**DOUGLAS COUNTY, NV** 

2021-961369

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02/04/2021 09:47 AM

ANDERSON, DORN, & RADER, LTD.

KAREN ELLISON, RECORDER

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).

APN: 1220-17-514-003

### **RECORDING REQUESTED BY:**

Bryce L. Rader, Esq. Anderson, Dorn & Rader, Ltd. 500 Damonte Ranch Parkway, Suite 860 Reno, Nevada 89521

### AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd. 500 Damonte Ranch Parkway, Suite 860 Reno, Nevada 89521

### MAIL TAX STATEMENT TO:

Cynthia A. Maxwell, Trustee 1134 Monterra Drive Minden, NV 89423

# AFFIDAVIT OF DEATH OF TRUSTEE

- I, CYNTHIA A. MAXWELL, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:
- (1) By instrument dated February 10, 1999, DONALD J. INGHAM and ARLENE J. INGHAM executed the INGHAM LIVING TRUST (the "Trust").
- (2) DONALD J. INGHAM deceased on December 15, 2020. ARLENE J. INGHAM deceased on December 21, 2020. Both were residents of Douglas County, Nevada. Attached hereto are a certified copies of the death certificates of DONALD J. INGHAM and ARLENE J. INGHAM.
- (3) Said trust appointed me to serve as sole Trustee upon the deaths of DONALD J. INGHAM and ARLENE J. INGHAM.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

- (5) The following described real property is part of the Trust estate: See Exhibit "A" attached.
- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.
- (7) No other person has a right to the interest of the Trust in the described property.
  - (8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Washoe, State of Nevada, on February 3, 2021.

Cepithia a. Maywell CYNTHIA A. MAXWELL, Trustee

STATE OF NEVADA

) ss:

COUNTY OF WASHOE

Signed and sworn to (or affirmed) before me on February \_\_\_\_\_\_, 2021, by CYNTHIA A. MAXWELL, Trustee.

Notary Public



# **EXHIBIT "A"**

### Legal Description:

Lot 93, Block C, as shown on the Final Map of Pleasantview, Phase 5, Final Subdivision Map No. 1009-5, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 6, 1995, in Book 1295, at Page 788, as Document No. 376390.

APN: 1220-17-514-003

Property Address: 949 Springfield Drive, Gardnerville, Nevada





### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

CASE FIL	LE NO. 4185251		CERTIFICATE	OF DEATH		2020029642 STATE FILE NUMBER			
PRINT IN PERMANENT BLACK INK	1a. DEGEASEO-NAME:(EIRST,) Donald 3b. CITY::TOWN: OR LOGATION	John	INGHA		2. DATE OF DEATH (I	5, 2020	Carson Ci		
DECEDENT	Carson City:  5. RACE (Specify)	number)	Carson Tahoe Regior 6. Hispanic Origin? Specify	nal Medical Cente	r Inpatient(Sports)	Inpatient c. UNDER 1 DAY 8.		Male	
	- W	V	.No - Non-Hispanic	(Years) 82	MOS DAYS		January 04		
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) I EM-0	15a: RESIDENCE - STATE:::: 1 Nevada	Douglas	15c CITY, TOWN OR Gardner		TREET AND NUMBER Springfield Dr		15e. INSID LIMITS (Sp or No)	ecify Yes Yes	
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	18a: INFORMANT-NAME (Type Cynthia An	or Print)			R.F.D. No, City or Town, Monterra Dr Minde		3.00		
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7	【물질 to the cause(s) stated.(Sig	wiedge, death occurred nature & Title) S - CRAIG RAU	al the time, date and place and IGNATURE AUTHENTICA MD	TED 22a On II	né basis of examination and graté and place and due to	or investigation, in my on the cause(s) stated (S	gnature & Title)		
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i Digita - Problem	23a. NAME AND ADDRESS OF ( 24a, REGISTRAR (Signature)	Craig Rau MD	600 Medical Parkway	Carson City, NV				arch car	
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- <u>-                                  </u>	28ë: INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJUR building, etc. (Specify)		ry office 28g LOCAT	CON; STREET OR	RED No. CITY (	RTOWN	STATE	



CERTIFIED CORY 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.





# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4185934

# CERTIFICATE OF DEATH

2020029192

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		number)		A Contract Contracts	the them the	·	patient(Specify)	SENT AND		
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		ur Joseph BR		The second						-11% 1.7%
	18a, INFORMANT- NAME (Type or	10.70	18b.	MAILING ADDR			y or Town, State, Z			
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	CARLEN	THOMAS		LICENSE NUMB	*** ****		Walton's Fune	***************************************		
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CERTIFIED CORY OF VITAL RECORDS

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