

APN# 1121-07-000-029 1121-07-000-030
1121-07-000-031



Recording Requested by/Mail to:

KAREN ELLISON, RECORDER

Name: Troy G. Avera, JR, Trustee

Address: 580 W Washington ST

City/State/Zip: Mantleillo, FL 32344

Mail Tax Statements to:

Name: Troy G. Avera, JR, Trustee

Address: 580 W. Washington ST

City/State/Zip: Mantleillo FL 32344

AFFIDAVIT OF DEATH

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]
Signature

Troy G. Avera, JR.
Printed Name

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


A F F I D A V I T O F D E A T H

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.

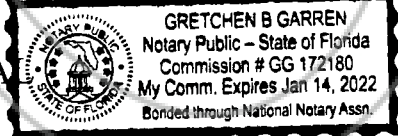


Signature of Affiant

Troy G. Avera, Jr.

Print Name of Affiant

BEFORE ME ACKNOWLEDGED, this 9th day of December 2021, by TROY G. AVERA, JR., who is personally known to me or produced a PC ID, for identification, and executed the foregoing instrument freely and voluntarily for the purposes stated herein and who did/did not take an oath.



SEALED

My Commission Expires:

Notary Public


Signature of Notary Public

Gretchen B. Garren

Print Name of Notary Public

CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number

Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK OR BLUE-BLACK INK

DECEASED

Usual Residence Where Deceased Lived, If Death Occurred in Institution, See Handbook Regarding Completion of Residence Items.

PARENTS

INFORMANT

DISPOSITION

Conditions, if Any, Which Gave Rise to Immediate Cause Stating the Underlying Cause Last.

CAUSE OF DEATH

If Infant Death, Indicate Birth Certificate No. of Mate(s).

CERTIFIER

TYPE OR PRINT

REGISTRAR

m 3903 (Rev. 03/04)

1a. **Troy Garland Avera Sr.** 1b. **Male** 3. **May 7, 2008**

4. **White** 5. **American** 6. **Feb 8, 1925** 7a. **83** 7b. **83** 8a. **Thomas**

8b. **Thomasville** 9a. **277 Greenleaf Terr** 9b. **Residence**

10a. **GA** 10b. **USA** 11. **Married** 12. **Margaret Maxine Griffin** 13. **No**

14. **9623** 15a. **Retired** 15b. **Baking Co.**

16a. **GA** 16b. **Thomas** 16c. **Thomasville** 16d. **277 Greenleaf Terr 31792** 16e. **NO**

17. **Benjamin Carson Avera** 18. **Carrie Vera Waters**

19a. **Margaret Avera** 19b. **277 Greenleaf Terr, Thomasville 31792** 19c. **Wife**

20a. **Burial** 20b. **05/10/2008** 20c. **SUNSET MEMORIAL GARDENS** 20d. **THOMASVILLE, GA 31792**

21a. **Darrell Allen** 21b. **3340** 21c. **Allen & Allen Funeral Home** 21d. **401**

21e. **David Plymale** 21f. **4328** 21g. **110 W. Hansell St. Thomasville, GA 31792-**

23. IMMEDIATE CAUSE: **Congestive Heart Failure**

24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but no related to cause given in Part 1A. **NO**

25a. **NO** 25b. **NO**

26a. **NO** 26b. **NO** 26c. **NO**

27. **NO** 28a. **NO** 28b. **NO** 28c. **M**

29a. **S. Mark Brewer, MD** 29b. **5/19/08** 29c. **12:19 AM**

30a. **S. Mark Brewer, MD** 30b. **5/19/08** 30c. **M**

31a. **S. Mark Brewer, MD** 31b. **035386** 31c. **900 Gordon Ave Thomasville, GA 31792**

22a. **Jenna White** 22b. **May 20, 2008**

"CERTIFICATE OF RECORD"

"This is an exact copy of the death certificate received for filing in THOMAS COUNTY, GEORGIA."

Jenna White Signed by Jenna White Local Custodian Office

5-20-08 Date County of THOMAS

DO NOT FOLD THIS CERTIFICATE

GEORGIA DEATH CERTIFICATE

State File Number **2021GA000032655**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) MARGARET G AVERA		1a. IF FEMALE, ENTER LAST NAME AT BIRTH GRIFFIN		2. SEX FEMALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 04/22/2021	
3. SOCIAL SECURITY NUMBER -7586		4a. AGE (Years) 91	4b. UNDER 1 YEAR Mos. Days Hours Mins.		5. DATE OF BIRTH (Mo., Day, Year) 02/16/1930	
6. BIRTHPLACE GEORGIA		7a. RESIDENCE - STATE GEORGIA		7b. COUNTY THOMAS		7c. CITY, TOWN THOMASVILLE
7d. STREET AND NUMBER 119 LAKE EAGLE DRIVE			7e. ZIP CODE 31792	7f. INSIDE CITY LIMITS? YES	8. ARMED FORCES? NO	
8a. USUAL OCCUPATION LIBRARIAN			8b. KIND OF INDUSTRY OR BUSINESS EDUCATION			
9. MARITAL STATUS WIDOWED		10. SPOUSE NAME TROY GARLAND AVERA SR			11. FATHER'S FULL NAME (First, Middle, Last) PERLIE E GRIFFIN	
12. MOTHER'S MAIDEN NAME (First, Middle, Last) DALLAS ROWE		13a. INFORMANT'S NAME (First, Middle, Last) TROY G AVERA JR			13b. RELATIONSHIP TO DECEDENT SON	
13c. MAILING ADDRESS 580 W WASHINGTON STREET MONTICELLO FLORIDA 32344				14. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED		
15. ORIGIN OF DECEDENT (Spanish/Hispanic/Latino) NO, NOT SPANISH/HISPANIC/LATINO			16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE			
17a. IF DEATH OCCURRED IN HOSPITAL			17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) DECEDENT'S HOME			
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) 119 LAKE EAGLE DRIVE			19. CITY, TOWN or LOCATION OF DEATH THOMASVILLE		20. COUNTY OF DEATH THOMAS	
21. METHOD OF DISPOSITION (specify) BURIAL		22. PLACE OF DISPOSITION SUNSET MEMORIAL GARDENS 10526 US HWY 84 EAST THOMASVILLE' GEORGIA 31792			23. DISPOSITION DATE (Mo., Day, Year) 04/30/2021	
24a. EMBALMER'S NAME JAMES H DUKES		24b. EMBALMER LICENSE NO. 3319	25. FUNERAL HOME NAME ALLEN AND ALLEN FUNERAL HOME			
25a. FUNERAL HOME ADDRESS 110 W HANSEL STREET P O BOX 318 THOMASVILLE' GEORGIA 31799						
26a. SIGNATURE OF FUNERAL DIRECTOR JAMES H DUKES			26b. FUN. DIR. LICENSE NO 3750	AMENDMENTS		
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 04/22/2021		28. HOUR PRONOUNCED DEAD 05:24 AM				
29a. PRONOUNCER'S NAME STEPHANIE MICHELE JONES			29b. LICENSE NUMBER RN162693		29c. DATE SIGNED 04/22/2021	
30. TIME OF DEATH 05:24 AM			31. WAS CASE REFERRED TO MEDICAL EXAMINER NO			
32 Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, Or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					Approximate interval between onset and death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)					6 MONTHS	
A. ACUTE MYELOGENOUS LEUKEMIA						
Due to, or as a consequence of						
B.						
Due to, or as a consequence of						
C.						
Due to, or as a consequence of						
D.						
Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death.			33. WAS AUTOPSY PERFORMED? NO		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
35. TOBACCO USE CONTRIBUTED TO DEATH NO		36. IF FEMALE (range 10-54) PREGNANT NOT PREGNANT WITHIN THE PAST YEAR			37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL	
38. DATE OF INJURY (Mo., Day, Year)		39. TIME OF INJURY	40. PLACE OF INJURY (Home, Farm, 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 and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) S MARK BREWER, MD, 35386				46. 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. Medical Examiner/Coroner (Name, Title, License No.)		
45a. DATE SIGNED (Mo., Day, Year) 04/26/2021		45b. HOUR OF DEATH 05:24 AM	46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH S MARK BREWER 900 GORDON AVENUE THOMASVILLE' GEORGIA 31792						
48. REGISTRAR (Signature) /S/ CHRISTOPHER JP HARRISON					49. DATE FILED - REGISTRAR (Mo., Day, Year) 04/26/2021	

COPY

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.

Charles J. Harrison

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

COUNTY CUSTODIAN: *Richard Williams*

ISSUED BY: *Richard Williams*

DATE ISSUED: *4-26-2021*

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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 or 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, commonly 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.