

Affects APN: 1418-10-710-067

**Recordation requested by:**

**Maupin, Cox & LeGoy**

After recording, return Affidavit to:

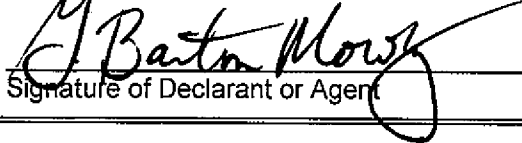
G. Barton Mowry, Esq.

Maupin, Cox & LeGoy

4785 Caughlin Parkway

Reno, NV 89519

The undersigned hereby affirms that this document submitted for recording does contain personal information pursuant to NRS 239B.030.

  
Signature of Declarant or Agent

**AFFIDAVIT – DEATH OF CO-TRUSTEE –  
SUCCESSION OF SUCCESSOR TRUSTEE**

Cynthia H. Baise, being first duly sworn, hereby deposes and states the following:

1. Craig C. Baise (also known as "Craig Baise") the decedent mentioned in the certified Certificate of Death attached hereto as Exhibit 1, and Cynthia H. Baise (also known as "Cynthia Baise") were the initial Co-Grantors and initial Co-Trustees of The Baise Family Trust established on June 10, 2001.

2. Craig C. Baise died on April 14, 2021. Upon his death, Cynthia H. Baise became the sole Trustee of the Trust.

3. Craig C. Baise and Cynthia H. Baise were the record owners, as Trustees under The Baise Family Trust established on June 10, 2001, of the parcel of real property situated in the County of Douglas, State of Nevada, which is described in the Grant, Bargain and Sale Deed executed on October 9, 2009, and recorded that same date as Document No. 752628 of Official Records of Douglas County, Nevada, as follows:

LOT 3, IN BLOCK C, AS SHOWN ON THE MAP OF GLENBROOK UNIT NO. 2-A, FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 26, 1978, AND ALSO SHOWN ON THE AMENDED PLAT OF GLENBROOK UNIT NO. 2, FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA, ON OCTOBER 13, 1978, AND AS SHOWN ON THE SECOND AMENDED MAP OF GLENBROOK UNIT NO. 2, FILED ON JANUARY 30, 1980, DOUGLAS COUNTY, NEVADA, RECORDS.

4. This Affidavit is being given and recorded to establish the proper chain of title to the parcel of real property identified above as an being asset of The Baise Family Trust.

Dated this Nov 16, day of 2021.

The Baise Family Trust

By: Cynthia H. Baise  
Cynthia H. Baise, Trustee

STATE OF NEVADA     )  
                                  )ss:  
COUNTY OF WASHOE    )

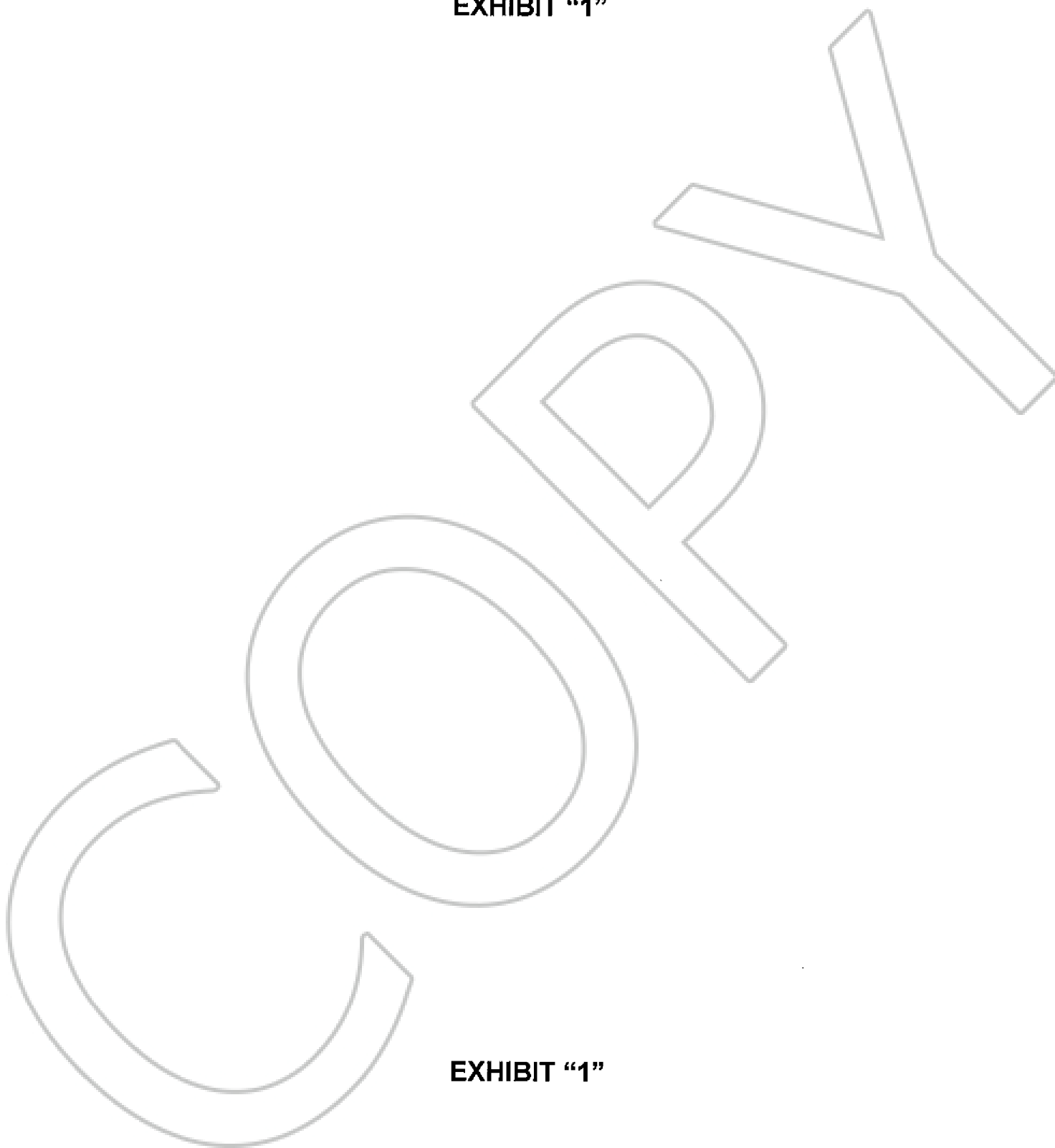
Subscribed and sworn to (or affirmed) before me on this 16 day of November, 2021 by Cynthia H. Baise, Trustee of The Baise Family Trust and who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(Notary Stamp)

Laura Ann Sparapani  
Notary Signature



**EXHIBIT "1"**



**EXHIBIT "1"**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4208174

2021009439  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF PLAIN OCCURRED IN HITCHCOCK OR HAMBROOK RECORDS CONFIRMATION OF RESIDENCE HERE

PARENTS

DISPOSITION

TRACE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH CAUSE LEAD TO IMMEDIATE OR CAUSE IN THE TIME THAT CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Craig Callen BAISE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 14, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Glenbrook</b>		3c. HOSPITAL OR OTHER INSTITUTION (Specify not other, give street or number) <b>2034 Pray Meadow Rd</b>		3d. HOME OF DECEASED (City or County, State, Zip) <b>Home Nevada 89104</b>	
6. RACE (Specify) <b>White</b>		7a. AGE - Last birthday (Years) <b>75</b>		7b. UNDER 1 YEAR (Mo/DAYS) UNDER 1 DAY (HOURS) MINUTES <b>None</b>	
8a. STATE OF BIRTH (If not U.S.A., name country) <b>Indiana</b>		8b. CITIZEN OF WHAT COUNTRY <b>United States</b>		8c. DATE OF BIRTH (Mo/Day/Year) <b>June 24, 1945</b>	
13. SOCIAL SECURITY NUMBER <b>8719</b>		14a. USUAL OCCUPATION (Give kind of work done during most of year) <b>Business Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY (EXCEPT NEWSPAPERS) <b>PRINTING</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Glenbrook</b>	
15d. STREET AND NUMBER <b>2034 Pray Meadow Rd</b>		15e. ZIP CODE <b>89104</b>		15f. INDIAN CITY (Specify Yes or No) <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Curtis BAISE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen GEORGE</b>		
18a. INFORMANT - NAME (Type or Print) <b>Cynthia BAISE</b>		18b. MAILING ADDRESS (Street or P.O. No., City or Town, State, Zip) <b>PO Box 147 Glenbrook, Nevada 89413</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89704</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Print Acting as Such) <b>CARLEN THOMAS</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FL0661</b>		20c. NAME AND ADDRESS OF FACILITY <b>Wallons Funerals &amp; Cremations-Chapel of the Valley 1281 N Road Carson City NV 89704</b>	
TRACE 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) <b>REED DOFF MD</b>					
21b. DATE SIGNED (Mo/Day/Year) <b>April 15, 2021</b>		21c. HOUR OF DEATH <b>16:21</b>		21d. On the basis of examination and/or investigation, in my opinion, death occurred at (Date, time and place and due to the cause(s) stated. (Signature & Title)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21f. DATE SIGNED (Mo/Day/Year)		21g. HOUR OF DEATH	
21h. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21i. PRONOUNCED DEAD (Mo/Day/Year)		21j. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Doff MD 907 Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>13020</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Year) <b>April 18, 2021</b>		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				Interval between onset and death	
(a) <b>Respiratory Arrest</b>					
(b) <b>Acute Respiratory Failure</b>				Interval between onset and death	
(c) <b>Multiple Myeloma</b>				Interval between onset and death	
(d) <b>Multiple Myeloma</b>				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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. POST-MORTEM EXAM. CHECKED OR RECORDING INSTRUMENT		27a. DATE OF EXAMINATION (Mo/Day/Year)		27b. HOUR OF EXAMINATION	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		28c. LOCATION STREET OR P.O. 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: **4/20/2021**

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

*Blaise Satariano*  
STATE REGISTRAR

