

APN: 1220-21-610-074

RECORDING REQUESTED BY:
Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:
Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording DOES contain personal information and/or social security number of any person.

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
) SS.
DOUGLAS COUNTY)

I, Paula Murray, being of legal age and duly sworn, depose and say under penalty of perjury under the laws of the State of Nevada:

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

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LOT 456, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED FOR RECORD ON MAY 29, 1973, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 66512, AND ON RECORD OF SURVEY RECORDED OCTOBER 1, 1982 IN BOOK 1082 OF OFFICIAL RECORDS AT PAGE 006, DOCUMENT NO. 71399

(Pursuant to NRS 111.312, the above-legal description previously appeared in Affidavit of Death of Trustee recorded December 8, 2015, as Document Number 873822)

was acquired and held by JEANETTE S. WRIGHT, as Trustee of the Gerald V. Wright and Jeanette S. Wright 1999 Revocable Trust, dated January 27, 1999, by Affidavit of Death of Trustee executed by Jeanette S. Wright, on November 19, 2015, which Affidavit was thereafter recorded with the Douglas County Recorder on December 8, 2015;

That Jeanette S. Wright died on October 2, 2021, as identified in Certificate of Death #2021024343, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit 1;

That Jeanette S. Wright is the same person as Jeanette S. Wright, Trustee of the Gerald V. Wright and Jeanette S. Wright 1999 Revocable Trust, dated January 27, 1999; and

That Affiant, Paula Murray, is the successor Trustee under the above-referenced Trust, which was in effect at the time of Jeanette S. Wright's death, and the Trust has not been revoked.

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

Date: Feb 14, 2022

Paula Murray
Paula Murray, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me, Ashley Voss, a Notary Public, on February 14, 2022, by Paula Murray.

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. 4240146 **CERTIFICATE OF DEATH** 2021024343
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jeanette Sarah WRIGHT		2. DATE OF DEATH (Mo/Day/Year) October 02, 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 and number) 1221 Monarch Lane		3e. If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS DAYS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
9a. STATE OF BIRTH (If not US/CA, name country) Alberta		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER ██████-9680		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1221 Monarch Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) John Lawrence MACHON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Olive Mable MCINTOSH		
18a. INFORMANT- NAME (Type or Print) Paula MURRAY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1221 Monarch Lane Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/Burial		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
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) SIGNATURE AUTHENTICATED NITA SCHWARTZ MD		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) October 04, 2021		21c. HOUR OF DEATH 18:39		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)	
				22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 05, 2021		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))				26 AUTOPSY (Specify Yes or No) No	
PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
(a) Coronary Atherosclerosis				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 I.					
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	



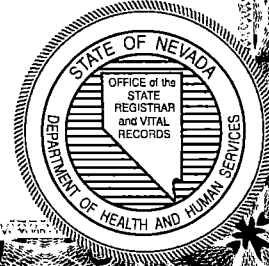
CERTIFIED COPY OF VITAL RECORDS

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: **10/8/2021**

[Signature]
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