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Natalia K. Vander Laan, Esq.



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KAREN ELLISON, RECORDER

**A.P.N.: 1022-15-001-017**

**Recording Requested By:** )  
Karen Linsley )  
3920 Walker View Rd. )  
Wellington, NV 89444 )

**When Recorded Mail to:** )  
Karen Linsley )  
3920 Walker View Rd. )  
Wellington, NV 89444 )

**Mail Tax Statement to:** )  
Karen Linsley )  
3920 Walker View Rd. )  
Wellington, NV 89444 )

### AFFIDAVIT – DEATH OF CO-TRUSTEE

I, KAREN ANN LINSLEY, of legal age, being first duly sworn, declare under penalty of perjury that:

FLOYD EDWARD CASE, JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FLOYD EDWARD CASE, JR. named as Co-Trustee in the Declaration of Trust executed on May 12, 2020, by FLOYD EDWARD CASE, JR. and KAREN ANN LINSLEY as Grantors.

FLOYD EDWARD CASE, JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FLOYD EDWARD CASE, JR., Trustee of the FLOYD EDWARD CASE, JR. AND KAREN ANN LINSLEY REVOCABLE LIVING TRUST, dated May 12, 2020, and any amendments thereto, named as one of the parties (transferees) in that certain deed dated May 12, 2020, recorded on June 17, 2020, as Document No. 2020-947826 in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 15 in Block B, as set forth on the Official Map of TOPAZ RANCH ESTATES UNIT NO. 4,

filed for record in the office of the County Recorder of Douglas County, Nevada, on November 16, 1970, as Document No. 50212.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all and singular, the tenements, hereditaments and appurtenances, thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

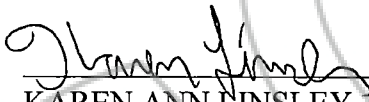
FLOYD EDWARD CASE, JR., the deceased Co-Trustee, died on August 30, 2020, as shown in the attached certified copy of Certificate of Death.

Pursuant to the terms of the Trust, the current Trustee of the Trust is KAREN ANN LINSLEY.

The Affiant, KAREN ANN LINSLEY, is the Wife of the deceased Co-Trustee and now the sole Trustee under the above-referenced Trust and the Affiant hereby consents to act as such.

The above-referenced Trust was in effect at the time of the death of the decedent mentioned herein, and has not been revoked.

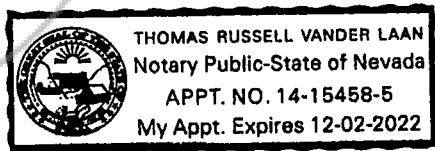
Executed on this 5<sup>th</sup> day of November, 2020, in Douglas County, State of Nevada.

  
 \_\_\_\_\_  
 KAREN ANN LINSLEY, Trustee

of the FLOYD EDWARD CASE, JR. AND KAREN ANN LINSLEY REVOCABLE LIVING TRUST, dated May 12, 2020, and any amendments thereto

STATE OF NEVADA            )  
   ): ss  
 COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this 5<sup>th</sup> day of November, 2020, by KAREN ANN LINSLEY.



  
 \_\_\_\_\_  
 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. 4165414

**CERTIFICATE OF DEATH**

**2020019038**

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) <b>Floyd Edward</b>		CASE <b>JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 30, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>3920 Walker View Rd</b>		3e. 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>71</b>		7b. UNDER 1 YEAR MOS    DAYS    HOURS    MINS	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Colorado</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>	
13. SOCIAL SECURITY NUMBER <b>9336</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>TRUCKING</b>		15. Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>		15d. STREET AND NUMBER <b>3920 Walker View Rd</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Floyd Edward CASE SR</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary Martha WOLHFORD</b>			
18a. INFORMANT- NAME (Type or Print) <b>Karen LINSLEY</b>				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3920 Walker View Rd Wellington, Nevada 89444</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>TAMAR R BEAULAC</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD870</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 5690 S Virginia St Suite 4-E Reno NV 89502</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>DENVER J MILLER MD</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>September 02, 2020</b>		21c. HOUR OF DEATH <b>22:44</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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>Denver J Miller MD 5538 Longley Lane Reno, NV 89511</b>						23b. LICENSE NUMBER <b>7330</b>	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 03, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
PART I						Interval between onset and death	
(a) <b>Hepatocellular Cancer</b>						<b>Months</b>	
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 1.						26. AUTOPSY (Specify Yes or No) <b>No</b>	
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	
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			



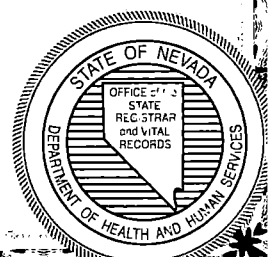
**CERTIFIED COPY OF VITAL RECORDS**

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.

DATE ISSUED: **9/8/2020**

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

*Wesley T Storey*  
STATE REGISTRAR



MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE