of surviving Grantor and former Trustee of the *Howdle Trust, dated June 2, 1990, and any amendments thereto*, by reason of the incapacity of the surviving Grantor and former Trustee, GEORGIA CHARLENE HOWDLE, as determined by *Unanimous Written Decision of the Disability Panel of the Howdle Trust, dated June 2, 1990, and any amendments thereto*, dated July 21, 2020 (see **Exhibit 2**).

The Trust was in effect on the date of death of Decedent and continues as a revocable trust for the remaining lifetime of the surviving Grantor and former Trustee, GEORGIA CHARLENE HOWDLE, determined to be incapacitated under the terms of Article Four of the Trust as determined by *Unanimous Written Decision of the Disability Panel of the Howdle Trust, dated June 2, 1990, and any amendments thereto*, dated July 21, 2020 (see **Exhibit 2**).

Declarant has consented to act as Trustee/Successor Trustee due to Incapacity of surviving Grantor and former Trustee, GEORGIA CHARLENE HOWDLE.

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

Dated: Aug. 18, 2020, 2020.

*Howdle Trust, dated June 2, 1990,  
and any amendments thereto*

By: \_\_\_\_\_

CHRISTY STINSON  
Trustee/Successor Trustee due to  
Incapacity of surviving Grantor and  
former Trustee GEORGIA  
CHARLENE HOWDLE

[SEE ATTACHED CALIFORNIA ALL PURPOSE NOTARY JURAT]

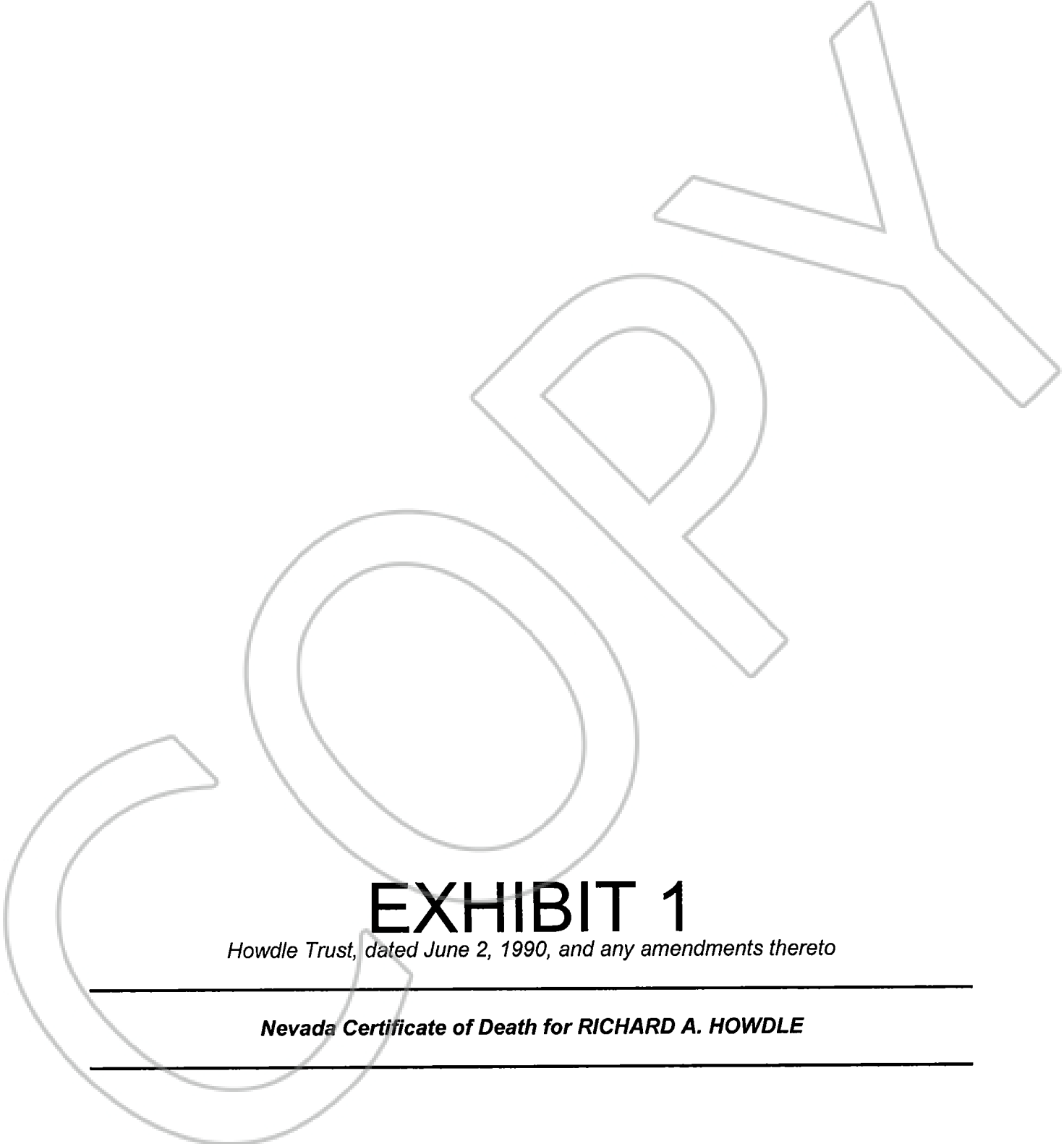
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of SAN DIEGO  
Subscribed and sworn to (or affirmed) before me on this 18 day

of AUGUST, 2020 by CHRISTY STINSON  
proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

Signature [Signature] (seal)





# EXHIBIT 1

*Howdle Trust, dated June 2, 1990, and any amendments thereto*

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***Nevada Certificate of Death for RICHARD A. HOWDLE***

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

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

CASE FILE NO. 4153841

**CERTIFICATE OF DEATH**

2020013837  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Richard Allen HOWDLE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 01, 2020</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 or number) <b>1411 Purple Sage Drive</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 No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>80</b>	
	7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>February 08, 1940</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Wisconsin</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>Georgia Charlene PETTY</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>8010</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Rosco HOWDLE</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Genevieve LIVINGSTON</b>			
	18a. INFORMANT- NAME (Type or Print) <b>Georgia C HOWDLE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1411 Purple Sage Drive Gardnerville, Nevada 89460</b>			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DENICE PORTILLO</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD872</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</b>	
CERTIFIER	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>REED DOPF 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>July 07, 2020</b>		21c. HOUR OF DEATH <b>16:30</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>13920</b>			
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 08, 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).)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) <b>Respiratory Arrest</b>		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) <b>Acute Respiratory Failure</b>		Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(c) <b>Malignant, Metastatic Melanoma</b>		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) <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		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		

000823863



CERTIFIED COPY OF VITAL RECORDS

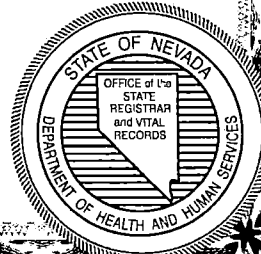
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

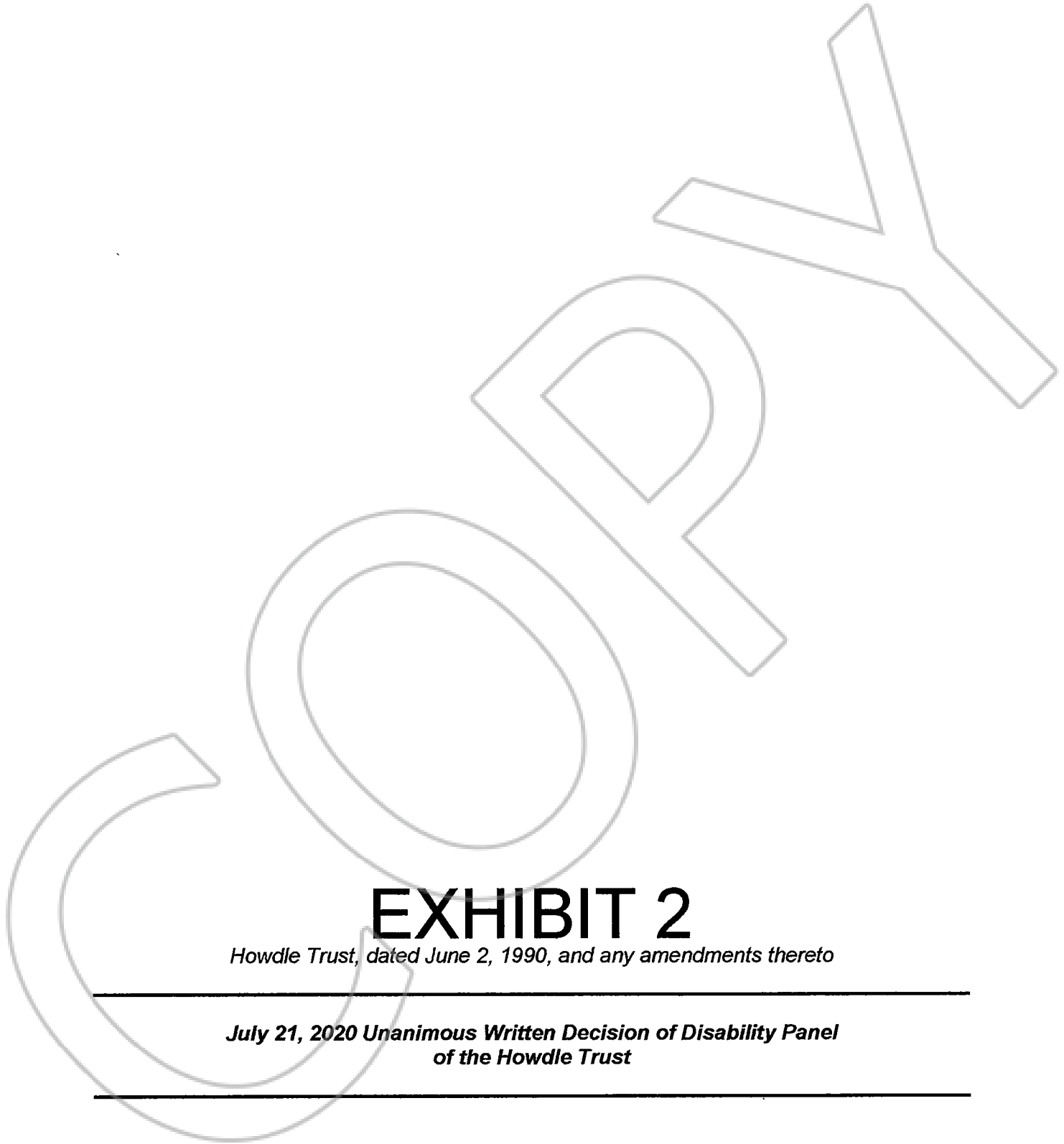
DATE ISSUED: **7/16/2020**

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





# **EXHIBIT 2**

*Howdle Trust, dated June 2, 1990, and any amendments thereto*

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***July 21, 2020 Unanimous Written Decision of Disability Panel  
of the Howdle Trust***

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**UNANIMOUS WRITTEN DECISION  
of the Disability Panel of the  
*Howdle Trust, dated June 2, 1990, and any amendments thereto***

**WHEREAS**, the Grantors of the Trust are RICHARD A. HOWDLE and GEORGIA CHARLENE HOWDLE; and

**WHEREAS**, RICHARD A. HOWDLE died on July 1, 2020; and

**WHEREAS**, the sole Trustee and surviving Spouse and Grantor of the Trust, is GEORGIA CHARLENE HOWDLE; and


**WHEREAS**, GEORGIA CHARLENE HOWDLE has been determined to be incapable and/or unable to make independent decisions regarding her healthcare, finances, and legal matters, by and through the written opinions of two (2) independent and licensed physicians; and

**WHEREAS**, the Disability Panel of Grantor GEORGIA CHARLENE HOWDLE convened in full on July 21, 2020, pursuant to Article Four, "Administration of Our Trust During the Incapacity of a Grantor," Section 4.02, "Determination of Incapacity of a Grantor," of the Trust; and

**WHEREAS**, it is the unanimous determination of the Disability Panel of the Grantor GEORGIA CHARLENE HOWDLE's circumstances fall within the definition of incapacity under Section 4.01 of the Trust; ergo, Grantor GEORGIA CHARLENE HOWDLE is incapacitated as that term is defined by the Trust and is thus unable to serve as Trustee of the Trust.

**DATED:** July 21, 2020.

  
\_\_\_\_\_  
CHRISTY LYNN STINSON, Disability Panel Member

  
\_\_\_\_\_  
STEPHANIE JEAN BULLEN, Disability Panel Member

Unanimous Written Decision – Disability Panel  
*Howdle Trust, dated June 2, 1990, and any amendments thereto*