

APN: 1318-24-710-012

WHEN RECORDED RETURN TO:
JOEL W. LOCKE, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
JOSHUA BAINTON, Trustee
2533 Sycamore Glen Drive
Carson City, NV 89701

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss
CARSON CITY)

JOSHUA BAINTON, being first duly sworn, deposes and says:

1. That ROBERT JAMES BAINTON, the original Grantor and Trustee, created the ROBERT J. BAINTON REVOCABLE TRUST on April 2, 2014.
2. That Grantor and Trustee, ROBERT JAMES BAINTON, died on September 29, 2021, a certified copy of his death certificate is attached hereto as Exhibit A, and that JOSHUA BAINTON is the sole Trustee of said Trust.
3. That the Trust is the owner of all that real property with improvements located thereon, situate in Douglas County, State of Nevada, more particularly described as follows:

Lot 26, as shown on the Map of Kingsbury Highlands Unit No. 2, filed in the Office of the County Recorder of Douglas County, Nevada on December 26, 1961, as Document No. 19280.

APN: 1318-24-710-012

(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada, on April 15, 2014, as Document Number 841001).

4. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

Further, Affiant sayeth naught.

DATED this 10/14, 2021.

[Signature]
JOSHUA BAINTON, Trustee

STATE OF NEVADA)
 : ss.
CARSON CITY)

On October 14, 2021, personally appeared before me, a notary public, JOSHUA BAINTON, personally known (or proved) to me to be the person whose name is subscribed to the foregoing document, who acknowledged to me that he executed the foregoing document.

[Signature]
NOTARY PUBLIC

4811-8721-3310, v. 1

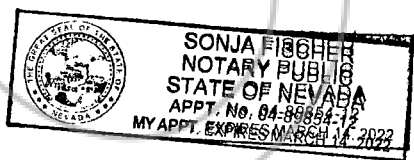


EXHIBIT A

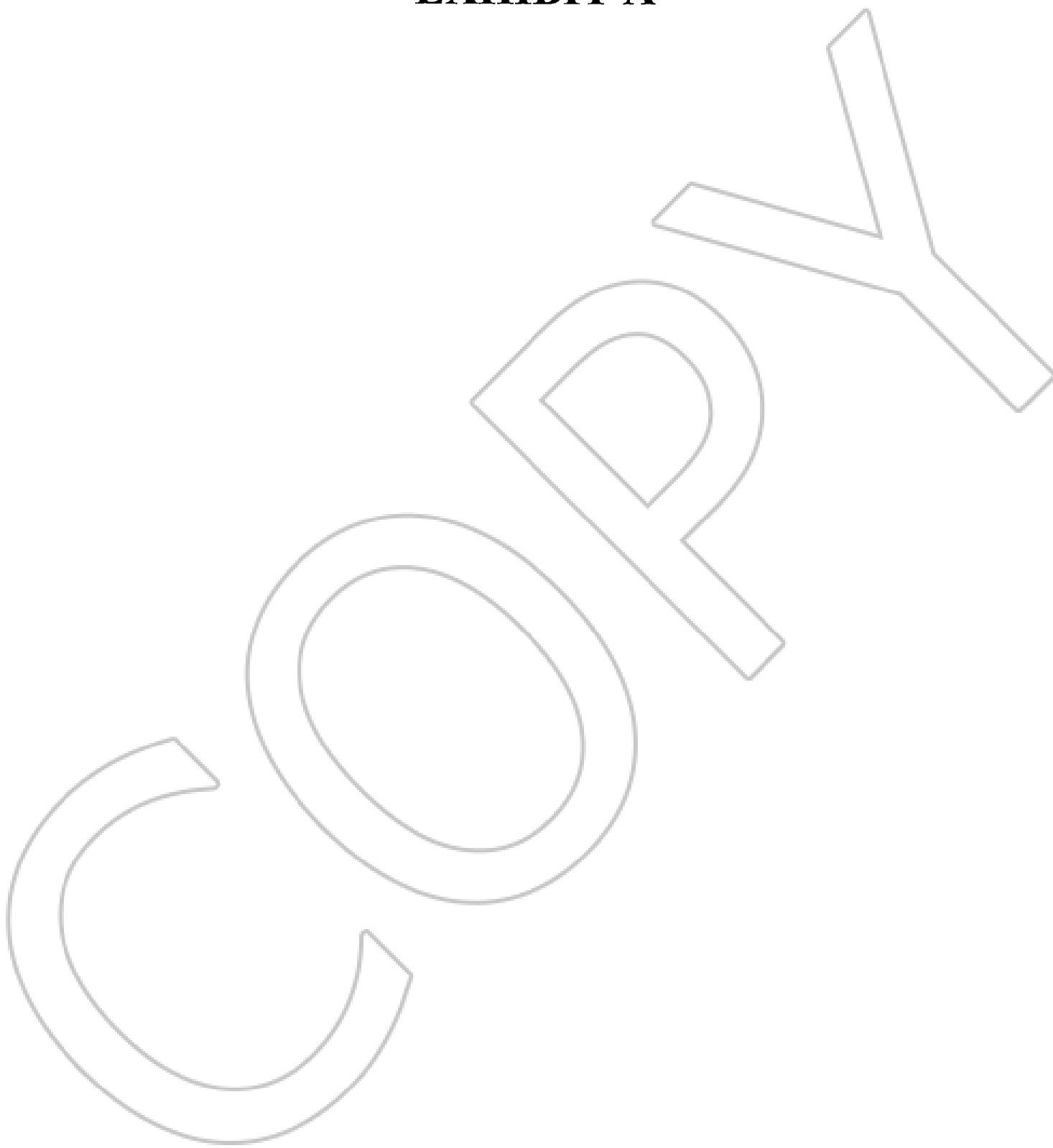


EXHIBIT A

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4239534

CERTIFICATE OF DEATH

2021024007
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) Robert James BAINTON			2 DATE OF DEATH (Mo/Day/Year) September 29, 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 number) Carson Tahoe Prestige Care			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) 75	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY DAYS	7d. UNDER 1 HOUR HOURS
9a. STATE OF BIRTH (If not US/CA, name country) Oregon		9b. CITIZEN OF WHAT COUNTRY United States	10 EDUCATION 16	11. MARITAL STATUS (Specify) Divorced		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER 3369		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Owner / Operator			14b. KIND OF BUSINESS OR INDUSTRY RESTAURANT	15. INSIDE CITY LIMITS (Specify Yes or No) Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Carson City	15c. CITY, TOWN OR LOCATION Carson City	15d. STREET AND NUMBER 1001 Mountain Street			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16 FATHER/PARENT - NAME (First Middle Last Suffix) BAINTON			17 MOTHER/PARENT - NAME (First Middle Last Suffix) MARY Elizabeth RECTOR			
18a INFORMANT- NAME (Type or Print) Josh BAINTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2533 Sycamore Street Carson City, Nevada 89701				
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c LOCATION City or Town State Carson City Nevada 89701		
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b FUNERAL DIRECTOR LICENSE NUMBER FD304	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations			1575 N Lompa Ln Carson City NV 89701
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) MARK D CANTY MD			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 30, 2021		21c. HOUR OF DEATH 22:47	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) Mark D Canty MD 1495 Mill Street Reno, NV 89502					23b LICENSE NUMBER 15475	
24a REGISTRAR (Signature) WESLEY T STOREY			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 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) Aplastic Anemia						Interval between onset and death Months
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Myelofibrosis						Interval between onset and death Years
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Unknown Etiology						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						
(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.					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



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 Registrar and Vital Records.

DATE ISSUED:

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]

