

APN: 1320-29-117-047

When Recorded, Please Return To:

Millward Law, Ltd
1591 Mono Ave
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:

Marilyn C. Elligott
1087 Daphne Ct.
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

(The attached document **does** contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA)
) SS.
DOUGLAS COUNTY)

AFFIANT, MARILYN C. ELLIGOTT, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

Unit 167, as shown on the Official Plat of WINHAVEN, UNIT NO. 5, filed for Record in the Office of the County Recorder of Douglas County, Nevada on February 10, 1994 in Book 294 of Official Records at Page 1845, as Document No. 329790.

(Pursuant to NRS 111.312, the above legal description previously appeared in Quitclaim Deed recorded on July 18, 2019, as Document Number 2019-932253)

was acquired and held by Affiant, MARILYN C. ELLIGOTT, and Decedent, RALPH A. ELLIGOTT, as Trustees of the ELLIGOTT TRUST, dated June 18, 2019, by Quitclaim Deed, document number 2019-932253, executed by MARILYN C. ELLIGOTT and RALPH A. ELLIGOTT, on June 18, 2019, which deed was thereafter recorded with the Douglas County Recorder on July 18, 2019;

That Decedent, RALPH A. ELLIGOTT, died on August 4, 2021, as identified in Certificate of Death #2021018864, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit 1;

That RALPH A. ELLIGOTT is the same person as RALPH A. ELLIGOTT, Trustee of the ELLIGOTT TRUST dated June 18, 2019;

That Affiant, MARILYN C. ELLIGOTT, is the surviving Trustee under the above-referenced Trust, which was in effect at the time of death of the decedent mentioned above, and which has not been revoked;

That the foregoing information is personally known to Affiant and Affiant declares the same to be true under the penalty of perjury pursuant to the laws of the state of Nevada.

Affiant further sayeth naught.

Date: January 27, 2022

Marilyn C. Elligott
Marilyn C. Elligott, Affiant

This instrument was **SIGNED** and **SWORN** to before me, Ashley Voss, a notary Public, on January 27, 2022, by Marilyn C. Elligott.

Ashley Voss
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4228104

CERTIFICATE OF DEATH

2021018864
STATE FILE NUMBER

| | | | | | | |
|--|---|---|---|--|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ralph A ELLIGOTT | | 2. DATE OF DEATH (Mo/Day/Year) August 04, 2021 | | 3a. COUNTY OF DEATH Carson City | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Convalescent Center | | 3e. If Hosp. or Inst. indicate DOA,OP/Emr, Rm Inpatient(Specify) Assisted Living Facility | |
| DECEDENT | 4 SEX Male | | 5. RACE (Specify) White | | 6 Hispanic Origin? Specify No - Non-Hispanic | |
| | 7a. AGE-Last birthday (Years) 77 | | 7b. UNDER 1 YEAR MOS DAYS HOURS MINS | | 7c. UNDER 1 DAY HOURS MINS | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 8 DATE OF BIRTH (Mo/Day/Yr) October 02, 1943 | | 9a. STATE OF BIRTH (If not US/CA, name country) Ohio | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| | 10 EDUCATION 16 | | 11 MARITAL STATUS (Specify) Married | | 12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Marilyn CASTLE | |
| PARENTS | 13. SOCIAL SECURITY NUMBER ██████████2698 | | 14a USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING | |
| | 15a RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| DISPOSITION | 15d. STREET AND NUMBER 1087 Daphne Ct | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? Yes | |
| | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Arthur ELLIGOTT | | | 17 MOTHER/PARENT - NAME (First Middle Last Suffix) Ireen ESKENSEN | | |
| TRADE CALL | 18a. INFORMANT - NAME (Type or Print) Marilyn ELLIGOTT | | 18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1087 Daphne Ct Minden, Nevada 89423 | | | |
| | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park | | 19c. LOCATION City or Town State Minden Nevada 89423 | |
| CERTIFIER | 20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD854 | | 20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423 | |
| | 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) JEFFREY BASA MD SIGNATURE AUTHENTICATED | | | | | |
| REGISTRAR | 21b. DATE SIGNED (Mo/Day/Yr) August 11, 2021 | | 21c. HOUR OF DEATH 14:56 | | 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 | |
| CAUSE OF DEATH | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22e. PRONOUNCED DEAD AT (Hour) | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706 | |
| | 23b. LICENSE NUMBER 8079 | | 24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 11, 2021 | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 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 | | | |
| | 25a ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | 25b. DATE OF INJURY (Mo/Day/Yr) | | 25c. HOUR OF INJURY | |
| 25d. DESCRIBE HOW INJURY OCCURRED | | 25e. INJURY AT WORK (Specify Yes or No) | | 25f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | |
| 25g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | | 26. AUTOPSY (Specify Yes or No) No | | | | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | | PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 | | | | |



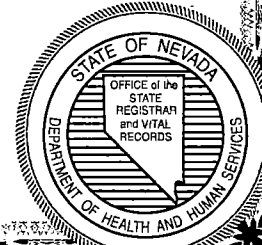
CERTIFIED COPY OF VITAL RECORDS

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: 8/17/2021

Blaise Satariano
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