

APN: 1420-33-312-053

WHEN RECORDED RETURN TO:

KYLE A. WINTER, Esq.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

HERBERT JOHN CROWELL, Trustee
1281 Conestoga Drive
Minden, NV 89423

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
) : ss
CARSON CITY)

HERBERT JOHN CROWELL, being first duly sworn, deposes and says:

1. That THE CROWELL FAMILY 2006 TRUST was established on November 16, 2006, by HERBERT JOHN CROWELL and MAYONE HELEN CROWELL, as Grantors and as Trustees.

2. That Grantor and Trustee, MAYONE HELEN CROWELL, died on February 4, 2021, and a certified copy of her death certificate issued by the State of Nevada is attached hereto.

3. That due to the passing of MAYONE HELEN CROWELL, HERBERT JOHN CROWELL and KATHERINE JOANNE TRETHEWAY are the currently acting Co-Trustees of THE CROWELL FAMILY 2006 TRUST.

4. That pursuant to that certain Grant, Bargain, Sale Deed recorded in the Official Records of Douglas County, State of Nevada, on January 8, 2015, as Document Number 2015-855438, said Trust is the owner of all that certain parcel of real property situate in Douglas County, State of Nevada, more particularly described as follows:

LOT 189 AS SET FORTH ON THE FINAL MAP OF WILDHORSE UNIT NO. 6, A PLANNED UNIT DEVELOPMENT, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON MARCH 15, 1994, IN BOOK 394, PAGE 2741, AS DOCUMENT NO. 332336.

(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada, on January 8, 2015, as Document No. 2015-855438.)

5. That as of this date, THE CROWELL FAMILY 2006 TRUST is revocable, with HERBERT JOHN CROWELL holding the power of revocation.

6. That this Affidavit is made and executed in accordance with the laws of the State of Nevada.

7. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

Further, Affiant sayeth naught.

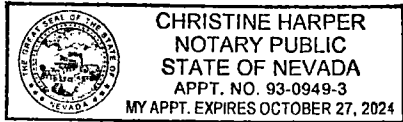
DATED this 14 day of February, 2022.

Herbert J. Crowell
HERBERT JOHN CROWELL, TRUSTEE

STATE OF NEVADA)
 : ss.
CARSON CITY)

On February 14, 2022, personally appeared before me, a notary public, HERBERT JOHN CROWELL, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.

Christine Harper
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. 4195573

CERTIFICATE OF DEATH

2021003103
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Mayone Helen CROWELL		2. DATE OF DEATH (Mo/Day/Year) February 04, 2021		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 1281 Conestoga Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 78	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 27, 1942	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	13. SOCIAL SECURITY NLMBER ██████████-6256		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) NURSE		14b. KIND OF BUSINESS OR INDUSTRY MEDICAL	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
	15d. STREET AND NUMBER 1281 Conestoga Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Raymond Phillip MAXWELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen SZURLEY		
	18a. INFORMANT- NAME (Type or Print) Herbert CROWELL			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1281 Conestoga Drive Minden, Nevada 89423		
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Creations 1575 N Lompa Ln Carson City NV 89701	
CERTIFIER	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) DOUGLAS VACEK DO SIGNATURE AUTHENTICATED			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)		
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) February 05, 2021		21c. HOUR OF DEATH 16:05		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV 89419				23b. LICENSE NUMBER 1125	
	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 08, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I				Interval between onset and death	
(a) Respiratory Arrest				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(b) Pulmonary Fibrosis				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) Idiopathic				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) No						
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		



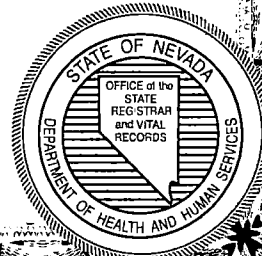
CERTIFIED COPY OF VITAL RECORDS

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: **2/9/2021**

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

Joe Shuck
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE