

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).



ANDERSON, DORN & RADER, LTD.

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.


CYNTHIA A. MAXWELL, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on February 3, 2021, by CYNTHIA A. MAXWELL, Trustee.


Notary Public

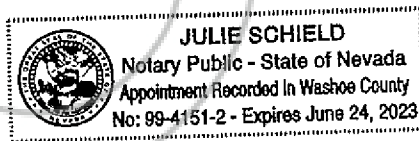


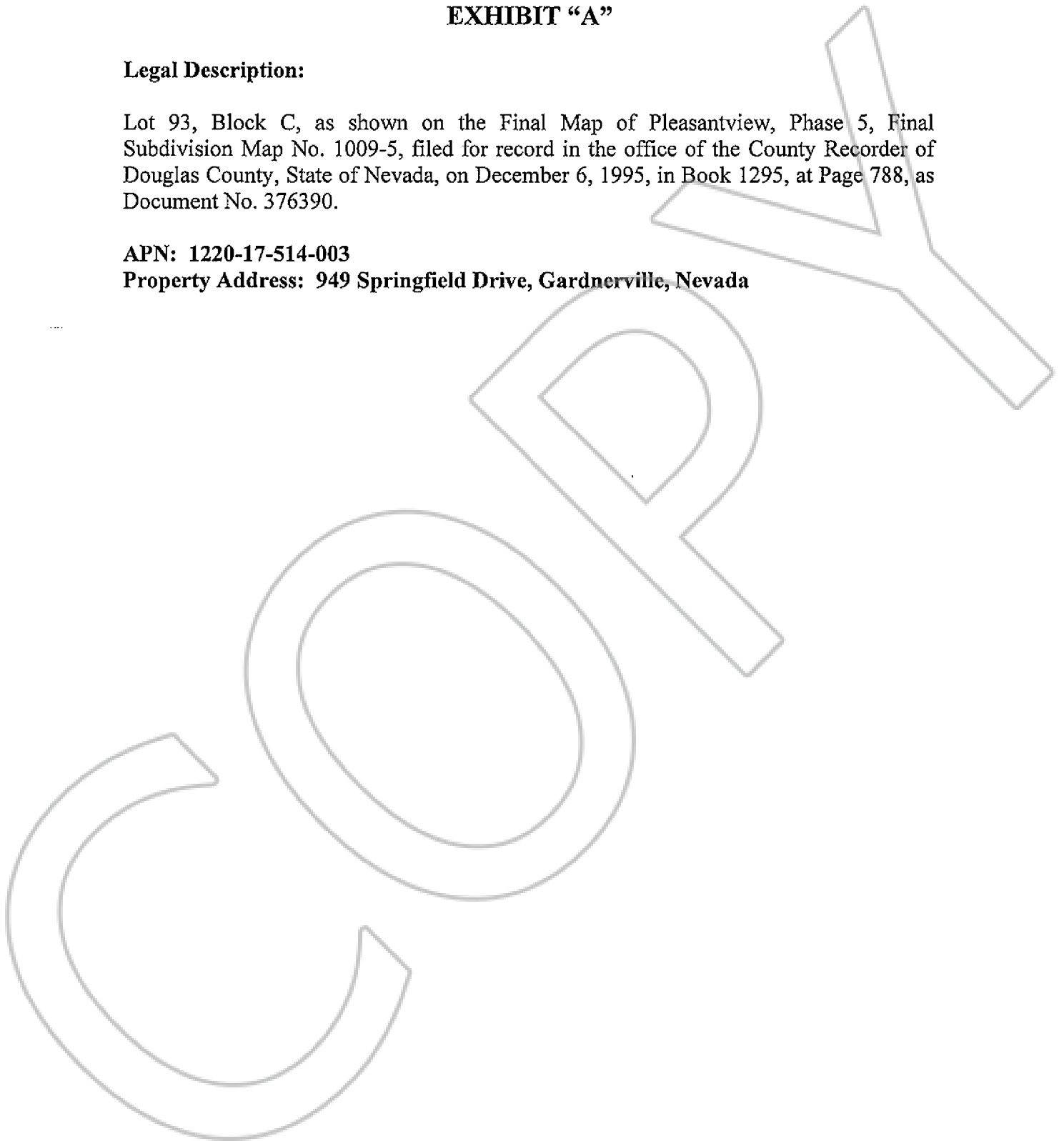
EXHIBIT "A"

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



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4185251

CERTIFICATE OF DEATH

2020029642
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) Donald John INGHAM		2. DATE OF DEATH (Mo/Day/Year) December 15, 2020		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or number) Carson Tahoe Regional Medical Center		3d. If Hosp. or Inst. Indicate DOA/OP/Emer. Rm Inpatient (Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 82	
	7b. UNDER 1 YEAR MOS - DAYS - HOURS - MINS		7c. UNDER 1 DAY HOURS - MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 04, 1938	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Arlene BROWN			
PARENTS	13. SOCIAL SECURITY NUMBER -0345		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 949 Springfield Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald Robert INGHAM	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice Lucille KENT		18a. INFORMANT - NAME (Type or Print) Cynthia Ann MAXWELL			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1134 Monterra Dr Minden, Nevada 89423				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			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		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 the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature & Title) CRAIG RAU MD SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) December 24, 2020		21c. HOUR OF DEATH 21:40		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	
CAUSE 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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 10991	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 30, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PERTAINING FOR (a), (b), AND (c))					
PART I	(a) Cardiorespiratory Failure		Interval between onset and death			
	(b) Acute Respiratory Distress Syndrome		Interval between onset and death			
PART II	(c) Covid-19 Pneumonia		Interval between onset and death			
	(d) Pulmonary Hypertension		Interval between onset and death			
26. AUTOPSY (Specify Yes or No) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC., SUICIDE, HOM., UNDETERMINED 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		

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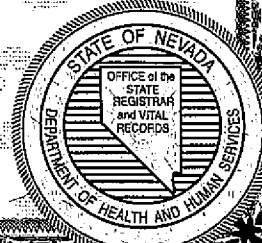
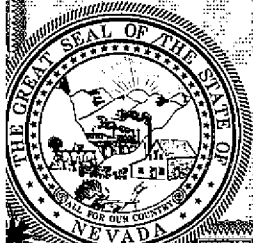
CERTIFIED COPY OF VITAL RECORDS

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: 12/31/2020

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

Blaise Satariano
STATE REGISTRAR



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4185934

CERTIFICATE OF DEATH

2020029192
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Arlene Joyce INGHAM		2. DATE OF DEATH (Mo/Day/Year) December 21, 2020	3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or number) Carson Tahoe Regional Medical Center	3e. If Hosp. or Inst. indicate DOA,OP/Emar. Rm. Inpatient (Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No- Non-Hispanic	7a. AGE-Last birthday (Years) 79	7b. UNDER 1 YEAR MOS DAYS
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 27, 1941		4. SEX Female
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARITAL STATUS (Specify) Widowed
	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER [REDACTED]-8602		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)
PARENTS	14b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING		14c. Ever in US Armed Forces? No		15a. RESIDENCE - STATE Nevada
	15b. COUNTY Douglas	15c. CITY-TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 949 Springfield Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
DISPOSITION	16. FATHER/PARENT - NAME (First, Middle, Last Suffix) Arthur Joseph BROWN		17. MOTHER/PARENT - NAME (First, Middle, Last Suffix) Lillian Eve ANDRADE		
	18a. INFORMANT - NAME (Type or Print) Cynthia Ann MAXWELL		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1134 Monterra Dr Minden, Nevada 89423		
TRADE CALL	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 THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville, NV 89410	
CERTIFIER	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) STEPHEN T HEWITT DO 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)		
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) December 22, 2020		21c. HOUR OF DEATH 19:00		22b. DATE SIGNED (Mo/Day/Yr)
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703			23b. LICENSE NUMBER DO1107	
	24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 28, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			Interval between onset and death	
	(a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:			Mins	
(b) Acute Respiratory Distress Syndrome DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c) Pneumonia DUE TO, OR AS A CONSEQUENCE OF:			Days		
(d) COVID-19 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 I.			26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
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

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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: **DEC 30 2020**

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

Shana B Rhinehart
STATE REGISTRAR
Administrator

