

APN: 1420-33-213-005

WHEN RECORDED RETURN TO:
DANIEL S. JUDD, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Robert G. Davis, Trustee
2724 Wildhorse Lane
Minden, NV 89423

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss
CARSON CITY)

ROBERT G. DAVIS being first duly sworn, deposes and says:

1. That THE MELBA GRUGAN DAVIS 2004 TRUST was established on August 3, 2004.
2. That Grantor and Trustee, MELBA GRUGAN DAVIS, died on February 17, 2021, and a certified copy of her death certificate issued by the State of Nevada is attached hereto.
3. That said Trust is the owner of all that real property located in the City of Minden, County of Douglas, State of Nevada, more particularly described as follows:

Lot 16, Block B, as shown on the Final Map of WILDHORSE UNIT 1, a Planned Unit Development, filed for recorded in the Office of the County Recorder of Douglas County, State of Nevada, on August 3, 1989, in Book 889, Page 450, as Document No. 207982.

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(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada, on August 3, 2004, as Document Number 0620533.)

4. That due to the passing of MELBA GRUGAN DAVIS, the currently acting sole Trustee of THE MELBA GRUGAN DAVIS 2004 TRUST is ROBERT G. DAVIS.

5. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

Further, Affiant sayeth naught.

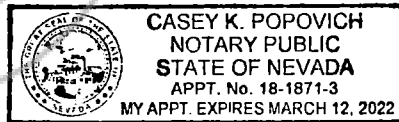
DATED this 14 day of May, 2021.

Robert G. Davis
ROBERT G. DAVIS, Trustee

STATE OF NEVADA)
 : ss.
CARSON CITY)

On May 14th, 2021, personally appeared before me, a notary public, ROBERT G. DAVIS, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.

Casey K. Popovich
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4198433

CERTIFICATE OF DEATH

2021005224
STATE FILE NUMBER

| | | | | | | |
|--|--|--|---|--|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Melba Grugan DAVIS | | 2. DATE OF DEATH (Mo/Day/Year) February 17, 2021 | | 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 and number) Carson Tahoe Regional Medical Center | | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient | |
| DECEDENT | 4. SEX Female | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| | 7a. AGE-Last birthday (Years) 89 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 9a. STATE OF BIRTH (If not US/CA, name country) Kansas | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 14 | |
| | 11. MARITAL STATUS (Specify) Widowed | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | | | |
| PARENTS | 13. SOCIAL SECURITY NUMBER ██████████-2452 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER | | 14b. KIND OF BUSINESS OR INDUSTRY OWN HOME | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| DISPOSITION | 15d. STREET AND NUMBER 2724 Wildhorse Lane | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles W GRUGAN | |
| | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice MORRIS | | 18a. INFORMANT - NAME (Type or Print) Robert Grugan DAVIS | | | |
| TRADE CALL | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2724 Wildhorse Lane Minden, Nevada 89423 | | | | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | |
| | 19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory | | 19c. LOCATION City or Town State Sparks Nevada 89431 | | | |
| CERTIFIER | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD943 | | 20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706 | |
| | TRADE CALL - NAME AND ADDRESS | | | | | |
| REGISTRAR | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) AMANDA M GRIFFITH DO | | 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) February 19, 2021 | | 21c. HOUR OF DEATH 14:34 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| CAUSE OF DEATH | 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) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703 | | | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 23b. LICENSE NUMBER DO1685 | | 24a. REGISTRAR (Signature) CELESTE RAMIREZ MUNOZ | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 26, 2021 | |
| | 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) Third-degree Heart Block DUE TO, OR AS A CONSEQUENCE OF: (b) Non ST Elevation Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (c) Ischemic Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF: (d) Acute Hypoxemic Respiratory Failure | | | |
| CAUSE OF DEATH | 26. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | | | |
| | 28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| CAUSE OF DEATH | 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 | | 28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | |



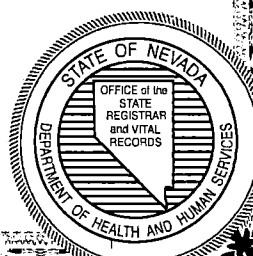
CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED: 3/4/2021

Lee Shugh
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