

APN: 1420-27-701-024



00134815202109674010040049

KAREN ELLISON, RECORDER

Recording Requested By/When Recorded

Return to:

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

Mail Future Tax Statements To:

Carol A. Morissette, Trustee
1565 Lindsay Lane
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)

CAROL A. MORISSETTE, 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 RICHARD P. MORISSETTE, 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 RICHARD P. MORISSETTE, Settlor of the *Morissette Family Trust, dated March 2, 2005*, and any amendments thereto, and named as one of the grantees in that certain Grant Deed executed on March 2, 2005, by RICHARD P. MORISSETTE and CAROL A. MORISSETTE, Husband and Wife, as Joint Tenants, and recorded on March 4, 2005, as Document No. 0638164 of Official Records of Douglas County, State of Nevada, which Grant Deed pertains to property situated at 1565 Lindsay Lane, Minden, Douglas County, Nevada, and more precisely described as:

Being portion of the East ½ of the Southeast ¼ of Section 27, Township 14 North, Range 20 East, M.D.B. & M., more particularly described as follows:


Lot A-3A, as set forth on that certain Parcel Map No. 16 for Raymond M. Smith, Being a division Parcel A-3 of a parcel Map for Daniel A. and Ann L. Fey as Document No. 317020 recorded on December 7, 1993 in Book 1293 at Page 1379 as Document No. 324381.

Pursuant to NRS 111.312, the above legal description was previously recorded in the Grant Deed recorded as Document No. 0638164 of Official Records of Douglas County, State of Nevada, on March 4, 2005.

CAROL A. MORISSETTE shall forthwith serve as sole Trustee of the *Morrisette Family Trust, dated March 2, 2005*, 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: May 13, 2021.




CAROL A. MORISSETTE, sole Trustee
Morrisette Family Trust, dated March 2, 2005
and any amendments thereto

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On May 13, 2021, before me a notary public, personally appeared CAROL A. MORISSETTE, 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

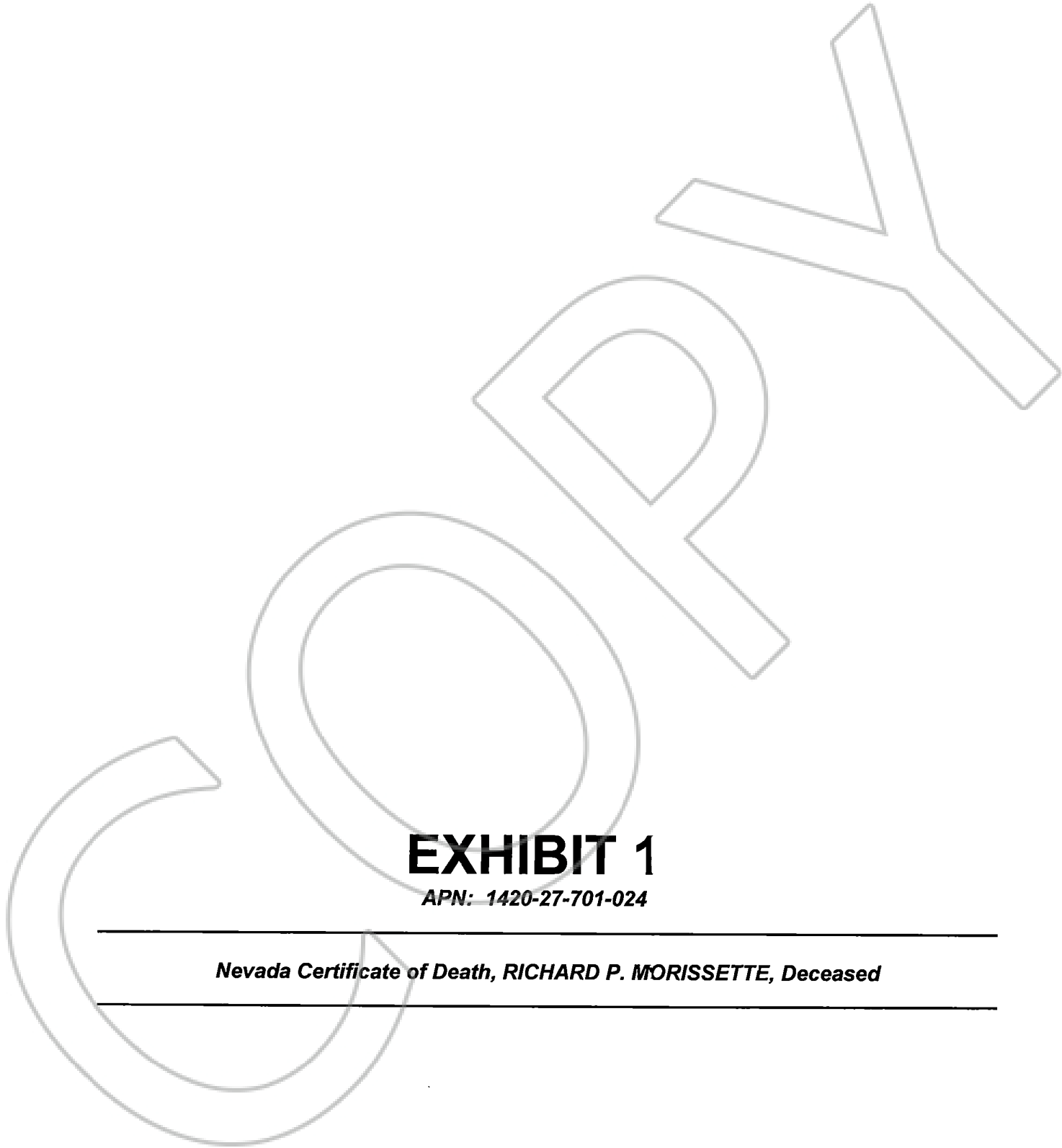


EXHIBIT 1

APN: 1420-27-701-024

Nevada Certificate of Death, RICHARD P. MORISSETTE, 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. 4176926

CERTIFICATE OF DEATH

2020024652
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Richard Pearley Joseph MORISSETTE		2. DATE OF DEATH (Mo/Day/Year) November 05, 2020		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 address number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 83	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 04, 1937	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Maine		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) CAROL CULLUM			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-5982		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1565 Lindsay Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Pearley MORISSETTE	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Juliette LACHANCE		18a. INFORMANT - NAME (Type or Print) Carol MORISSETTE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1565 Lindsay Lane Minden, Nevada 89423	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG RAU MD		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) November 10, 2020		21c. HOUR OF DEATH 07:30		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 10991		24a. REGISTRAR (Signature) WESLEY T STOREY	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 10, 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		26. AUTOPSY (Specify Yes or No) No			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiorespiratory Failure		Interval between onset and death			
	(b) Aspiration Pneumonia		Interval between onset and death			
(c) Parkinson Disease		Interval between onset and death				
(d) Hip Fracture		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. Unknown Etiology		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				
28a. ACC. SUICIDE, HGM., 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.

Wesley T Storey
STATE REGISTRAR

DATE ISSUED: **11/20/2020**

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

