DOUGLAS COUNTY, NV

Rec:\$40.00

2020-956615

Recording requested by:
Michael G. Ravenscroft, Trustee

And when recorded, mail to: Michael G. Ravenscroft, Trustee 1376 Winwood Way Gardnerville, NV 89410

APN: 1320-33-717-021

For recorder's use

## AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada	) ) ss.	
County of Douglas	)	

Michael G. Ravenscroft, of legal age, being first duly sworn, deposes and says:

- Max Leroy Ravenscroft, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Max L. Ravenscroft named as Trustee in the Declaration of Trust dated January 21, 1999, and executed by Max L.
   Ravenscroft as Truster and Trustee.
- 2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known 1381 Falstaff Lane, Gardnerville, NV 89410, which property is described in a Deed which was executed by Max L. Ravenscroft, an unmarried man, as Grantor on September 17, 2010, and recorded as Instrument No. 771006, in Book 910, Page 4871, of Official Records of Douglas County, Nevada.
- The legal description of said property is as follows:
   Lot 46, Block D, as set forth on Final Subdivision Map No. 1006-9 for CHICHESTER ESTATES PHASE 9 filed in the office of the County Recorder of Douglas County, Nevada on November 27, 2001 in Book 1101 of Official Records, Page 7916 as Document No. 528504.
- 4. I am the named successor Co-Trustee along with Cynthia J. Efinger under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
- 5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above. I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 1//17/2020

Michael G. Ravenscroft

State of Nevada County of Douglas

Subscribed and sworn to (or affirmed) before me on this

\_\_\_\_\_, 20 🗷 by Michael G. Ravenscroft, proved to me on the

basis of satisfactory evidence to be the person who appeared before me.

Signature

NOTARY PUBLIC
STATE OF NEVADA
County of Douglas
O3-79473-5
JODI O. STOVALL
My Appointment Expires August 5, 2024
My Appointment Expires August 5, 2024

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH** VITAL STATISTICS

CASE FILE NO. 4165125 CERTIFICAT
----------------------------------

2020018912 STATE FILE NUMBER

TYPE OR D					2. DATE OF DEATH (Mo/	Day/Year)	3a COUNTY C	F DEATH
PRINT IN	1a DECEASED-NAME (FIRST,MIDDLE		RAVENSCRO	OFT	August 30, 20	20	\ p	ouglas
ERMANENT	MANENT   Max Leroy		TOTAL PROPERTY ON L	Name/If not either civi	street an 3e If Hosp or In	st, indicate DO	A OP/Emer. Rm	4. SEX
BLACK INK	36 CITY, TOWN, OR LOCATION OF DE	EATH 3c. HOSPITAL OR O	THER INSTITUTION -	матеці посекнег, діле	Inpatient(Specif	()		Male
	Gardnerville	number)	1381 Falstaff	lane	7b. UNDER 1 YEAR 7c.	натие	- 1	[ IVIAIC
PECEDENT	5. RACE (Specify)	6. Hispanic	c Origin? Specify		76. UNDER 1 YEAR /C.	URS   MINS		
1	White	No -	- Non-Hispanic	(Years) : 85	A Principal Control of the Control o			e 23, 1935
. ]	9a. STATE OF BIRTH (If not US/CA,	9b CITIZEN OF WHAT C	OUNTRY 10 EDUCAT	TON 11 MARITAL STATE	JS (Specify) 12. SURVIVIN	G SPOUSE'S NA	ME (Last name pri	or to first marriage)
OCCURRED IN	name country) Kansas	United States	s l 14	1	Tripping.			t 110 Armad
INSTITUTION SEE	13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION	ON (Give Kind of Work	Done Dunng Most of	14b. KIND OF BUSIN			ver in US Armed orces? Yes
REGARDING COMPLETION OF	-3762	i e	Mechanical Engin	eer		Manufactur	ing	
RESIDENCE ITEMS		OUNTY 1	5c CITY, TOWN OR L	OCATION 15d. ST	REET AND NUMBER	The second second	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	15e INSIDE CITY LIMITS (Specify Yes or No)
1		Douglas	Gardnerv	ille 1381	Falstaff Lane		1	or No) Yes
>	Nevada 16. FATHER/PARENT - NAME (First M		<u> </u>	17. MOTHER/	PARENT - NAME (First I	Middle Last S	uffix)	
PARENTS	Alvin Ea	arl RAVENSCROFT	τ /		Josephine Pa	uline MCC	ULLOUGI	<u> </u>
;` `	18a. INFORMANT- NAME (Type or Prin		18b MAILING AD	DRESS (Street or F	R.F.D. No, City or Town, St	ate, Zip)		
, X	Michael G RAVE	NSCROFT		1376 Win	wood Way Gardnery	ille, Nevada	89410	
7	19a. BURIAL, CREMATION, REMOVAL	L OTHER (Specify) 19b C	EMETERY OR CREMA	ATORY - NAME		9c. LOCATION		
SPOSITION	Cremation	_,	FILZI	lenry's Clemator			on City Nev	ada 89701
,	20a FUNERAL DIRECTOR - SIGNATU	IRF (Or Person Acting as S	Such) 20b. FUNERA	AL DIRECTOF 20c. NA	AME AND ADDRESS OF F	ACILITY	(D-	
a, 2	TAMAR R B	BEAULAC	LICENSE NU	MBER	Nept	ine Society	or Keno	90503
:' \$		AUTHENTICATED	FD	870	5890 S Virginia	St. Suite 4-E	кепо му	09002
RADE CALL	TRADE CALL - NAME AND ADDRESS	3						-th
TOPE ONLL	21a To the best of my knowledge	ge, death occurred at the tin	ne, date and place and		ne basis of examination and/o e, date and place and due to	r investigation, ì he cause(e) etat	n my opinion dea ed: (Signature &	atrioccurred Title)
3. 3	☐ 5 to the cause(s) stated.(Signatur	re & Title) SIGNATI	URE AUTHENTICAT	TED 2 at the time	s, crace and prace and one to	الد دولتحرع) علطا	ar (orginalis o	
ž Š	<u> </u>	REED DOPF MD	DE DEATH	22b. DA	TE SIGNED (Mo/Day/Yr)	22	c. HOUR OF D	EATH
CERTIFIER	September 01, 2020		08:03	NER				
<i>y</i>		DHYSICIAN IF OTHER THA		% Son	RONOUNCED DEAD (Mo/	Day/Yr) 22	e PRONOUNC	ED DEAD AT (Hour)
<u>}</u> .	CType or Print)	/	74.	P°				
	CO- NAME AND ADDRESS OF CERT	TIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, M	EDICAL EXAMINER,	OR CORONER) (Type or F	rint)	23b. LICENSE	
į	R	eed Dopf MD 907 M	Nountain Street C	arson City, invo	9/03			13920 MUNICABLE DISEASI
;	24a REGISTRAR (Signature)	WESLEY T ST	OREY	1 - 3	VED BY REGISTRAR	1		NO X
REGISTRAF		SIGNATURE AUTHEN	TICATED	Je	ptember 02, 2020	<u> </u>	<u> </u>	tween onset and deati
CAUSE OF	25 IMMEDIATE CAUSE (EI	NTER ONLY ONE CAUSE I	PER LINE FOR (a), (b)	, AND (c) )			Interval be	etweeth onset and dean
DEATH	PART I (a) Cardiac Arre						<del>                                     </del>	
DLAIN	DUE TO, OR AS A	CONSEQUENCE OF:			_		interval be	etween onset and deat
CONDITIONS IF	Acute On C	hronic Heart Fail	ure	//			<u> </u>	
ANY WHICH	DUE TO, OR AS A	CONSEQUENCE OF		7 7			Interval be	etween onset and deat
GAVE RISE TO IMMEDIATE CAUSE	Ischemic Ca	ardiomyopathy		/ /				
CAUSE STATING THE	TO THE TO UK AS A	CONSEQUENCE OF.					Interval b	etween onset and dea
UNDERLYING CAUSE LAST	Coronary H	leart Disease					<u> </u>	
[ / /	(d) PART II OTHER SIGNIFICANT CO	NDITIONS-Conditions contr	nbuting to death but not	resulting in the underl	ying cause given in Part 1		TOPSY (Specif	27, WAS CASE REFERRED TO CORONE
	FARTI OTHER GIORI ISANT OU			•		Yes or	No) No	(Specify Yes or No)
? [	PO ACC CHICIDS HOM LINDET TO	Bb. DATE OF INJURY (Mo/Day/Y)	r) 28c. HOUR OF	INJURY 28d. DESCR	RIBE HOW INJURY OCCURRE	)		
1 \	28a, ACC., SUICIDE, HOM, UNDET. 28 OR PENDING INVEST. (Specify)	is, sitted involve (mojday)						
\ \								
multigraphic of the control of the c	28e. INJURY AT WORK (Specify 28	8f. PLACE OF INJURY- At h	nome, farm, street, factor	ory, office 28g. LOC/	ATION STREET OR	R.F.D Na	CITY OR TOW	in state
į \		uilding, etc. (Specify)						
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SEA			CERTIFIED (	COPY OF VIT	AL RECORDS	,		TE OF NEVA
		exact reproduction of the d	document officially reg	gistered and	AL RECORDS	•		OFFICE of the



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:

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

