

WHEN RECORDED MAIL TO:

James H. Collins

PO Box 1065
Virginia City NV 89440

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02103073-DKD

APN No.: 1420-07-411-026

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }

James H. Collins, being duly sworn, deposes and says:

1. Robert Parkinson, the decedent mentioned in attached copy of Certificate of Death, is the same person as Robert M. Parkinson, Surviving Trustee named as one of the trustee(s) in that certain Affidavit-Termination of Joint Tenant dated June 7, 2006, executed by Robert M. Parkinson to Robert M. Parkinson, Surviving Trustee, recorded on June 7, 2006 as instrument number 0676746, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, James H. Collins, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: 5-7-21

James H. Collins
James H. Collins, Successor Trustee

STATE OF NEVADA }
COUNTY OF ~~DOUGLAS~~ Carson City } SS:

This instrument was acknowledged before me on May 7th, 2021,

by James Harold Collins

Cindy McTammany
NOTARY PUBLIC



Order No.: 02103073-DKD

EXHIBIT A

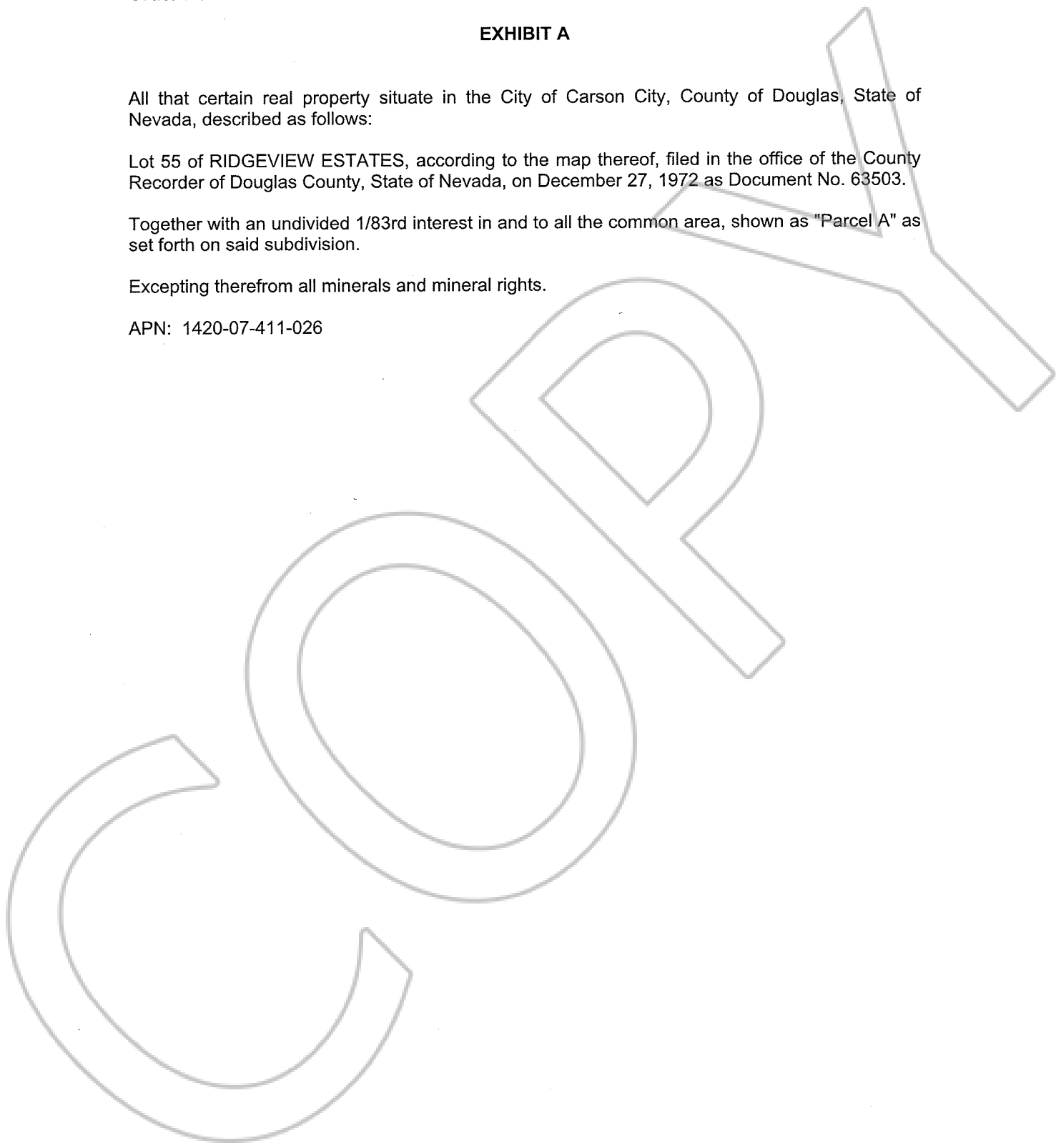
All that certain real property situate in the City of Carson City, County of Douglas, State of Nevada, described as follows:

Lot 55 of RIDGEVIEW ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 27, 1972 as Document No. 63503.

Together with an undivided 1/83rd interest in and to all the common area, shown as "Parcel A" as set forth on said subdivision.

Excepting therefrom all minerals and mineral rights.

APN: 1420-07-411-026



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2009013558
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) Robert PARKINSON		2. DATE OF DEATH (Mo/Day/Year) September 09, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3440 Basalt Drive		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 83		8. DATE OF BIRTH (Mo/Day/Yr) November 03, 1925	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (if not U.S.A., name country) Florida		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER [REDACTED]-7057	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Firefighter		14b. KIND OF BUSINESS OR INDUSTRY Los Angeles Fire Dept.		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3440 Basalt Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Robert PARKINSON	
17. MOTHER - NAME (First Middle Last Suffix) Vivian NORTH		18a. INFORMANT- NAME (Type or Print) Janet VAN HOOSER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3447 Tourmaline Way Carson City, Nevada 89705	
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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) [REDACTED]			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) KAI WEAVER SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) September 18, 2009		21c. HOUR OF DEATH 15:06		22b. DATE SIGNED (Mo/Day/Yr) September 18, 2009	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 15:06		22d. PRONOUNCED DEAD (Mo/Day/Yr) September 09, 2009	
22e. PRONOUNCED DEAD AT (Hour) 15:06		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner KAI WEAVER P.O. Box 218 Minden, NV 89423		23b. LICENSE NUMBER 295	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 2009		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) Gunshot wound to chest 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				26. AUTOPSY (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) September 09, 2009		28c. HOUR OF INJURY 1506	
28d. DESCRIBE HOW INJURY OCCURRED Shot self with shotgun		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 3440 Basalt Drive Carson City Nevada	

STATE REGISTRAR

1008780

293120 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: 09/21/2009

Rud Whitt
SIGNATURE AUTHENTICATED

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

PBNC0 (Rev) 11/06

VRS-Rev-20090602

