

APN: 1420-07-112-002

Recording Requested By/When Recorded

Return to:

HERITAGE LAW, A Division of
KALICKI COLLIER, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423



00133766202109664580040041

KAREN ELLISON, RECORDER

Mail Future Tax Statements To:

Diane Phillips Ferree, Trustee
1798 Bella Casa
Minden, NV 89423

The undersigned hereby affirms that the document
Submitted for recording DOES contain personal information
as required by law: Affidavit of Death – NRS 440.380(1)(A) &
NRS 40.525(5)

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

DIANE PHILLIPS FERREE, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That WAYNE EVERETT FERREE, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as WAYNE E. FERREE, Settlor of the *Ferree Living Trust, dated October 4, 2004*, and any amendments thereto, and named as one of the grantees in that certain Grant, Bargain, Sale Deed executed on March 17, 2015, by GREGORY A. MALAVAVOS, an unmarried man and CAROL J. MALAVAOS, an unmarried woman as tenants in common, and recorded on March 23, 2015, as Document No. 2015-859042 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 872 Ridge Crest Drive, Carson City, Douglas County, Nevada, and more precisely described as:

Lot K-2, in Block K, of the Final Map of VALLEY VISTA ESTATES, PHASE 2, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on August 29, 1997, in Book 897, Page 6072, as Document No. 420670.

Pursuant to NRS 111.312, the above legal description was previously recorded in the Grant, Bargain, Sale Deed recorded as Document No. 2015-859042 of Official Records of Douglas County, State of Nevada, on March 23, 2015.

DIANE PHILLIPS FERREE shall forthwith serve as sole Trustee of the *Ferree Living Trust, dated October 4, 2004*, and any amendments thereto.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: April 22, 2021.

Diane Phillips Ferree

DIANE PHILLIPS FERREE, sole Trustee
Ferree Living Trust, dated October 4, 2004
and any amendments thereto

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On April 22, 2021, before me a notary public, personally appeared DIANE PHILLIPS FERREE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

Michelle Andra Gibbons

Notary Public

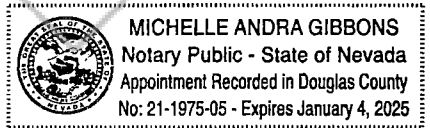




EXHIBIT 1

Certificate of Death, State of Nevada, WAYNE E. FERREE, Deceased

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2020006569
STATE FILE NUMBER

CASE FILE NO. 4137053

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

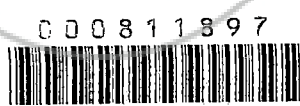
CERTIFIER

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) Wayne Everett FERREE		2. DATE OF DEATH (Mo/Day/Year) March 29, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 991 Stephanie Way		3a. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 88	
9a. STATE OF BIRTH (If not US/CA, name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 20	
13. SOCIAL SECURITY NUMBER 5340		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Owner Consultant		14b. KIND OF BUSINESS OR INDUSTRY Civil Engineer	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Everett Amos FERREE		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maxine Adele WINKLER			
18a. INFORMANT- NAME (Type or Print) Diane FERREE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 991 Stephanie Way Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
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 & Creations 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) ANTOINE A BOU DOUMIT MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) April 01, 2020		21c. HOUR OF DEATH 15:33			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Antoine A Bou Doumit MD 975 Kirman Ave Reno, NV 89502				23b. LICENSE NUMBER 10808	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 03, 2020		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) Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Severe Aortic Stenosis					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Atrial Fibrillation, Chronic Kidney Disease				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

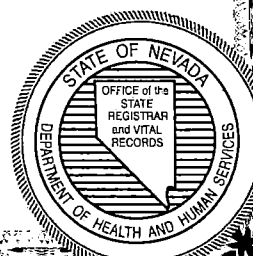
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

4/8/2020

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE