

duly filed in the office of the State Registrar and Vital Records in the County of Washoe, State of Nevada. Your affiant expressly incorporates said Certificate of Death in this affidavit.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.

(5) That during the lifetime of the said RUSSELL H. HOWEN and CECILE L. HOWEN, as Co-Trustees of the HOWEN FAMILY TRUST U/D/T February 27, 2007, they were the owners of the real property under that certain Grant Deed recorded March 7, 2007, as Document No. 0696465, Official Records, Douglas County, Nevada, situate in the County of Douglas, State of Nevada, more particularly described as follows:

Lot 12, as shown on the map of BELARRA SUBDIVISION UNIT 2-A, filed for record in the Office of the County Recorder of Douglas County, Nevada on July 26, 1977, as Instrument No. 11365.

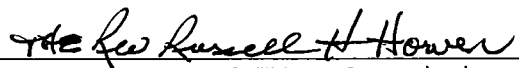
Assessor's Parcel No. 1320-30-816-012.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

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

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

Executed this 16TH day of December, 2021, at Reno, Nevada.

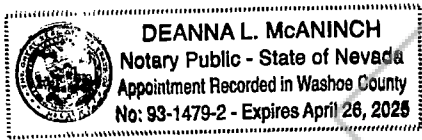


RUSSELL H. HOWEN, Surviving
Trustee of the HOWEN FAMILY TRUST
U/D/T February 27, 2007

STATE OF NEVADA)
) SS
COUNTY OF WASHOE)

This instrument was acknowledged before me on the 16th day of December, 2021, by RUSSELL H. HOWEN, Surviving Trustee of the HOWEN FAMILY TRUST U/D/T February 27, 2007.

Deanna L. McAninch
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4248670

CERTIFICATE OF DEATH

2021028353
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

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) Cecile Lorraine HOWEN		2. DATE OF DEATH (Mo/Day/Year) November 10, 2021		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) 9572 Angel Falls Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) January 05, 1935		9a. STATE OF BIRTH (If not US/CA, name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Russell Howard HOWEN	
13. SOCIAL SECURITY NUMBER ██████-5753		14a USUAL OCCUPATION (Give Kind of Work Done Durng Most of) Fraud Investigator		14b KIND OF BUSINESS OR INDUSTRY BANKING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 9572 Angel Falls Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Lucien MICHAUD			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Claire BORDEAU		
18a INFORMANT - NAME (Type or Print) George DESORCY			18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 11585 Camel Rock Drive Reno, Nevada 89506		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MICHAEL C FICKE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD928		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations - Ross, Burke 2155 Kietzke Lane Reno NV 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) SIGNATURE AUTHENTICATED EVAN W EASLEY MD					
21b. DATE SIGNED (Mo/Day/Yr) November 15, 2021		21c. HOUR OF DEATH 08:30		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Evan W Easley MD 1520 Virginia Ranch Rd Gardnerville, NV 89410		23b. LICENSE NUMBER 7446		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) CARMEN M MENDOZA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 15, 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) Cerebrovascular Accident		Interval between onset and death		26 AUTOPSY (Specify Yes or No) No	
(b) Hypertension		Interval between onset and death		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
(c) 		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 I					
28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION		STREET OR R.F. D. No		CITY OR TOWN STATE	

000442537 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

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

11/16/2021

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

