

Assessor's Parcel Number: **1420-06-401-030**

Recording Requested by:
Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423



00150346202209812850030034

KAREN ELLISON, RECORDER

Mail Documents and Tax Statements to:

Alice Boyd Yankton
3638 Summerhill Rd
Carson City, NV 89705

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. (Per NRS 239B.030(4))

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT - DEATH OF TRUSTEE

Alice Boyd Yankton, of legal age, being first duly sworn, deposes and says:

1. Bruce J. Yankton, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Bruce J. Yankton, Trustee of The Yankton Family Trust dated April 16, 2014 (Trust).

2. The decedent passed away on January 24, 2016. I am the successor Trustee of the Trust.

3. At the time of the decedent's death, he was the record owner, as Trustee, by way of that certain Grant, Bargain and Sale Deed executed by David and Conny Merrill, Grantors, recorded on 9/03/2015, as Document Number 2015-869149, Official Records, Douglas County Nevada, concerning the real property commonly known as 3638 Summerhill Rd, Carson City, NV and more particularly described as:

Parcel 2 as set forth on Parcel Map LDA 04-007 for David A. Merrill and Conny L. Merrill recorded in the office of the Douglas County Recorder on February 12, 2008 in Book 208, page 3299 as Document No. 718063, Official Records of Douglas County, State of Nevada

Source of information above: Grant, Bargain and Sale Deed recorded 09/03/2015, as Document No. 869149, Official Records, Douglas County, Nevada.

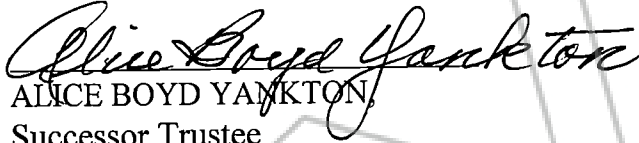
4. I am the Successor Trustee of the Trust, which was in effect at the time of the death of the decedent, and which has not been revoked.

5. The subject property belongs to The Yankton Family Trust dated 04/16/2014.

6. There is no federal estate tax as the result of the death of the decedent.

7. There was no probate proceeding relative to the estate of Bruce .

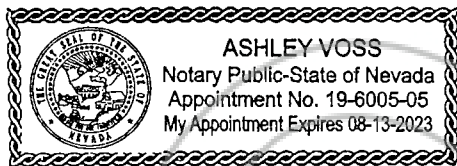
Dated: February 10 , 2022.


ALICE BOYD YANKTON,
Successor Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on February 10 , 2022, by ALICE BOYD YANKTON.


Notary Public



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. 3875340

2016001369
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Bruce John YANKTON		2. DATE OF DEATH (Mo/Day/Year) January 24, 2016		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 address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE Sioux		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		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) September 27, 1942		9a. STATE OF BIRTH (If not US/CA, name country) North Dakota		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) Alice HERNDON	
PARENTS	13. SOCIAL SECURITY NUMBER 3862		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Engineering Contractor		14b. KIND OF BUSINESS OR INDUSTRY Excavating	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 3638 Summerhill Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Andreau YANKTON	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy LARSON		18a. INFORMANT- NAME (Type or Print) Alice YANKTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3638 Summerhill Rd Carson City, Nevada 89705	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BASIL E CHRYSOS M.D. 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)		21b. DATE SIGNED (Mo/Day/Yr) January 29, 2016	
	21c. HOUR OF DEATH 23:22		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Basil E Chryssos M.D. 1470 Medical Pkwy Carson City, NV 89703		23b. LICENSE NUMBER 6678		24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 29, 2016		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	
	(a) Cardiopulmonary Arrest		Interval between onset and death		(b) Nonischemic Cardiomyopathy	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) Valvular Heart Disease		Interval between onset and death		(d) Mitral Regurgitation	
	(d) Mitral Regurgitation		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. Chronic Kidney Disease	
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		
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		

STATE REGISTRAR

VRS-Rev-20120523a

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CERTIFIED COPY OF VITAL RECORDS

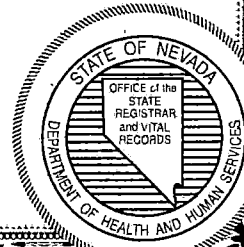
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

2/5/2016

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

Ronda White
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE