

WHEN RECORDED MAIL TO:

Shawn G. Pearson, Esq.
Woodburn and Wedge
P.O. Box 2311
Reno, Nevada 89505



KAREN ELLISON, RECORDER

APN: 1319-102-100-04

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS239B.030)

**AFFIDAVIT OF DEATH OF TRUSTEES AND
NOTICE OF APPOINTMENT OF SUCCESSOR TRUSTEE
OF THE
GENTRY TRUST DATED MARCH 27, 2008**

WHEREAS, KENNETH L. GENTRY and SHARON D. GENTRY created a Trust, pursuant to that certain Declaration of Trust dated March 27, 2008 (the "Trust Agreement"), known as Gentry Trust Dated March 27, 2008 (the "Trust") of which KENNETH L. GENTRY and SHARON D. GENTRY were Co-Trustees;

WHEREAS, Article II, Section A. of the Trust Agreement provides as follows:

A. Successor Trustee: If neither of us can act as Trustee, then BRIAN S. GENTRY shall act as Trustee. If BRIAN S. GENTRY cannot or does not act as Trustee, LISA M. SIMMONS or MARK A. GENTRY, in that order, shall act as successor Trustee. The Trustee may appoint in writing additional successor trustees. No bond shall be required of the Trustee. The Trustee "cannot act" if found substantially unable to manage his or her own financial resources, or resist fraud or undue influence, by two licensed physicians who have examined him or her and who so state in writing.

WHEREAS, SHARON D. GENTRY, a Settlor and Trustee of the Trust, died on July 17, 2017. A certified copy of SHARON D. GENTRY's Certificate of Death is attached hereto as Exhibit "A";

WHEREAS, pursuant to Article I of the Trust Agreement KENNETH L. GENTRY, a Settlor of the Trust, thereafter accepted the appointment as the sole Successor Trustee of the Trust and assumed responsibility for the same;

WHEREAS, KENNETH L. GENTRY, a Settlor and Trustee of the Trust, died on November 1, 2019. A certified copy of KENNETH L. GENTRY's Certificate of Death is attached hereto as Exhibit "B";

WHEREAS, on November 1, 2019, pursuant to Article II, Section A. of the Trust Agreement, BRIAN S. GENTRY was appointed as Successor Trustee of the Trust.

NOW, THEREFORE, in accordance with the provisions of Article II, Section A. of the Trust Agreement, BRIAN S. GENTRY does hereby certify and attest to the statements contained herein

FURTHER, THEREFORE, BRIAN S. GENTRY does hereby confirm that he has assumed and undertaken all the powers, duties and authority granted to such Trustee as of November 1, 2019.

DATED this 28th day of June, 2021.

Brian S. Gentry
BRIAN S. GENTRY, Successor Trustee

STATE OF NEVADA)
)ss.
COUNTY OF WASHOE)

On this 28th day of June, 2021, personally appeared before me, a notary public, Brian Gentry, Successor Trustee of the Gentry Trust dated March 27, 2008, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument.



Nikki Chandler
NOTARY PUBLIC

EXHIBIT "A"

CERTIFICATE OF DEATH OF SHARON D. GENTRY

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3968138

CERTIFICATE OF DEATH

2017013725

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) Sharon D GENTRY		2. DATE OF DEATH (Mo/Day/Year) July 17, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and 224 Foothill Meadows Ct.		3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. 4. SEX (Inpatient)(Specify) Home Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 78	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) June 20, 1939		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kenneth L GENTRY	
13. SOCIAL SECURITY NUMBER ██████████-7636		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Manufacturing (product Not Specified)	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Genoa	15d. STREET AND NUMBER 224 Foothill Meadows Ct.	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John OVERKAMP		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elizabeth MCGOWAN	
18a. INFORMANT - NAME (Type or Print) Ken GENTRY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 554 Genoa, Nevada 89411			
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) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410		
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) NITA SCHWARTZ 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) July 24, 2017		21c. HOUR OF DEATH 09:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 25, 2017		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) Rectal Cancer With Metastasis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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.				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	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

STATE REGISTRAR



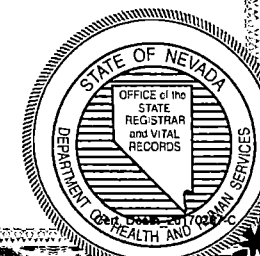
CERTIFIED COPY OF VITAL RECORDS

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: **7/27/2017**

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

Cody P. Hiney
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "B"

CERTIFICATE OF DEATH OF KENNETH L. GENTRY

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4112298

CERTIFICATE OF DEATH

2019021786
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) Kenneth Lee GENTRY		2 DATE OF DEATH (Mo/Day/Year) November 01, 2019		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Genoa		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) 224 Foothill Meadows Ct		3e If Hosp. or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 81		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) February 27, 1938		9a STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11 MARITAL STATUS (Specify) Widowed		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER 4264		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY FACTURING (PRODUCT NOT SPEC	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Genoa	
15d STREET AND NUMBER 224 Foothill Meadows Ct		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Ray Kenneth GENTRY			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Ardelle Marie LUNDY		
18a INFORMANT - NAME (Type or Print) Brian GENTRY		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 28338 Hidden Hills Dr Santa Clarita, California 91390			
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 BLANSETT SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) NITA SCHWARTZ 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) November 06, 2019		21c HOUR OF DEATH 19:20		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22e PRONOUNCED DEAD AT (Hour)	
22d PRONOUNCED DEAD (Mo/Day/Yr)		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b LICENSE NUMBER 9114		24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 07, 2019	
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) Multisystem Organ Failure DUE TO, OR AS A CONSEQUENCE OF (b) Sepsis DUE TO, OR AS A CONSEQUENCE OF (c) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF (d)			
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	
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	



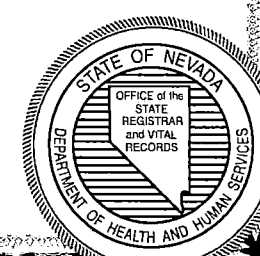
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STATE REGISTRAR
Janice
Administrator



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