

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
LaMarch Trust
1119 S. Threave Ave
Kuna ID, 83634

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-21-710-135

File No.: 143-2630301 (mk)

Affidavit - Death of Trustee

State of *Idaho*)
County of *Ada*)ss.
)

Jo K. Lamarch ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Maurice H. Lamarch** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **6-21-2021** at **Gardnerville, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **2-11-2015** executed by **Murice H. Lamarch nd Jo K. Lamarch** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bragain Sale Deed** dated **2-25-2015** which was recorded as Instrument No. **2015-857464** in Book **N/A**, Page **N/A**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 8-2-2021

DECLARANT:

Jo K Lamarch
Jo K. Lamarch

State of Idaho)
County of Ada)ss
)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Ada and State Idaho, this 4 day of August, 2021 by Jo K. Lamarch, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Nancy Horton

My Commission Expires: 12/19/24

Notary Name: Nancy Horton Notary Phone: 208-230-1549
Notary Registration Number: ID-20182472 County of Principal Place of Business Ada

NANCY HORTON
Notary Public - State of Idaho
Commission Number 20182472
My Commission Expires 12-19-2024

EXHIBIT 'A'

LOT 474, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 27, 1974, IN BOOK 374, PAGE 676 AS FILE NO. 72456.

COPY

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4220586

CERTIFICATE OF DEATH

2021015132
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Maurice Homer LAMARCH		2. DATE OF DEATH (Mo/Day/Year) June 21, 2021		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) St Mary's Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/ Emer. Rm. Inpatient (Specify) Inpatient	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
	7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 07, 1944	
DECEDENT	9a. STATE OF BIRTH (if not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 9	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jo VOHS			
	13. SOCIAL SECURITY NUMBER [REDACTED]-2021		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) WELDER		14b. KIND OF BUSINESS OR INDUSTRY Jet Power Plant	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
PARENTS	15d. STREET AND NUMBER 629 Leonard Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Homer LAMARCH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice PEPIN		
	18a. INFORMANT - NAME (Type or Print) Jo LAMARCH			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 629 Leonard Court Gardnerville, Nevada 89460		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
Cremation	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP R MAYFIELD SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
	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) TIMOTHY OSBORNE 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) June 30, 2021		21c. HOUR OF DEATH 16:22		22b. DATE SIGNED (Mo/Day/Yr)	
CERTIFIER	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) Timothy Osborne MD / 235 West 6th St. Reno, NV 89503				23b. LICENSE NUMBER 11873	
	24a. REGISTRAR (Signature) KATHERINE J SULLIVAN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 30, 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) Acute Cardiac Arrest (b) Cardiogenic Shock (c) Coronary Artery Disease (d) Hypertension					
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Hyperlipidemia, Diabetes				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	

000424905 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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED

7/2/2021

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

