

APN: 1420-07-113-021



KAREN ELLISON, RECORDER

After Recording, Mail to:

Jeff Morrill
883 Meadow Vista Dr.
Carson City, NV 89705

Mail Tax Statements to:

Same as above

The undersigned affirms that this document, and all exhibits which may be attached hereto, DOES contain the social security number of any person, pursuant to NRS 443.380.

**AFFIDAVIT OF DEATH OF TRUSTEE
CERTIFICATE OF SUCCESSOR TRUSTEE**

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After Recording, Mail to:

Jeff Morrill, Successor Trustee
883 Meadow Vista Dr.
Carson City, NV 89705

The undersigned affirms that this document, and all exhibits which may be attached hereto, DOES contain the social security number of any person, pursuant to NRS 443.380.

AFFIDAVIT OF DEATH OF TRUSTEE CERTIFICATE OF SUCCESSOR TRUSTEE

Jeff Allan Morrill of Carson City, Nevada, being first duly sworn, does hereby swear under penalty of perjury under the laws of the State of Nevada that the following statements are true:

1. By instrument dated July 10, 2012, Steven Allan Morrill executed the Steven Allan Morrill 2012 Revocable Trust, as Trustor and Trustee.
2. The Trust appointed Jeff Allan Morrill to serve as Successor Trustee upon the death or incapacity of Steven Allan Morrill.
3. Steven Allan Morrill died on December 21, 2019. Attached hereto as Exhibit "A" is a certified copy of the death certificate of Steven Allan Morrill.
4. Pursuant to the terms of the Trust, Jeff Allan Morrill has consented to act and has assumed the powers and duties as the Successor Trustee of the Trust.
5. Jeff Allan Morrill is authorized under the terms of the Trust and applicable provisions of Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in any property.
6. The Trust has a fee title interest in the following described real properties in Nevada:

COPY

EXHIBIT A

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4120303

CERTIFICATE OF DEATH

2019025350
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) Steven Allan MORRILL		2 DATE OF DEATH (Mo/Day/Year) December 21, 2019		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 ar number) 615 W. 5th Street		3e If Hosp or Inst indicate DOA,OP/Emer Rm inpatient(Specify) Residential Care Facility	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 77	
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) Widowed		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13 SOCIAL SECURITY NUMBER 5605	
14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		Ever in US Armed Forces? Yes	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Carson City	
15d STREET AND NUMBER 883 Meadow Vista Drive		15e INSIDE CITY LIMITS (Specify Yes or No) No		16 FATHER/PARENT - NAME (First Middle Last Suffix) Lesley MORRILL	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) Joyce MARTIN		18a INFORMANT- NAME (Type or Print) Jeff MORRILL		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 883 Meadow Vista Drive Carson City, Nevada 89705	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		19c LOCATION City or Town State Fernley Nevada 89408	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD304		20c NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED DOUGLAS VACEK DO					
21b DATE SIGNED (Mo/Day/Yr) December 24, 2019		21c HOUR OF DEATH 10:01		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	
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) Douglas Vacek DO 850 6th Street Lovelock, NV 89419	
23b LICENSE NUMBER 1125		24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 27, 2019	
24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF (c) Advanced Age DUE TO, OR AS A CONSEQUENCE OF (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 Parkinson's Disease		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	

200799008



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: 12/30/2019

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

John J. [Signature]
STATE REGISTRAR
Administrator

