

APN# 1319-03-311-001

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: KELLY JORDAN CASTADY

Address: 703 HEDGEWOOD LANE

City/State/Zip: Mt. Juliet TN 37122

AFFIDAVIT- DEATH OF TRUSTEE

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

EMILY TOBIAS

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Kelly Jordan Castady
703 Hedgewood Lane
Mt. Juliet TN 37122

Space Above This Line for
Recorder's Use Only

A.P.N. 1319-03-311-001

File No.: 143-2595306 (mk)

Affidavit - Death of Trustee

State of NV)
County of DOUGLAS)ss.
)

Kelly Jordan Castady ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Keith Alan Olsen** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **3-9-2020** at **Carson City** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **11-10-2016** executed by **Kelly Jordan Castady**, as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Sale Deed** dated **11-1-2019** which was recorded as Instrument No. **2019-939079** in Book **N/A**, Page **N/A**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 8-3-2020

DECLARANT:

Kelly Jordan Castady
Kelly Jordan Castady,

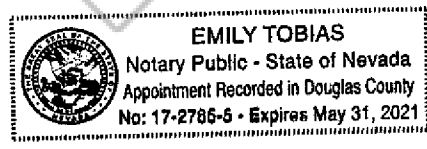
State of NV)
County of Douglas)ss)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 11 day of August, 20 20 by Kelly Jordan Castady, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature [Handwritten Signature]
My Commission Expires: 5/31/21

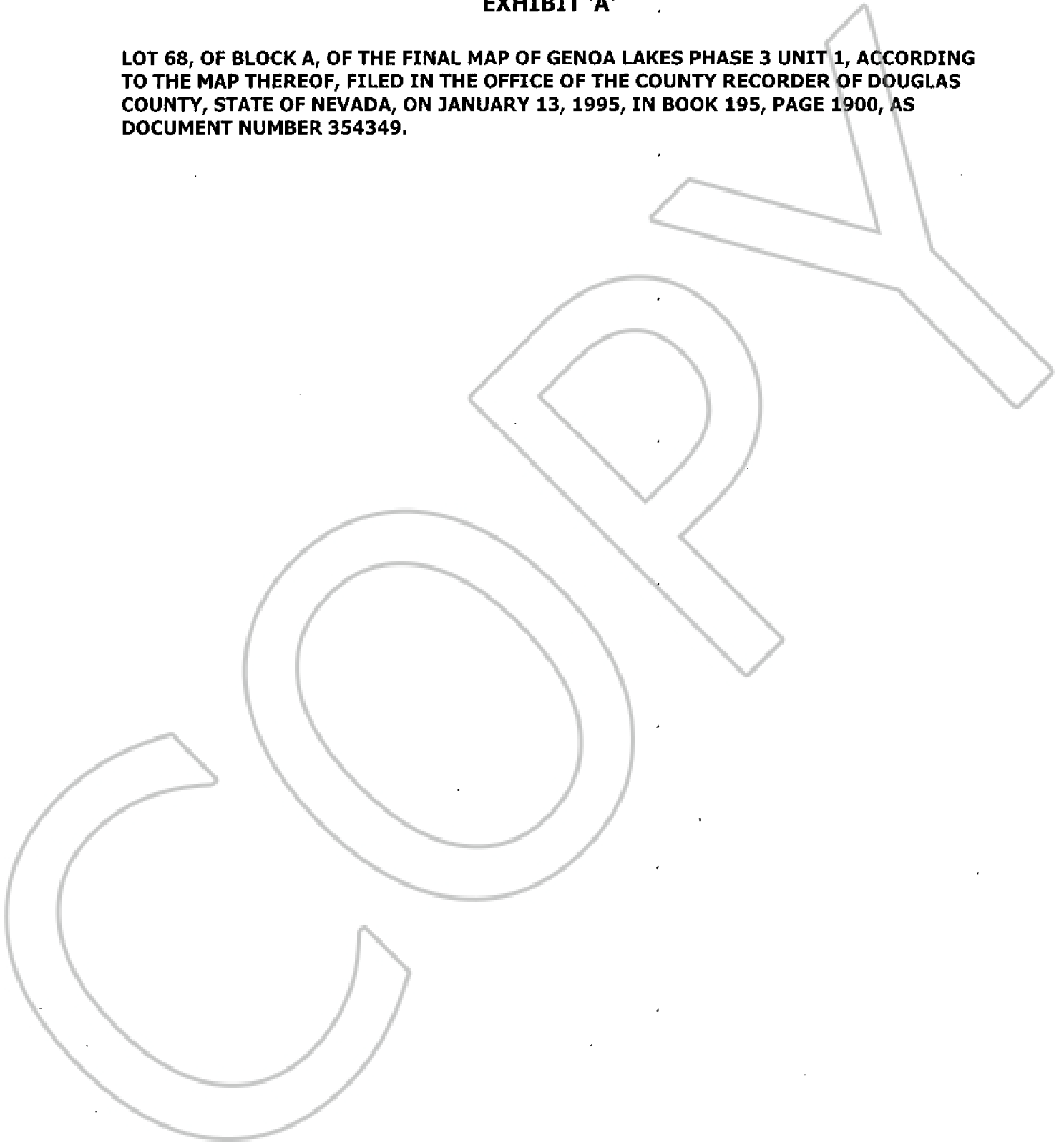
This area for official notarial seal



Notary Name: Emily Tobias Notary Phone: 775-782-5411
Notary Registration Number: 17-2785-8 County of Principal Place of Business: Douglas

EXHIBIT 'A'

LOT 68, OF BLOCK A, OF THE FINAL MAP OF GENOA LAKES PHASE 3 UNIT 1, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 13, 1995, IN BOOK 195, PAGE 1900, AS DOCUMENT NUMBER 354349.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4133697

CERTIFICATE OF DEATH

2020004996
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) Keith Alan OLSEN			2. DATE OF DEATH (Mo/Day/Year) March 09, 2020		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 2458 Genoa Highlands Dr			3e. If Hosp. or inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) May 12, 1945	
9a. STATE OF BIRTH (If not US/CA, name country) South Dakota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARITAL STATUS (Specify) Divorced	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER 6372		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Music Producer.		14b. KIND OF BUSINESS OR INDUSTRY Entertainment	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 2458 Genoa Highlands Dr	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Kenneth Albert OLSEN		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian Hazel AUNE			
18a. INFORMANT - NAME (Type or Print) Kelly CASTADY		18b. MAILING ADDRESS - (Street or R.F.D. No, City or Town, State, Zip) 1508 NE Skidmore St Portland, Oregon 97211					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
21a. To be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) HARBRINDER BOBBY SINGH KAHLON MD		21b. DATE SIGNED (Mo/Day/Yr) March 11, 2020		21c. HOUR OF DEATH 09:37		22a. To be Completed by CORONER'S OFFICE 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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		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) Harbrinder Bobby Singh Kahlon MD 25 McAbe Dr Reno, NV 89511		23b. LICENSE NUMBER 16335			
24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 12, 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) Natural Causes		Interval between onset and death			
(b) Cardiac Arrest		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Heart Failure		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) Coronary Artery Disease		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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
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			

000810222



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: 3/23/2020

STATE REGISTRAR

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

