

APN# 1420-07-617-047



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:
Name: MARK A WINTER
Address: 801 N. DIVISION STREET
City/State/Zip: CARSON CITY, NV 89703

Mail Tax Statements to:
Name: PAULINE B. SMITH
Address: 3030 KINGS CANYON ROAD
City/State/Zip: CARSON CITY, NV 89703

AFFIDAVIT OF DEATH OF CO-TRUSTEE

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)



Signature

MARK A. WINTER

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

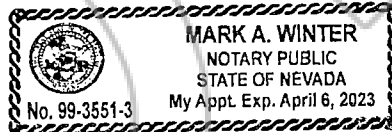
secured thereby, the money due and to become due thereon, with interest, and all rights accrued or to accrue under said Deed of Trust including the right to have conveyed, in whole or in part, the real property described therein.

3. That upon the death of Stanford D. Smith, Jr., Pauline B. Smith became the sole Trustee of the S & P Smith Family Revocable Trust dated April 7, 1995.

Pauline B. Smith
Pauline B. Smith, Surviving Trustee
of the S & P Smith Family Revocable
Trust dated April 7, 1995

SUBSCRIBED and SWORN to before me
this 12th day of August, 2021.

Mark A. Winter
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. 4211260

CERTIFICATE OF DEATH

2021011059
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Stanford Daniel SMITH JR		2. DATE OF DEATH (Mo/Day/Year) May 03, 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 ar number) 3030 Kings Canyon Road		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic.		7a. AGE-Last birthday (Years) 72	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 16, 1948	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Pauline ROMENA			
PARENTS	13. SOCIAL SECURITY NUMBER 0818		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Owner - Operator		14b. KIND OF BUSINESS OR INDUSTRY Drilling Equipment	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 3030 Kings Canyon Road		15e. INSIDE CITY LIMITS? (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Stanford Daniel SMITH SR	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eunice Rozella BRADLEY		18a. INFORMANT - NAME (Type or Print) Pauline SMITH			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3030 Kings Canyon Road Carson City, Nevada 89703					
	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	
CERTIFIER	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	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED NITA SCHWARTZ MD					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) May 06, 2021		21c. HOUR OF DEATH 11:19			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)			
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 06, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) Malignant Neoplasm Of Soft And Connective Tissue Of Abdomen With Metastasis				Interval between onset and death	
PART II	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) _____				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) _____				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) _____				Interval between onset and 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		
28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE				
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				



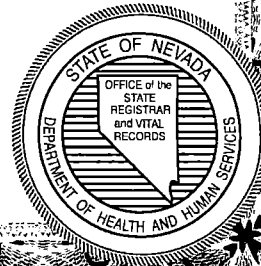
CERTIFIED COPY OF VITAL RECORDS

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.

Blaise Satariano
STATE REGISTRAR

DATE ISSUED: **5/10/2021**

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



(ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE)