

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: 1121-35-001-001

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:

Ann Watts, Trustee
798 Big Valley Road
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF TRUSTEE

I, ANN WATTS, 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 June 2, 1999, THOMAS R. WATTS and I executed the WATTS LIVING TRUST (the "Trust").

(2) THOMAS R. WATTS, deceased on November 2, 2020, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said THOMAS R. WATTS.

(3) Said trust appointed me to serve as sole Trustee upon the death of THOMAS R. WATTS.

(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 January 20, 2021.


ANN WATTS, Trustee

STATE OF NEVADA)

) ss:

COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on January 20, 2021, by ANN WATTS, Trustee.


Notary Public

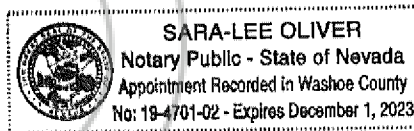


EXHIBIT "A"

Legal Description:

A parcel of land located within the SW $\frac{1}{4}$ of Section 26 and the NW $\frac{1}{4}$ of Section 35, all within Township 11 North, Range 21 East, M.D.B. & M., and as set forth as Parcel 2 of Land division Map for Tom and Ann Watts recorded January 2, 1991, in Book 191, Page 36 and as amended by Boundary Line Adjustment recorded January 11, 1991, in Book 191, Page 1294 and Parcel 2 as shown on corresponding plat recorded January 3, 1991, in Book 191, Page 254, as Document No. 242228, more particularly described as follows:

Commencing at the NW corner of Section 35, T11N, R21E, M.D.B. & M., thence South $0^{\circ}22'58''$ East a distance of 1,326.29 feet to the point of Beginning; thence North $26^{\circ}23'36''$ East a distance of 2,991.95 feet; thence South $0^{\circ}40'47''$ West a distance of 1,348.17 feet; thence South $0^{\circ}18'19''$ West a distance of 1,325.90 feet; thence South $89^{\circ}46'51''$ West a distance of 1,321.09 feet to the point of beginning.

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Property Address: 798 Big Valley Road, Gardnerville, Nevada

Per NRS 111.312- The Legal Description above appeared previously in that Grant, Bargain, Sale Deed recorded on July 6, 1999, as Document No. 0471859 in the County Records of Douglas County, Nevada.

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

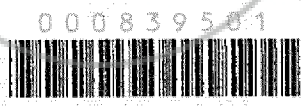
DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4176152

CERTIFICATE OF DEATH

2020024722
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Thomas Roger WATTS		2. DATE OF DEATH (Mo/Day/Year) November 02, 2020		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 798 Big Valley Road		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 21, 1944	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Ann FERRIMAN			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████ 9008		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 798 Big Valley Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Roger WATTS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gertrude SCHNEIDER		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Ann WATTS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 798 Big Valley Road Gardnerville, Nevada 89410			
	19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BERNADETTE J SMITH SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH 11:22			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) November 02, 2020		22e. PRONOUNCED DEAD AT (Hour) 11:22	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Bernadette J Smith P.O. Box 218 Minden, NV 89423				23b. LICENSE NUMBER	
	24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 12, 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).) PART I				Interval between onset and death	
	(a) GUNSHOT WOUND TO THE CHEST DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) 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) Yes		
28a. ACC. SUICIDE, HGM., UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) November 02, 2020		28c. HOUR OF INJURY 1105		
28d. DESCRIBE HOW INJURY OCCURRED Self Inflicted Gunshot Wound To The Chest		28e. INJURY AT WORK (Specify Yes or No) No				
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 798 Big Valley Rd Gardnerville Nevada				



CERTIFIED COPY OF VITAL RECORDS

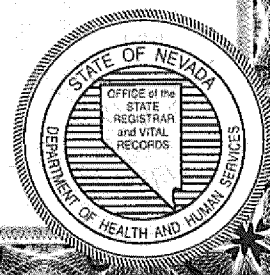
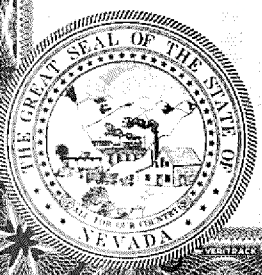
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

11/15/2020

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

Wesley T Storey
STATE REGISTRAR



[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]