

APN: 1420-07-112-034
Recording Requested By/When Recorded
Return to:
HERITAGE LAW, A Division of
KALICKI COLLIER, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423



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 May 10, 2013, by GREGORY A. MALAVAZOS and CAROL J. MALAVAVOS, husband and wife as joint tenants, and recorded on May 13, 2013, as Document No. 823471 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 875 Ridge Crest Drive, Carson City, Douglas County, Nevada, and more precisely described as:

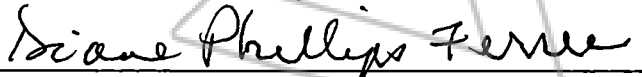
Lot B-3 in Block B as shown on the Final Map #1007-3 of Valley Vista Estates, Phase 2, recorded in the office of the Douglas County Recorder, State of Nevada on August 29, 1997 in Book 897, Page 6072, as Document No. 420670, Official Records.

Pursuant to NRS 111.312, the above legal description was previously recorded in the Grant, Bargain, Sale Deed recorded as Document No. 823471 of Official Records of Douglas County, State of Nevada, on May 13, 2013.

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, 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.


Notary Public

 MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025

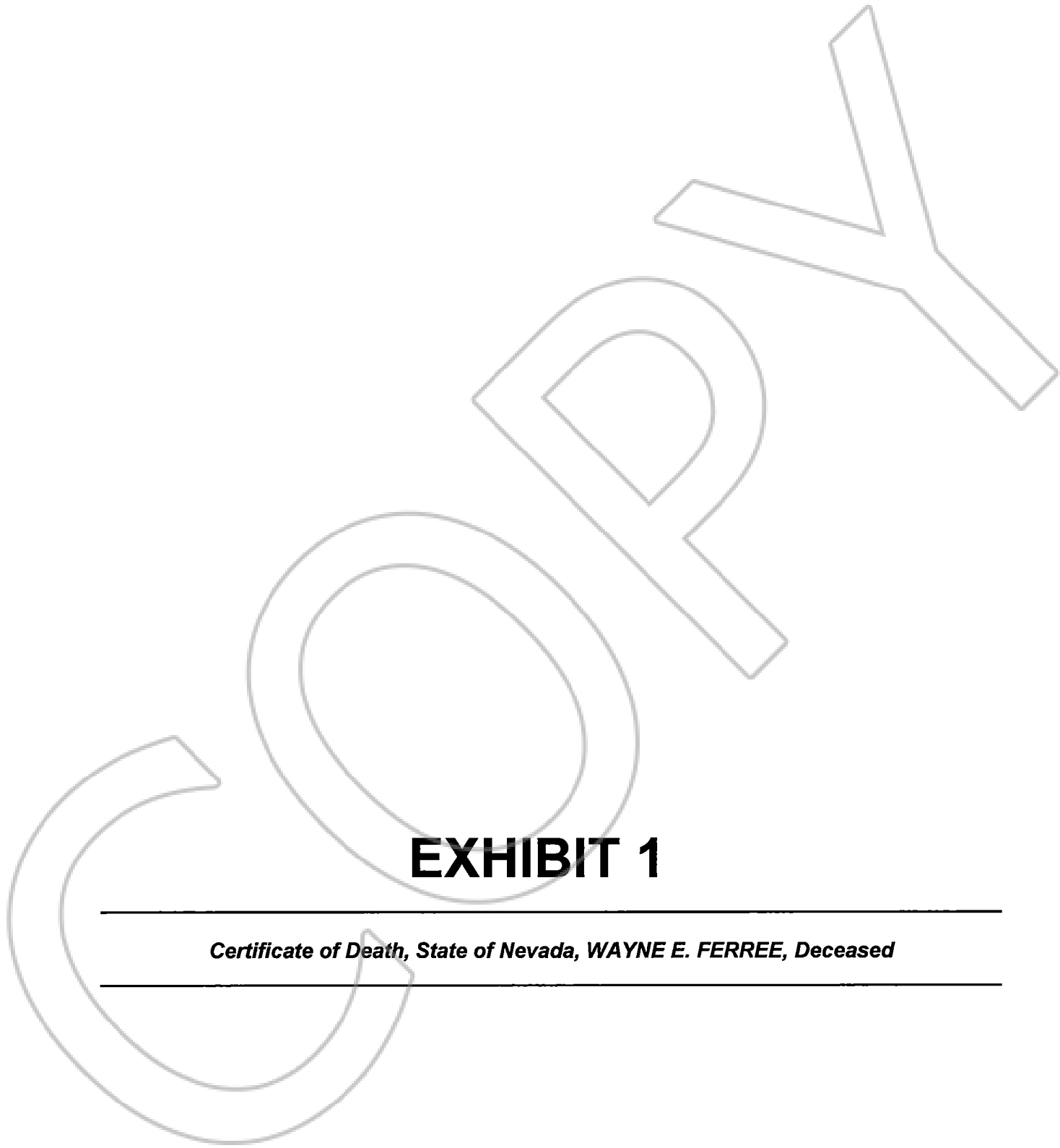


EXHIBIT 1

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

CASE FILE NO. 4137053

CERTIFICATE OF DEATH

2020006569
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEASED

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
HAVE 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 number) 991 Stephanie Way		3e. If Hosp. or Inst. indicate DOA,OP/Emor. Rm. (Inpatient)(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY Home	
8. DATE OF BIRTH (Mo/Day/Yr) January 07, 1932		9a. STATE OF BIRTH (if not US/CA, name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 20		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Diane PHILLIPS	
13. SOCIAL SECURITY NUMBER ██████-5340		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Civil Engineer	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 991 Stephanie Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
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 & Cremations 1600 Buckeye Rd Minden NV 89423	
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) ANTOINE A BOU DOUMIT MD SIGNATURE AUTHENTICATED			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) April 01, 2020		21c. HOUR OF DEATH 15:33		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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 Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Severe Aortic Stenosis Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
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. 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

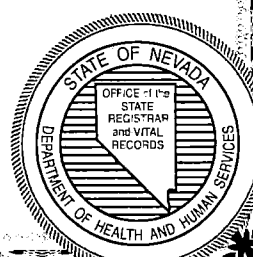
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

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