

APN 1320-05-001-024  
1420-29-612-029



KAREN ELLISON, RECORDER

When Recorded Mail To:  
Smith and Harmer, Ltd.  
502 North Division Street  
Carson City, Nevada 89703

Grantee's Address:  
1143 San Marcos Circle  
Minden, Nevada 89423

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA        )  
                                  : ss.  
CARSON CITY            )

I, GLORIA L. MANN, being first duly sworn, depose and say:

1. That I am the surviving spouse of RUSSELL J. MANN and am fully informed as to the real property held by him at his death; and I am the surviving Trustee of the MANN/FLORES FAMILY TRUST dated October 16, 2020.

2. RUSSELL J. MANN, Trustee of the MANN/FLORES FAMILY TRUST dated October 16, 2020, died on April 2, 2021.

3. Title to the referenced property was created by that certain Quitclaim Deed dated October 16, 2020, and recorded October 20, 2020, as Doc. No. 2020-954830 in the Official Records of Douglas County, Nevada; and the real property the subject of said Trust is more particularly described in Exhibit A attached hereto.

4. A certified copy of the Certificate of Death of RUSSELL J. MANN showing his date of death as April 2, 2021, is attached hereto.

5. The undersigned affirms this document contains a social security number pursuant to NRS 440.380.

Gloria L. Mann  
GLORIA L. MANN

SUBSCRIBED and SWORN to before me  
this 15 day of April, 2021, by  
GLORIA L. MANN.

Sandra F. Mendez  
Notary Public

(Seal)



EXHIBIT A

The real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 3, in Block B, as set forth on the Official Plat of North Valley Industrial Park Phase 1, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 30, 1990, in Book 490, Page 4025, as Document No. 224892.

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Lot 306 in Block D, as shown on the Final Map #PD99-02-08 for SARATOGA SPRINGS ESTATES UNIT 8, A PLANNED DEVELOPMENT, filed in the office of the Douglas County Recorder, State of Nevada, on October 18, 2004 in Book 1004 at Page 7206 as Document No. 626992, Official Records.

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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4206170

**CERTIFICATE OF DEATH**

2021008392  
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) <b>Russell John MANN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 02, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) <b>1143 San Marcos Circle</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emr. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>72</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
7d. UNDER 1 DAY <b>MIN</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 01, 1948</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>	
9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Gloria LEE</b>		13. SOCIAL SECURITY NUMBER <b>-7249</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Electronic Engineer</b>	
14b. KIND OF BUSINESS OR INDUSTRY <b>Engineering And Design</b>		15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	
15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>1143 San Marcos Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>August MANN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Anna UZZARDO</b>		
18a. INFORMANT - NAME (Type or Print) <b>Gloria MANN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1143 San Marcos Circle Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR OF LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>SIGNATURE AUTHENTICATED</b> <b>JEFFREY BASA MD</b>		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)			
21b. DATE SIGNED (Mo/Day/Yr) <b>April 05, 2021</b>		21c. HOUR OF DEATH <b>11:49</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706</b>			
23b. LICENSE NUMBER <b>8079</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 05, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Amyotrophic Lateral Sclerosis</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) 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 I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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	



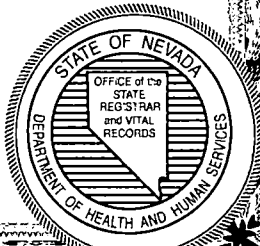
CERTIFIED COPY OF VITAL RECORDS

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: **4/8/2021**

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE