DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00

2021-978329 12/13/2021 02:16 PM

TROY. G. AVERA, JR

Pgs=6

a a	
APN# 6/21-07-000-029 1121-07-000-030: 1121-07-000-031	
Pararding Panuactad hy/Mail to:	REN ELLISON, RECORDER
Name: Troy G. Avera, JB, Truster	\ \
Address: 580 W Washing ton 57	\ \
City/State/Zip: Mm +10=110; FC 323 44	\ \
Mail Tax Statements to:	
Name: Troy G. Avery JR, Trustee	
Address: 580 W. Washing fon ST	
City/State/Zip: Manticello FC 32344	
AFFIDAUTT OF BE	ATH
Title of Document (required)	
(Only use if applicable)	
The undersigned hereby affirms that the document submitted DOES contain personal information as required by law: (che	The state of the s
Affidavit of Death – NRS 440.380(1)(A) & NRS	40.525(5)
Judgment – NRS 17.150(4)	
Military Discharge – NRS 419.020(2)	
A)	
Signature	
Tron 4 Awara 39.	
Printed Name	
This document is being (re-)recorded to correct document #	, and is correcting

AFFIDAVIT OF DEATH

STATE OF FLORIDA)
) ss:
COUNTY OF JEFFERSON)

BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared TROY G. AVERA, JR., who after being duly sworn, deposes and says:

- 1. I have personal knowledge of the facts and matters as stated herein.
- 2. On May 8, 2008, TROY G. AVERA, SR., became deceased, in Thomasville, Thomas County, Georgia. A copy of the Georgia Death Certificate is attached.
- 3. TROY G. AVERA, SR., was the Initial Trustee of the Troy G. Avera, Sr., Revocable Trust dated February 9, 2006.
- 4. On the death of TROY G. AVERA, SR., his wife MARGARET M. AVERA, TROY G. AVERA JR., CHARLES TERRY AVERA, and STEPHEN RUSSELL AVERA became successor Co-Trustees of the TROY G. AVERA, SR. Revocable Trust dated July 9, 2006.
- 5. On April 22, 2021, MARGARET M. AVERA a.k.a MARGARET G. AVERA, became deceased in Thomasville, Thomas County, Georgia. A copy of the Georgia Death Certificate is attached.
- 6. At the present time, TROY G. AVERA, JR., CHARLES TERRY AVERA, and STEPHEN RUSSELL AVERA are the only remaining Co-Trustees of the TROY G. AVERA, SR. Revocable Trust dated February 9, 2006. A Certification of Trust is attached.

FURTHER THE AFFIANT SAITH NOT.

Signature of Affiant

Troy G. Hvery, Ta.

Print Name of Affiant

BEFORE ME ACKNOWLEDGED, this day of December 2021, by TROY G. AVERA, JR., who is personally known to me or produced a <u>really land</u>, for identification, and executed the foregoing instrument freely and voluntarily for the purposes stated herein and who did/did not take an oath.

GRETCHEN B GARREN
Notary Public – State of Florida
Commission # GG 172180
My Comm. Expires Jan 14, 2022
Bonded through National Notary Assn.

My Commission Expires:

Signature of Notory Public

Signature of Notary Public
Gretchen B Garren

Print Name of Notary Public

		TATE OF GEORG	Birth			Local File Number		11	State File Number	
(DECEDENT'S NAME (First, Middle, Las	i)	Number Number	IF DECEDENT IS MAIDEN LAST NA	FEMALE, ENTER ME		,		7, 20	1
TYPE	Troy Garlan	d Avera Si	r	1b. DATE OF BIRTH (I	Mo Day Year)	2.Ma		3. May	INDER 1 DAY	COUNTY OF DEATH
PERMANENT	RACE (White, Black, Amer. Indian, etc.) (Specity) White	ORIGIN OF DECEDENT French, English, etc.) 5 American	(Italian, Mex.,	Feb 8,		(Years) 83 7a.	Mos. 7b.	70	lours Mins.	Thomas 8a. cale DOA, OP/EMER. Rm.,
BLACK OR BLUE-BLACK INK	4. CITY, TOWN or LOCATION OF DEATH	HOSPITAL OR OTHER I	NSTITUTION NAM	ME (If not in either, g	ive street and No.	.)		IF HOSPITAL Inpatient) (Sp	™Resider	ice
ECEASED	Thomasville	9a. ITIZEN OF WHAT COUNTRY	reenlea	VEVER MARRIED, DIVORCED (Specify	SPO	USE (If married	f or widowed, give sp	ouse's name -		WAS DECEDENT EVER IN U.S. ARMED FORCES
leval Residence	(If not in USA, name Country)	USA	Marr	rea	12.		_			(Yes or No) NO
Where Deceased Lived. If Death Occurred in	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	(Give kind of work	done during most of	working life, ever	n if retired)	Bakin	_	~ \	
nstitution, See landbook Re- parding Com-	-9623	Retired 15a.		CITY, TOWN or LOC			15b. STREET AND NUMB 277 Gre	ER AND ZIP C	op31792	INSIDE CITY LIMITS? (Yes of No) NO
oletion of Residence Items.	GA T	homas		Thomas			16d		Middle	16e.
	FATHER'S NAME First	Middle		Last		MAIDEN NAME Carrie V	era Waters		\	\
PARENTS	Benjamin C	Carson Avera	st	MAILING ADDRES	18. S (Street, R.F.D.	No., City or To	wn, State, Zip)	arri 110	31792	RELATIONSHIP
NFORMANT	Margaret A	Avera		19b	reenlea	af Ter	LOCATIONAL	Joyn State	Zip, County) 3	_{19c.} Wife
	BURIAL, CREMATION, DISPOSIT	ION DATE	STINSET	MEMORIA	L GARDI	ENS	THOMA	S	The second name of the second	
	FUNERAL DIRECTOR		FUN. DIR. LICE	ISE NO. NAM	ME AND ADDRES	SS OF FACILIT	Y (Street, R.F.D. No.		State, Zip)	EST. LICENSE NO.
SPOSITION	(0: - 1 1	en	3340		llen & .10 W.	Allen Hansel	Funeral	. Home		211. 401
	EMBALMER (Signature)	lluma a la	EMBALMER LIC	ENSE NO.	homasv	ille,	GA 31792			
	David P	iymale	(Enter only one ca	ause per line for A, B	, and C)			Appro	oximate interval b	etween onset and death
Conditions, If Any, Which Gave Rise T			ert	Faile	126		-/-	Appro	oximate interval b	etween onset and death
mmediate Cause Stating the Under- ying Cause Last.	Due to, or as a conseque	ence of:		7	1		//			petween onset and death
- →	B. Due to, or as a conseque	ence of:			1			! Appr	oximate interval b	elween onset and docum
	C. 24. OTHER SIGNIFICANT CO	CALLED TO A CONTROL CONTROL	ibuting to death bu	t no related to cause	given in Part 1A	\	AUTOPSY (Yes or I	Vo) IF YES, V	VERE FINDINGS	CONSIDERED IN DETER- H? (Yes or No)
CAUSE OF	24. OTHER SIGNIFICANT CO PART (If female, indicate if pregn	INDITIONS - conditions continued in the second control of the seco	0 days of death.)	-	Maria	**************************************	25a. NO	25b.		
If Infant Death,	WAS OPERATION PERFORM (Yes or No)	MED DATE OF	OPERATION (MC	o., Day, Year)	CONDITIONS	FOR WHICH C	PERATION WAS PE	RECHMED (SE	oecily)	
Indicate Birth Certificate No. of Mate(s).	26a. ACCIDENT, SUICIDE, HOMICIDE, UNI	26b.	INJURY (Mo., Da	ny, Year) DESCI	26c. RIBE HOW INJUR	RY OCCURRED		V		HOUR OF INJURY
	(Specify)	28a.		28b.	1	\	CO. Tour St	oto Zin Count		28c. M
	27. INJURY AT WORK? (Yes or No)	PLACE OF INJURY (Ho Etc.) (Specify)	ome, Farm, Street,	Factory, Office,	LOCATION	(Street, P.F.D.	No., City or Town, St	ale, 21p, Court	′′	
	28d.	28e. wledge, death occurred at the	e time, date and p	lace and due to the	281.	date a	nd diace and que to	n and/or investi the cause(s) sta	gation, in my opin ated.	nion death occurred at the time,
	cause(s) stated. (Signature and Title)				E B	(Siona	ture and Title)			
	AG DATE SIGNED (Mg. Day	les the	T HOUS	OF DEATH	To Be Completed By MEDICAL EXAMINER	DATE SIG	NED (Mo., Day, Yea	r)		HOUR OF DEATH
	DATE SIGNED (Mg., Day	Year)	390	12:19 1	J M BB CAL	9 30b				30c. M
CERTIFIER	29b. NAME OF ATTENDING F	PHYSICIAN IF OTHER THAN	CERTIFIER	JON	₽₩(DATE PR	ONOUNCED DEAD	(Mo., Day, Year	7	30e. AT
TYPE OR PRIN		The second secon	dical Examiner or	Coroner)		30d. ON	ADDRESS OF CERT	IFIER (Street,	AUR AUR	
	NAME, TITLE, AND LICENSE NO. OF	R. C. C.	/ , Ms	PHYS. L	35 <u>3</u>	860	900 Go 316. 740	ma50		A 31792
	31a. 5 . IVIQV K REGISTRAR (Signature)	13 V		0				DATE		20,200
REGISTRA	All	Ole -	ECORDS SERVI	<u> </u>				22b.	0	NOT FOLD THIS CERTIFICATE
m 3903 (Rev. 03/0	GEORGIA DEPARTMENT OF H	/	/						,	s Na stra
,		/"(CERTIFI	CATE OF	RECORD			;	·	· ·
	"This is an e		E the	dooth ce	rtific	ate`rs	ceived	for fi	ling i	n
	"This is an o	exact copy of GEORGIA.	n OI rue	dearn ce	L CLLLO	,				
	THOMAS COUNT.	, 01010111	t		i	. (γ			
		a. li b	40	Signed	l by	بنبير	Love	نزر. نزر:	W1.7	-e
		ia ren	110	argued	· • • • • • • • • • • • • • • • • • • •	Local	Custod	ian Of	fice	
						E. Carrel	こんご	-		
	₹.	-29-EN		County	, of	THON	1AS			
	J	0 0 0		— coane)	, 01					
	Date									

GEORGIA DEATH CERTIFICATE

State File Number

2021GA000032655

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last)				1a. IF FEMALE, ENTER LAST NAME AT BIRTH 2. SEX					X	2a. DATE OF DEATH (Mo., Day, Year)			
MARGARET G AVERA			1	1					ALE	ACTUAL DATE OF DEATH 04/22/2021			
3. SOCIAL SECURITY NUMBER 4a. AGE (Years)							5. DAT	5. DATE OF BIRTH (Mo., Day, Year)					
-7586	91		Mos	š.	Days	Hours	Mins.	02	/16/1930	A			
6. BIRTHPLACE	7a. I	RESIDENCE - S	TATE	7b	. COUNT	Ÿ		70	. CITY, TOWN	1			
GEORGIA	GE	ORGIA		Ti	HOMAS			_ T	HOMASVILI				
7d. STREET AND NUMBER						. ZIP CODE 792	7f. INSIDE (CITY LIM	IITS?	8. ARMED FORCES?			
119 LAKE EAGLE DRIVE 8a USUAL OCCUPATION				8b.		INDUSTRY O				NO			
LIBRARIAN					UCATIO					\ \			
9. MARITIAL STATUS		10. SPOUSE N	AME	!		_			11, FATH	HER'S FULL NAME (First, Middle, Last)			
WIDOWED	ļ	TROY GARL	AND AVE	RA SF	₹				PERLIE	E GRIFFIN			
12. MOTHER'S MAIDEN NAME (First, Midd	lle, Last)	13a. INFO	RMANTS	IAME (F	irst, Midd	lle, Last)		/	13b. F	RELATIONSHIP TO DECEDENT			
DALLAS ROWE		TROY G	AVERA .	JR			<		SON				
13c. MAILING ADDRESS	ITIOFI	LO EL ODIDA	20244							EDUCATION GRADUATE OR GED COMPLETED			
580 W WASHINGTON STREET MOI 15. ORIGIN OF DECEDENT(Spanish/Hispanish)			32344	16.	DECEDE	NT'S RACE (V	Vhite. Black. A			The state of the s			
NO, NOT SPANISH/HISPANIC/LATI		,			HITE			The Real Property lies, the Persons Lies, the Pe					
17a. IF DEATH OCCURRED IN HOSPITAL						DEATH OCCU		THAN	HOSPITAL (S	pecify)			
18. HOSPITAL OR OTHER INSTITUTION	NAME (f not in either air	o etroot and	l no l		DENT'S HON 19. CITY, TOW		NOED	EATU	20. COUNTY OF DEATH			
119 LAKE EAGLE DRIVE	WAIVIE (rnot in either giv	e su eet and	1110.)	1.6	CHOMASVIL		NOFD	EAIII	THOMAS			
21. METHOD OF DISPOSITION (specify)	_		E OF DISP			_/				23. DISPOSITION DATE (Mo., Day, Year)			
BURIAL		31792			7	26 US HWY 84			E' GEORGIA	04/30/2021			
24a. EMBALMER'S NAME JAMES H DUKES		24b 331	. EMBALME Q	ER LICE	NSE NO	. 76.	ERAL HOME		IERAL HOM	15			
25a. FUNERAL HOME ADDRESS		331				ALLEN	AND ALLE	7	LICAL HOLD				
110 W HANSEL STREET P O BOX	318 TH	OMASVILLE'	GEORGIA	3179	9			1					
26a. SIGNATURE OF FUNERAL DIRECTO)R			-		26b. FUN. DI	R. LICENSE N	IO AM	ENDMENTS				
JAMES H DUKES		and the same of th		-	Transport of the local division in which the local division is not to the local division in the local division	3750	\	1					
27. DATE PRONOUNCED DEAD (Mo., Da	y, Year)	All Control	R PRONO	JNCED	DEAD	1	1	1	V.				
04/22/2021 29a. PRONOUNCER'S NAME	_/	05:24	KIM	The state of the s	- 1/	29b. LICENSE I	UIMPED		200 [DATE SIGNED			
STEPHANIE MICHELE JONES	/				796	296. LICENSE I RN162693	NUMBER	N .	The Control	2/2021			
30. TIME OF DEATH	T	_				AS CASE REF	RRED TO MI	EDICAL	75	LILUX I			
05:24 AM					NO		<u> </u>						
32 Part I. Enter the chain of events-diseases, injurie respiratory arrest, Or ventricular fibrillation without s	s, or com	plications that direct e etiology. DO NOT	ly caused the ABBREVIATE	death. Do	O NOT ente	er terminal events	such as cardiac a	ırrest,		Approximate interval between onset and death			
INDIATE CALICE (Final	ACL	JTE MYELOG	ENOUS L	EUKE	MIA	\	1			6 MONTHS			
IMMEDIATE CAUSE (Final disease or condition resulting in	╁—	Due to,	or as a cons	sequence	e of	+	-						
death)	3.	\ \											
	1	Due to,	or as a cons	sequence	e of								
).	Due to	or as a cons	equipoc	e of		_/_						
	D .	Due to	Cr us a cons	ocquence	C 0.								
Part II. Enter significant conditions contribu	ting to de					33. WA	AUTOPSY F	ERFOR		. WERE AUTOPSY FINDINGS AVAILABLE TO			
given in Part 1A. If female, indicate if prega	nant or b	irth occurred with	nin 90 days	of deatl	h.				cc	OMPLETE THE CAUSE OF DEATH?			
/			The Parks of the P	lan		NO							
35. TOBACCO USE CONTRIBUTED TO D	EATH	36. II	FEMALE	(range 1	10-54) PR	REGNANT		37	. ACCIDENT,	SUICIDE, HOMICIDE, UNDETERMINED (Specify)			
NO			<u> </u>			HE PAST YE			ATURAL				
38. DATE OF INJURY (Mo., Day, Year)		TIME OF INJUR	1			(Home, Farm, S	Street, Factory	, Office,	Etc.) (Specify)) 41. INJURY AT WORK? (Yes or No)			
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)													
43. DESCRIBE HOW INJURY OCCURRED 44. IF TRANSPORTATION INJURY													
45. To the best of my knowledge death occurred at the time, date and place 46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date													
and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) S MARK BREWER, MD, 35386													
45a. DATE SIGNED (Mo., Day, Year) 45b. HOUR OF DEATH 46a. DATE SIGNED (Mo., Day, Year) 46b. HOUR OF DEATH													
04/26/2021		05:24 AM	0.041:05	\				_					
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH S MARK BREWER 900 GORDON AVENUE THOMASVILLE' GEORGIA 31792													
48.REGISTRAR								4	9. DATE FILE	ED - REGISTRAR (Mo., Day, Year)			
(Signature) /S/ CHRISTOPHER JP HARRISON							04/26/2021						

THIS IS TO CERTIFY THAT. THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 511-1-3 DPH RULES AND REGULATIONS. STATE REGISTRAR AND CUSTODIAN GEORGIA STATE OFFICE OF VITAL RECORDS

Any reproduction of this document is prohibited by statute. Do not accept unless embossed with a raised seal. VOID IF ALTERED OR COPIED

Parcel Number 1121-07-000-031, commonly known as 111 Camino Vista Montana, (Former Parcel Number 35-230-01), bounded and described as follows:

The North 589.99 feet of the Northwest quarter of the Southwest quarter of Southwest quarter of Section 7, Township 11, Range 21 East, M.D.B. &M.

Parcel Number 1121-07-000-030, commonly known as 121 Camino Vista Montana, (Former Parcel Number 35-230-11), bounded and described as follows:

Commencing at the Section corner common to Sections 7, 12, 13 and 18, Township 11 North, Range 20 and 21 East, M.D.B.& M.; thence North along the section line between Sections 7 and 12, a distance of 2,051.99 feet to the point of beginning; thence East a distance of 1,194.05 feet, more of less, to a point on the East line of Lot 3 of the Southwest 1/4 of Section 7; thence South along the East line of Lot 3 a distance of 365.5 feet to a point; thence West to a point on the section line common to Sections 7 and 12; thence North along the section line common to Sections 7 and 12, 365.5 feet to the Point of Beginning.

Also being a portion of Lot 3 of the Southwest 1/4 of Section 7, Township 11 North, Range 21 East, M.D.B. & M.

Excepting therefrom the land conveyed in the Deed to Allan J. Maxey, et ux., recorded June 9, 1976, Book 676 of the Official Records at page 411, Douglas County, Nevada

Parcel Number 1121-07-000-029, commony known as 131 Camino Vista Montana, (Former Parcel Number 1121-07-000-014 & 35-230-10), bounded and described as follows:

A parcel of land situate and being a portion of Lot 3 of the Southwest 1/4 of Section 7, Township 11, Range 21 East, M.D.B. &M., described as follows:

Commencing at the Section corner common to Sections 7, 12, 13 and 18, Township 11 North, Range 21 East, M.D.B.& M., thence North along the section line between Sections 7 and 12, a distance of 2,051.99 feet to the point of beginning; thence East a distance of 357.53 feet to a point; thence South a distance of 365.5 feet to a point; thence West to a point on the Section line common to Sections 7 and 12; thence North 365.5 feet to the point of beginning.