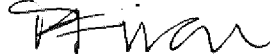


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



ANDERSON, DORN & RADER, LTD.

APN: 1319-09-602-033

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Nancy K. Aten
P.O. Box 1127
Genoa, NV 89411

AFFIDAVIT OF DEATH OF TRUSTEE

I, NANCY K. ATEN, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated December 30, 2003, WILLIAM A. ATEN and I executed the WILLIAM and NANCY ATEN LIVING TRUST (the "Trust").
- (2) Said trust appointed me to serve as sole Trustee upon the death or incapacity of WILLIAM A. ATEN.
- (3) WILLIAM A. ATEN deceased on August 9, 2021, at Douglas County, Nevada, a resident of Genoa, Nevada. Attached hereto is a certified copy of the death certificate of said WILLIAM A. ATEN.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Washoe, State of Nevada, on September 30, 2021.



NANCY K. ATEN, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on September 30, 2021, by NANCY K. ATEN, Trustee.



Notary Public

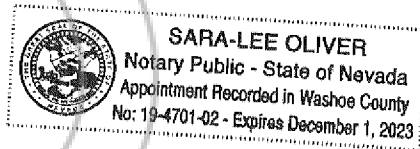


EXHIBIT "A"

Legal Description:

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

A parcel of land located within a portion of Section 9, Township 13 North, Range 19 East, Mount Diablo Meridian, Douglas County, Nevada described as follows:

COMMENCING at the Northeast corner of Genoa Townsite Lot 15 as shown on that Record of Survey for Donald and Anna Minifie as recorded in Book 488, at Page 536, as Document No. 175689, Douglas County, Nevada Recorder's Office;
thence North $67^{\circ}51'01''$ West, 104.09 feet to the POINT OF BEGINNING;
thence South $22^{\circ}08'59''$ West, 131.51 feet;
thence South $16^{\circ}10'42''$ East, 107.57 feet to the Northerly right-of-way line of Nixon Street;
thence along said right-of-way line North $68^{\circ}02'45''$ West, 156.97 feet;
thence North $00^{\circ}32'48''$ East, 25.71 feet;
thence North $00^{\circ}31'16''$ East, 150.01 feet;
thence South $67^{\circ}44'48''$ East, 56.63 feet;
thence North $23^{\circ}42'07''$ East, 53.20 feet;
thence South $67^{\circ}51'01''$ East, 96.95 feet to the POINT OF BEGINNING

Reference is made to Record of Survey to support a Boundary Line Adjustment for Michael D. and Lynette D. Saffran, filed for record with the Douglas County Recorder on January 20, 2005 in Book 0105, Page 6978, Document No. 0634875 Official Records.

Note: Legal description previously contained in Book 0406, Page 9233, Document No. 673556, recorded on April 27, 2006.

APN: 1319-09-602-033

Property Address: 174 Nixon Street, Genoa, NV 89411

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4229705

CERTIFICATE OF DEATH

2021019381
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) William Andrew ATEN		2. DATE OF DEATH (Mo/Day/Year) August 09, 2021		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 number) 174 Nixon Street Genoa NV 89411		3e. If Hosp. or inst. indicate DOA,OP/Emr. Rm. Home	
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) May 31, 1943	
9a. STATE OF BIRTH (If not US/CA, name country) California		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) Nancy K KOPACEK			
13. SOCIAL SECURITY NUMBER ██████████ 9269		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Agriculture Real Estate Appraiser		14b. KIND OF BUSINESS OR INDUSTRY Agriculture Real Estate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 174 Nixon Street Genoa NV 89411		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Daniel Arthur ATEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Mary GALLAGHER		
18a. INFORMANT- NAME (Type or Print) Nancy K ATEN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 1127 Genoa, Nevada 89411		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Creations 1600 Buckeye Rd Minden NV 89423	
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) August 17, 2021		21c. HOUR OF DEATH 11:00		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) August 17, 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) Cerebral Atherosclerosis				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) DUE TO, OR AS A CONSEQUENCE OF:				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	

000885507



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: **8/17/2021**

Blaise Satariano

STATE REGISTRAR

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

