

APN: 1220-22-111-009



KAREN ELLISON, RECORDER

Recording Requested By/Return To:
HERITAGE LAW, A Division of
KALICKI COLLIER, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423

Mail Future Tax Statements To:
SHARILYN J. CAUDILL, Trustee
762 Lyell Way
Gardnerville, NV 89410

The undersigned hereby affirms that this document submitted for recording contains personal information, pursuant to NRS 440.380(1)(A) and NRS 40.525 (5).

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

SHARILYN J. CAUDILL, being of legal age, and being of sound mind and body, hereby swear (or affirm) under penalty of perjury, that the following is true of their own personal knowledge:

That DENIE R. CAUDILL, the Decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as DENIE R. CAUDILL, Settlor and Trustee of the *Caudill Family Trust, dated June 24, 1980*, and any amendments thereto (hereinafter: the Trust) and named as one of the grantees in that certain Quitclaim Deed Transfer to Revocable Trust dated November 10, 1995, and recorded on November 15, 1995, as Document No. 374826 of Official Records of Douglas County, State of Nevada, which Grant Deed pertains to property situated at 762 Lyell Way, Gardnerville, Douglas County, Nevada, and more precisely described as:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description was previously recorded in that certain Quitclaim Deed Transfer to Revocable Trust recorded as Document No. of Official Records of Douglas County, State of Nevada, on May 20, 2004.

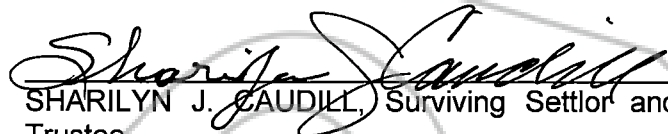
The Trust was in effect at the date of death of Decedent and has not been revoked.

I, SHARILYN J. CAUDILL, shall forthwith serve as sole Trustee of the *Caudill Family Trust, dated June 24, 1980*, and any amendments thereto.

I, SHARILYN J. CAUDILL, declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

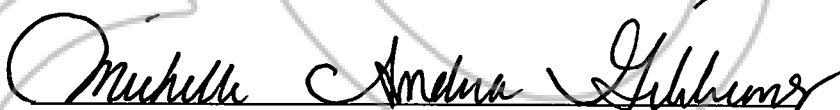
Dated: December 8, 2021.

Caudill Family Trust, dated June 24, 1980


SHARILYN J. CAUDILL, Surviving Settlor and Sole Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On December 8, 2021, before me, a Notary Public, personally appeared SHARILYN J. CAUDILL, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.


Notary Public


 MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025

EXHIBIT "A"
LEGAL DESCRIPTION

Lot 151, as set forth on amended map of Gardnerville Ranchos Unit 5, filed in the Office of the County Recorder of Douglas County, State of Nevada on August 4, 1994, in Book 894, Page 744, as Document No. 343296.

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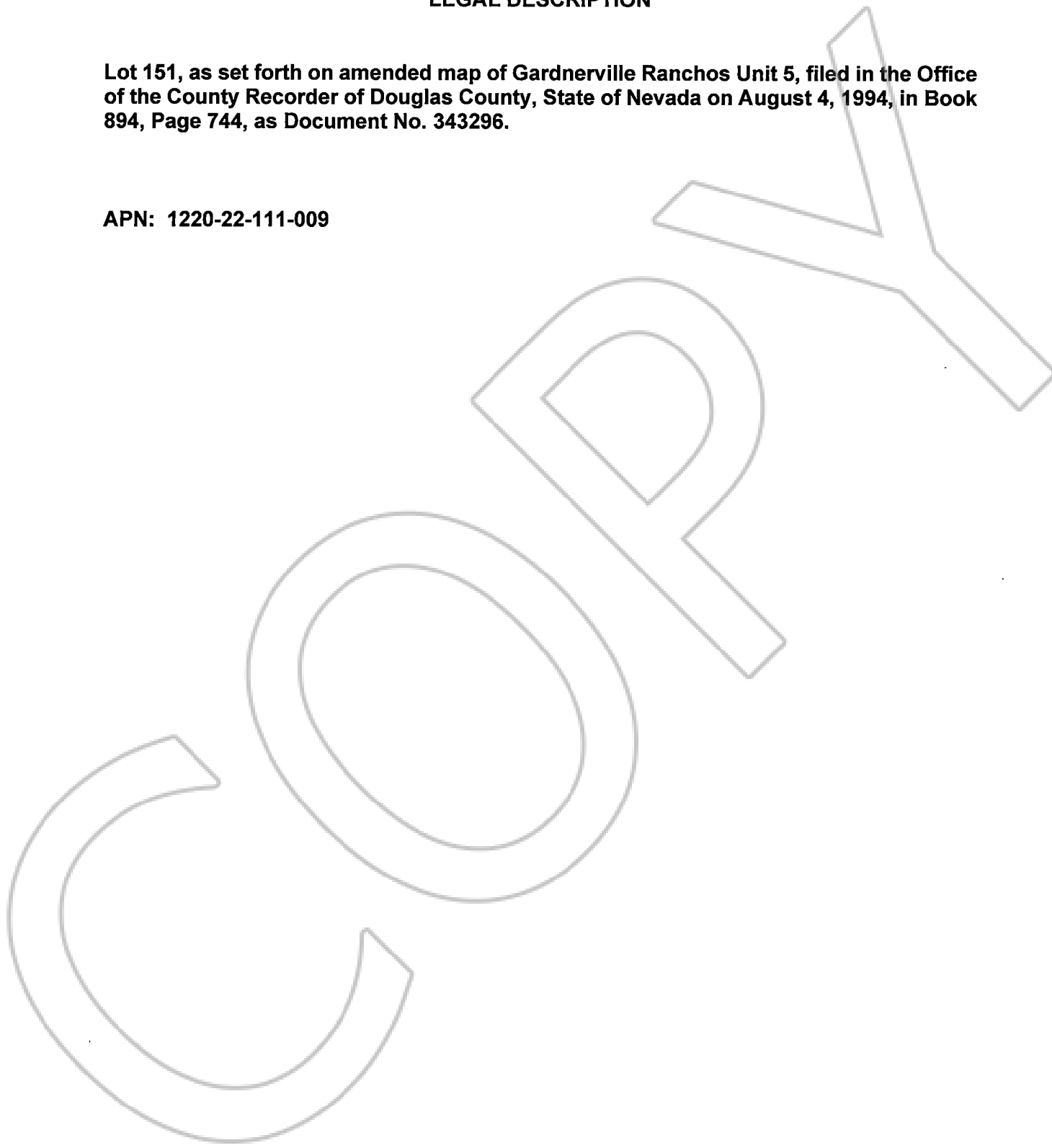




EXHIBIT 1

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Certified Copy of Certificate of Death, State of Nevada, Denie R. Caudill, Deceased

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4242034

CERTIFICATE OF DEATH

2021025405
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Denie Robert CAUDILL		2 DATE OF DEATH (Mo/Day/Year) October 12, 2021		3a COUNTY OF DEATH Douglas	
DECEDENT	3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 762 Lyell Way		3e If Hosp or Inst. indicate DOA, OP/Emer. Rm Inpatient(Specify) Home	
	4 SEX Male					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 87	
	7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS		7d UNDER 1 DAY MIN	
PARENTS	9a STATE OF BIRTH (If not US/CA, name country) Kentucky		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 14	
	11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sharilyn GRANT			
DISPOSITION	13 SOCIAL SECURITY NUMBER 5473		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Supervisor		14b KIND OF BUSINESS OR INDUSTRY Telecommunications	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
TRADE CALL	15d STREET AND NUMBER 762 Lyell Way		15e INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16 FATHER/PARENT - NAME (First Middle Last Suffix) Isom CAUDILL			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Callie Margaret BURTON		
CERTIFIER	18a INFORMANT - NAME (Type or Print) Sharilyn CAUDILL		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 762 Lyell Way Gardnerville, Nevada 89460			
	19a BURIAL, CREMATION, REMOVAL. OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Smith Family Crematory		19c LOCATION City or Town State Fallon Nevada 89407	
REGISTRAR	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JEFF T SMITH		20b FUNERAL DIRECTOR LICENSE NUMBER FD47		20c NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407	
	20a SIGNATURE AUTHENTICATED					
CAUSE OF DEATH	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) KELLE L BROGAN 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) October 14, 2021		21c HOUR OF DEATH 06:22		22b DATE SIGNED (Mo/Day/Yr)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
	22e PRONOUNCED DEAD AT (Hour)					
CAUSE OF DEATH	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle L Brogan MD 1155 Mill St Reno, NV 89502				23b LICENSE NUMBER 6000	
	24a REGISTRAR (Signature) DARAN GRISSOM		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 14, 2021		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b), AND (c))				26 AUTOPSY (Specify Yes or No) No	
	PART I				27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
CAUSE OF DEATH	(a) Vascular Type Dementia				Interval between onset and death	
	(b) Cerebral Atherosclerosis				Interval between onset and death	
CAUSE OF DEATH	(c) Hypertension				Interval between onset and death	
	(d) Diabetes Mellitus				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.						
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		



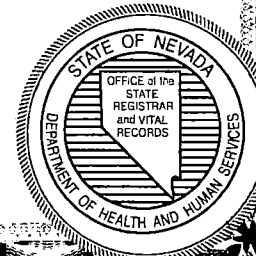
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **10/19/2021**

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