

APN: 1418-10-601-002

RECORDING REQUESTED BY:

Maupin, Cox & LeGoy
P. O. Box 30,000
Reno, NV 89520

**WHEN RECORDED MAIL TO,
AND MAIL TAX STATEMENTS TO:**

Newton William Freeman, IV
Trustee
The William W. Bliss Family Trust
10730 Serratina
Reno, NV 89521

_____ /

The undersigned hereby affirms that this document, including any exhibits, submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380
Michael P. Kelly

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) : ss.
COUNTY OF SANTA BARBARA)

Newton William Freeman, IV, as the Trustee of The William W. Bliss Family Trust Agreement (As Restated) dated August 29, 2012, as amended February 12, 2014, April 7, 2014, and May 19, 2016, being first duly sworn, deposes and says:

1. William Walter Bliss referenced in the certified Certificate of Death attached hereto as Exhibit "A", who died on July 11, 2017, was, until his death, and is the same person as William W. Bliss referenced in that certain Trustee's Deed signed on December 4, 2012, executed by William W. Bliss, as Trustee of The William W. Bliss Family Trust, acknowledged before a Notary on December 4, 2012, and recorded as Document Number 0814220 on December 10, 2012, Official Records of Douglas County, Nevada, covering the real property located in Douglas County, State of Nevada, the corrected legal description of which is more particularly described in Exhibit "B" attached hereto.

2. That upon the death of William W. Bliss, Newton William Freeman, IV became the Trustee under The William W. Bliss Family Trust Agreement (As Restated) dated August 29, 2012, as amended February 12, 2014, April 7, 2014, and May 19, 2016, and July 11, 2017.

Dated this 22 day of MARCH, 2021

The William W. Bliss Family Trust

By: Newton William Freeman IV
Newton William Freeman, IV, Trustee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
)
COUNTY OF SANTA BARBARA

On 3-22-21, 2021, before me, MATHEW CURTO, a Notary Public, personally appeared Newton William Freeman, IV, as Trustee of The William W. Bliss Family Trust, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature] (Seal)

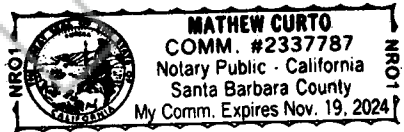
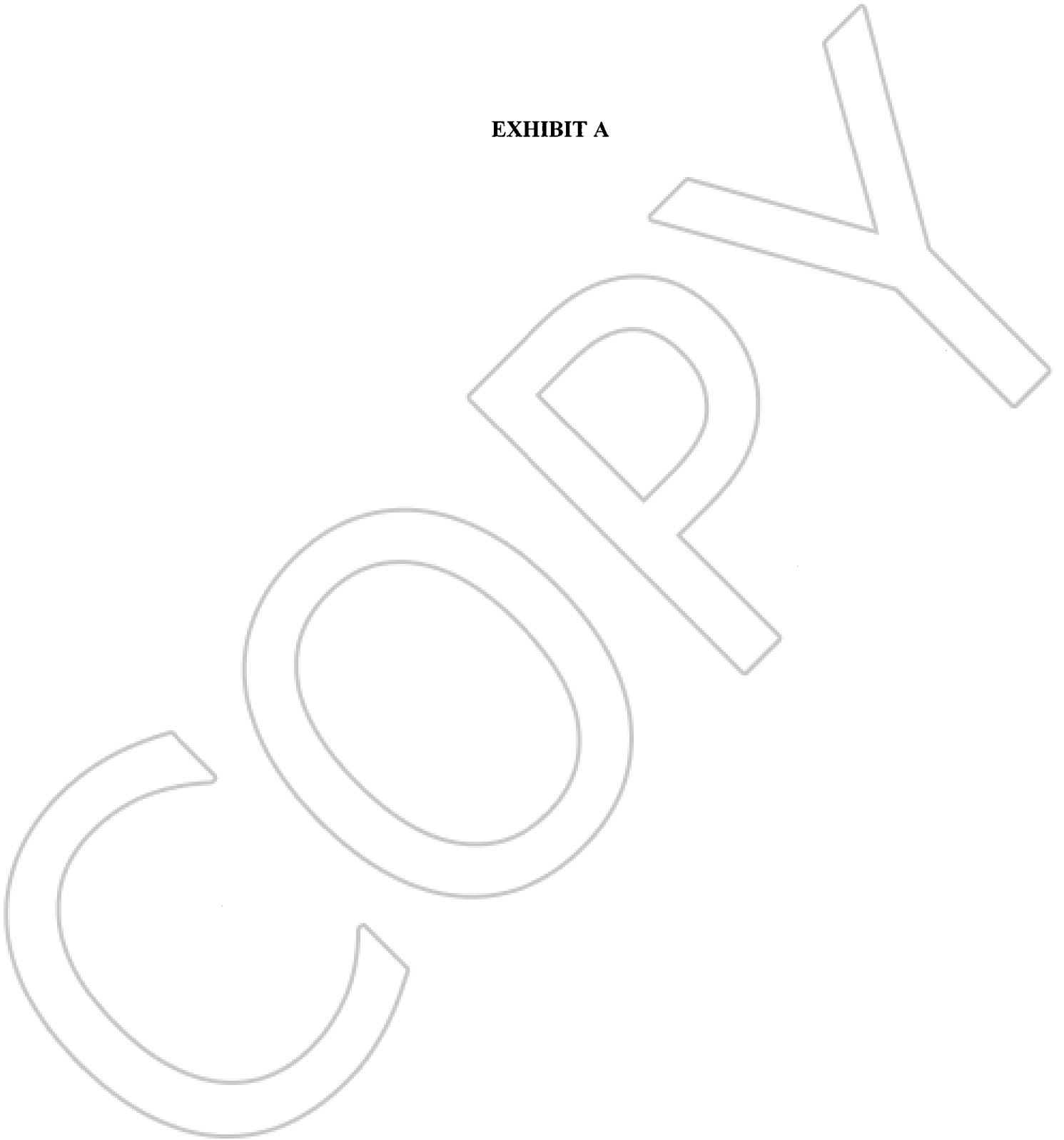


EXHIBIT A



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3966787

CERTIFICATE OF DEATH

2017013160
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) William Walter BLISS		2. DATE OF DEATH (Mo/Day/Year) July 11, 2017		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 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) 1651 North Winnie Lane Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 93	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) July 07, 1924		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 3130		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Professor Hospitality	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1651 North Winnie Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Will BLISS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hatherly BRITAIN		
18a. INFORMANT - NAME (Type or Print) William Richard SCHUTTE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2445 Pacific Ave. San Francisco, California 94115			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MONICA GIESE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD880	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) July 14, 2017		21c. HOUR OF DEATH 06:10		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)	
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) Nita Schwartz MD, 710 W. Washington St. Carson City, NV 89703					
23b. LICENSE NUMBER 9114					
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 17, 2017		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) Emphesema				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
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 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	

STATE REGISTRAR

000681285



CERTIFIED COPY OF VITAL RECORDS

489267

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:

JUL 18 2017

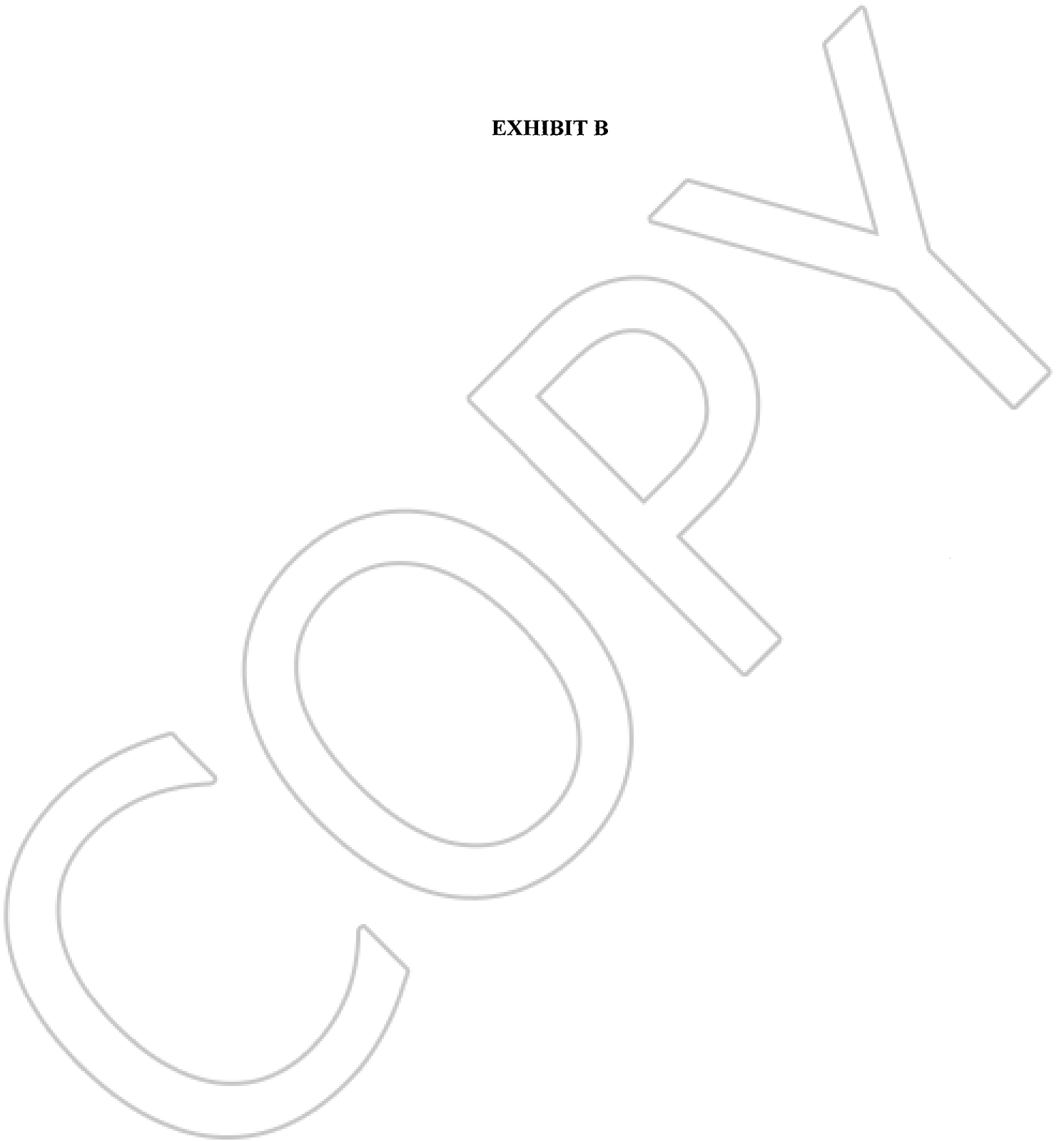
Cody Phinney
STATE REGISTRAR

VRS-Rev-20120523a



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

EXHIBIT B



Legal Description

All that certain parcel of land situate in the State of Nevada, County of Douglas, being a portion of the Northeast 1/4 of Section 10, Township 14 North, Range 18 East, M.D.B.&M., being Parcel "C" as shown on Parcel Map Document No. 41653 filed in the official records of Douglas County, Nevada, on February 19, 1980.

Except therefrom: any portion of the above described property lying within the bed of Lake Tahoe below the line of natural ordinary high water and also excepting any artificial accretions to the land waterward of the line of natural ordinary high water or, if lake level has been artificially lowered, excepting any portion lying below an elevation of 6,223.00 feet, Lake Tahoe Datum established by NRS 321.595.

Being Assessor's Parcel Number: 1418-10-601-002

IN COMPLIANCE WITH NEVADA REVISED STATUTES 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED DECEMBER 10, 2012, AS DOCUMENT NO. 0814220, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.