

APN: 1420-07-815-010

WHEN RECORDED MAIL TO:

Handelin Law, Ltd.
P.O. Box 4568
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX NOTICES TO:

Debra Hays-Vaughn
994 Mica Drive
Carson City, Nevada 89705

AFFIDAVIT OF DEATH OF TRUSTEE

1. That Nadine D. Hays, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person named as Trustee in that certain Certificate of Trust dated December 28, 2005 and executed by Nadine D. Hays as Trustor.
2. At the time of the demise of the Decedent, the decedent was the record owner, as Trustee of the Hays Family Trust dated December 28, 2005, of Real Property commonly known as 973 Hillside Drive, Carson City, Nevada 89705, which property is described in the Deed which is recorded as Document Number 2020-945308 of the Official Records on April 28, 2020. The property is situated in the County of Douglas, State of Nevada, more particularly described as follows:

All the real property situated in the County of Douglas, State of Nevada, described as follows:

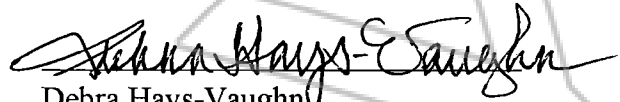
Lot 14, in Block O, as set forth on the Final Map No. 1001-8 of Sunridge Heights, Phase 7B & 9, a planned Unit Development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on September 5, 1995, Book 995, Page 410, as Document No. 369825, and by Certificate of Amendment recorded August 14, 1996, in Book 896, Page 2588, as Document No. 394289.

Pursuant to NRS 440.380, the attached certified Death Certificate contains the social security number of the Decedent.

Per NRS 111.312, this legal description was previously recorded on April 28, 2020 as Document No. 2020-945308.

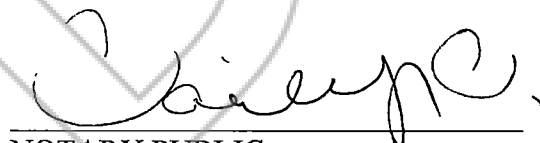
I declare under penalty of perjury, that the foregoing is true and correct.

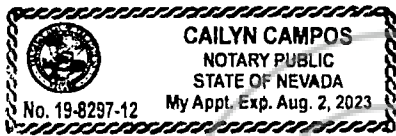
Dated this 18 day of August, 2021.


Debra Hays-Vaughn

STATE OF NEVADA)
):SS
CARSON CITY)

SUBSCRIBED and SWORN to before me this 18 day of August 2021, by Debra Hays-Vaughn.


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. 4168315

CERTIFICATE OF DEATH

2020020564
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) Nadine Denney HAYS		2. DATE OF DEATH (Mo/Day/Year) September 18, 2020		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 number) Skyline Estates		3e. If Hosp or Inst indicate DOA,OP/Emer. Rm Inpatient.(Specify) Assisted Living Facility	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 89	
9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
13. SOCIAL SECURITY NUMBER [REDACTED]-0689		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 Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 973 Hillside Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Marshall DENNEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Della HOLBROOK		
18a. INFORMANT- NAME (Type or Print) Debra HAYS-VAUGHN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 994 Mica Drive Carson City, Nevada 89705			
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) DENICE PORTILLO		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) DOUGLAS VACEK 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) September 18, 2020		21c. HOUR OF DEATH 06:23		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) Douglas Vacek DO 850 6th Street Lovelock, NV 89419				23b. LICENSE NUMBER 1125	
24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 2020		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) Pulmonary Failure				Interval between onset and death	
(b) End Stage Chronic Obstructive Pulmonary Disease				Interval between onset and death	
(c) Tobacco Use				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. Advanced Age, Alzheimer's Dementia				26. AUTOPSY (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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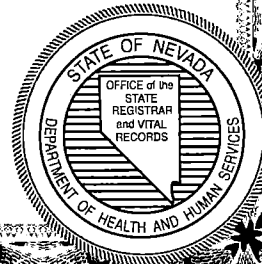
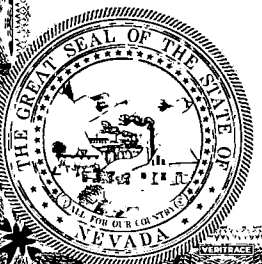
CERTIFIED COPY OF VITAL RECORDS

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: 9/25/2020

Steve J. [Signature]
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