

APN# 1220-24-701-022

Recording Requested by/Mail to:

Name: MARK A. WINTER

Address: 801 N. DIVISION STREET

City/State/Zip: CARSON CITY, NV 89703

Mail Tax Statements to:

Name: GEORGE G. WALKER

Address: 1973 ARABIAN LANE

City/State/Zip: GARDNERVILLE, NV 89401



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF CO-TRUSTEE

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

MARK A. WINTER

Printed Name

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

Recorded at the request of:
Mark A. Winter
801 N. Division Street
Carson City, NV 89703
When recorded, mail to:
Mail tax statements to:
George G. Walker
1973 Arabian Lane
Gardnerville, NV 89401

AFFIDAVIT OF DEATH OF CO-TRUSTEE

APN: 1220-24-701-022

STATE OF NEVADA) : ss.
CARSON CITY)

George G. Walker being first duly sworn, deposes and says:

1. Vicki J. Walker died on the 12th day of March, 2021, in the state of Nevada, and that a certified copy of her Death Certificate is attached hereto.

2. That at the date of her death, Vicki J. Walker and George G. Walker were Co-Trustees of the GV Walker Revocable Trust dated October 25, 2010, which is the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

See Exhibit A attached hereto and incorporated herein by said reference

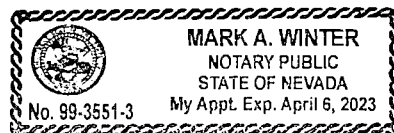
3. That said ownership was created by a Deed dated October 25, 2010, and recorded on October 26, 2010, as Document Number 0772767 in the Douglas County Recorder's Office.

4. That upon the death Vicki J. Walker, George G. Walker became the sole Trustee of the GV Walker Revocable Trust dated October 25, 2010.


George G. Walker

SUBSCRIBED and SWORN to before me
this 9th day of February, 2022.


Notary Public



PARCEL 1:

A Parcel of land being situated in the Southeast 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B. & M., described as follows:

Parcel 4-A, as shown on Parcel Map for Michaels Construction filed for record August 14, 1990, in Book 890, Page 1972, Document No. 232280 of Official Records of Douglas County, State of Nevada.

PARCEL 2:

TOGETHER WITH an access easement for road and public utilities over and across the lands lying adjacent to Parcel No. 4, as set forth on that certain Parcel Map for GARY B. WILLIAMS, at ux, filed for record in the office of the County Recorder of Douglas County, Nevada on June 6, 1978 as Document No. 21529, more particularly described as follows:

BEGINNING at the Northeast corner of said Parcel Map, thence South 00°00'15" West, a distance of 25.00 feet; thence West, a distance of 942.29 feet to a point; thence Southwesterly along a curve having a radius of 25 feet through a central angle of 90 an arc distance of 39.27 feet to a point; thence North 00° 02' 15" East, a distance of 50.09 feet to a point, which is the Northwest corner of said Parcel Map; thence East, a distance of 967 feet, more or less to the POINT OF BEGINNING.

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This legal description was taken from the vesting deed which was recorded on June 5, 1992, in Book 692, Page 1119, as Document Number 280395 in the Douglas County Recorder's Office).

EXHIBIT "A"

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4202516

CERTIFICATE OF DEATH

2021006918
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Vicki J WALKER		2. DATE OF DEATH (Mo/Day/Year) March 12, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 28, 1950		9a. STATE OF BIRTH (If not US/CA, name country) New York		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) George WALKER	
13. SOCIAL SECURITY NUMBER 3784		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Administrative Assistant		IBM Computer		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1973 Arabian Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wally OLSON			17. MOTHER/PARENT - NAME (First Middle Las: Suffix) Jean CARLTON		
18a. INFORMANT- NAME (Type or Print) George WALKER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1973 Arabian Lane Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
20a. SIGNATURE AUTHENTICATED					
TRADE 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) ERIK A EISSINGER			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) ERIK A EISSINGER		
21b. DATE SIGNED (Mo/Day/Yr) April 14, 2021		21c. HOUR OF DEATH 16:00		22b. DATE SIGNED (Mo/Day/Yr) April 14, 2021	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 16:00		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 12, 2021	
				22e. PRONOUNCED DEAD AT (Hour) 16:00	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Erik A Eissinger P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 15, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Complications Of Metastatic Breast Cancer				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				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 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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 Pending	
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	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST



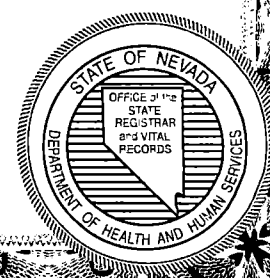
CERTIFIED COPY OF VITAL RECORDS

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: **4/15/2021**

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

Wesley T Storey
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE