

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

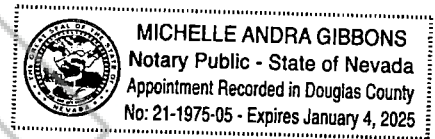
Dated: June 3, 2021.

William A. Weik
WILLIAM A. WEIK, Surviving Grantee and
Surviving Joint Tenant

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On June 3, 2021, before me, a Notary Public, personally appeared WILLIAM A. WEIK, 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 he executed it.

Michelle Andra Gibbons
Notary Public



APN: 1220-16-110-017

**EXHIBIT "A"
LEGAL DESCRIPTION**

Lot 3, Block A, as shown on the Final Map of Pleasantview Subdivision Phase I, filed in the Office of the County Recorder of Douglas County, Nevada, on April 6, 1990, in Book 490, page 916, Document n. 223488.

SUBJECT TO COVENANTS, CONDITIONS AND RESTRICTIONS NOW OF RECORD AS RECORDED ON APRIL 12, 1990, AS DOCUMENT NO. 223722 AND ANY AND AMENDMENTS THERETO.

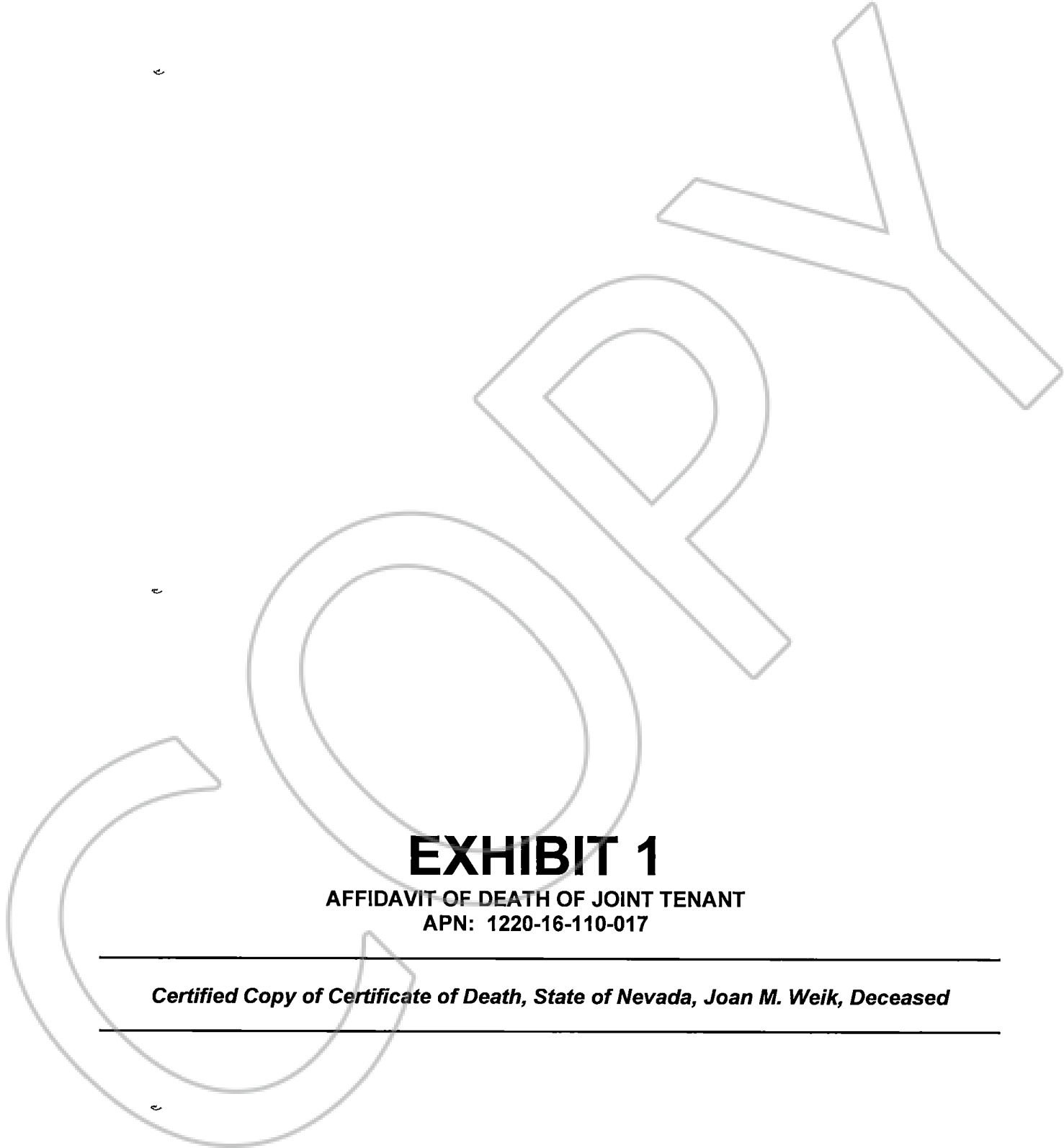


EXHIBIT 1

**AFFIDAVIT OF DEATH OF JOINT TENANT
APN: 1220-16-110-017**

Certified Copy of Certificate of Death, State of Nevada, Joan M. Weik, Deceased

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH
2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) JOAN		2. MIDDLE -		3. LAST (FAMILY) WEIK			
4. DATE OF BIRTH M/M/D/D/C/CYY 11/20/1942		5. AGE YRS. 58		6. SEX F		7. DATE OF DEATH M/M/D/D/C/CYY B. HOUR 03/09/2001 2215	
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. -8472		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED	
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER BANK OF AMERICA			
17. OCCUPATION BRANCH MANAGER		18. KIND OF BUSINESS FINANCE		19. YEARS IN OCCUPATION 9			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1208 PLEASANTVIEW DRIVE							
21. CITY GARDNERVILLE		22. COUNTY DOUGLAS		23. ZIP CODE 89410		24. YRS IN COUNTY 9	
25. STATE OR FOREIGN COUNTRY NV		26. NAME, RELATIONSHIP WILLIAM WEIK—SPOUSE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1208 PLEASANTVIEW DRIVE, GARDNERVILLE, NV 89410		28. NAME OF SURVIVING SPOUSE—FIRST WILLIAM					
29. MIDDLE -		30. LAST (MAIDEN NAME) WEIK				31. NAME OF FATHER—FIRST GUY	
32. MIDDLE -		33. LAST CARBIS		34. BIRTH STATE CO		35. NAME OF MOTHER—FIRST MARIE	
36. MIDDLE -		37. LAST (MAIDEN) SCHLEYER		38. BIRTH STATE IL		39. DATE M/M/D/D/C/CYY 03/21/2001	
40. PLACE OF FINAL DISPOSITION Res., William Weik 1208 Pleasantview Dr., Gardnerville, NV 89410		41. TYPE OF DISPOSITION(S) CR/TR/RES					
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -				44. NAME OF FUNERAL DIRECTOR JONES MORTUARY	
45. LICENSE NO. FD 1298		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D. Fenstersheib</i>		47. DATE M/M/D/D/C/CYY 03/20/2001 MO			
101. PLACE OF DEATH STANFORD MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSPR. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY SANTA CLARA	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 300 PASTEUR DRIVE		106. CITY STANFORD		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
IMMEDIATE CAUSE (A) RESPIRATORY FAILURE		TIME INTERVAL BETWEEN ONSET AND DEATH MINS		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) OVERW/HELMING SEPSIS		HOURS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) AML		DAYS		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/D/D/C/CYY 03/07/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>Martin D. Fenstersheib MD</i>		116. LICENSE NO. A72803		117. DATE M/M/D/D/C/CYY 03/09/2001	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP STEVEN COUTRE MD 300 PASTEUR DRIVE STANFORD, CA 94305		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED					
120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/D/D/C/CYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)				126. SIGNATURE OF CORONER OR DEPUTY CORONER			
127. DATE M/M/D/D/C/CYY				128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			

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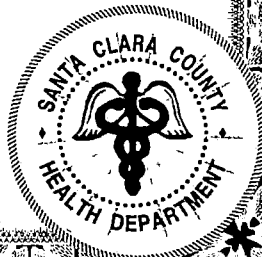
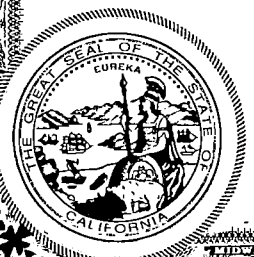
STATE REGISTRAR A B C D E F G H FAX AUTH. # 19480 CENSUS TRACT

STATE OF CALIFORNIA } SS DATE ISSUED **03/22/2001**
COUNTY OF SANTA CLARA } By

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE