


*This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a)-*



ANDERSON, DORN & RADER, LTD.

**APN: 1420-27-312-007**

**RECORDING REQUESTED BY:**

Bryce L. Rader, Esq.  
Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**AFTER RECORDING MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**MAIL TAX STATEMENT TO:**

Carolyn Elaine Litchfield Cooper, Trustee  
963 Topsy Lane #306-240  
Carson City, NV 89705

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, CAROLYN ELAINE LITCHFIELD COOPER, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated March 21, 2016, PAUL E. COOPER and I executed THE COOPER FAMILY TRUST (the "Trust").

(2) PAUL E. COOPER deceased on December 12, 2021, at Harris County, Texas, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said PAUL E. COOPER.

(3) Said trust appointed me to serve as sole Trustee upon the death of PAUL E. COOPER.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

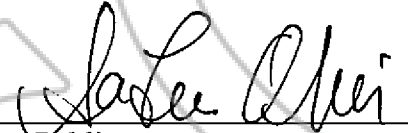
(8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Washoe, State of Nevada, on February 24, 2022.

  
CAROLYN ELAINE LITCHFIELD COOPER, Trustee

STATE OF NEVADA            )  
  ) ss:  
COUNTY OF WASHOE        )

Signed and sworn to (or affirmed) before me on February 24, 2022, by CAROLYN ELAINE LITCHFIELD COOPER, Trustee.

  
Notary Public

 SARA-LEE OLIVER  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 19-4701-02 - Expires December 1, 2023

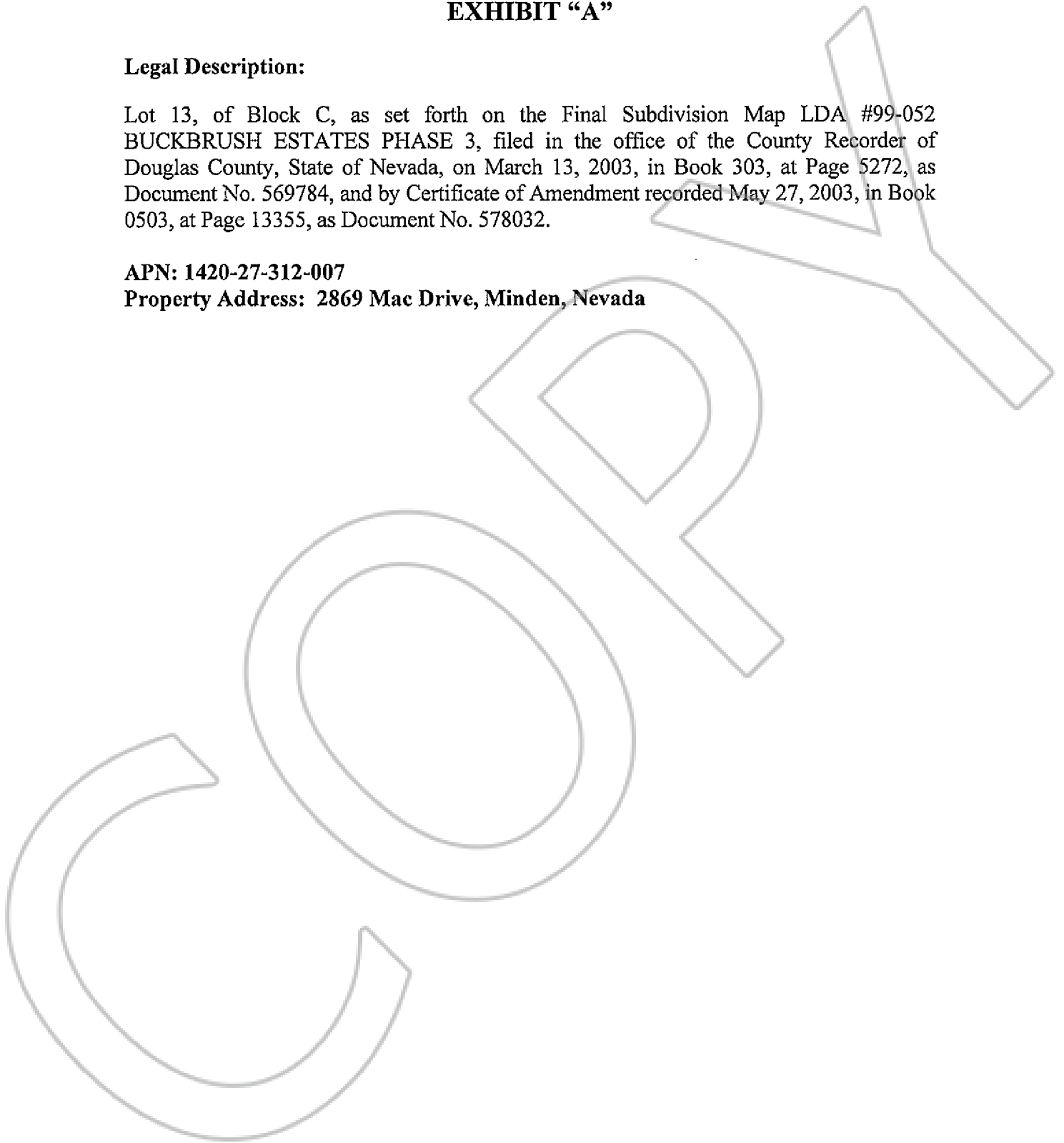
## **EXHIBIT "A"**

### **Legal Description:**

Lot 13, of Block C, as set forth on the Final Subdivision Map LDA #99-052 BUCKBRUSH ESTATES PHASE 3, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 13, 2003, in Book 303, at Page 5272, as Document No. 569784, and by Certificate of Amendment recorded May 27, 2003, in Book 0503, at Page 13355, as Document No. 578032.

**APN: 1420-27-312-007**

**Property Address: 2869 Mac Drive, Minden, Nevada**



# STATE OF TEXAS CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS  
Dec 23 2021

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-21-256779

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) <b>PAUL E. COOPER - AKA PAUL EMMETT COOPER</b>			2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) <b>DECEMBER 12, 2021</b>		
3. SEX <b>MALE</b>	4. DATE OF BIRTH (mm-dd-yyyy) <b>JUNE 27, 1946</b>	5. AGE - Last Birthday (Years) <b>75</b>	IF UNDER 1 YR Mo. Days	IF UNDER 1 DAY Hours Min	6. BIRTHPLACE (City & State or Foreign Country) <b>HUNTINGTON PARK, CA</b>
7. SOCIAL SECURITY NUMBER <b>3944</b>	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (but not remarried) <input type="checkbox"/> Divorced (but not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage) <b>CAROLYN LITCHFIELD</b>		
10a. RESIDENCE STREET ADDRESS <b>2869 MAC DR</b>			10c. APT. NO.	10e. CITY OR TOWN <b>MINDEN</b>	
10d. COUNTY <b>DOUGLAS</b>		10e. STATE <b>NEVADA</b>	10f. ZIP CODE <b>89423</b>		10g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE <b>FIRST AND LAST NAME UNKNOWN</b>			12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE <b>AUDREY LOUISE MELVIN</b>		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> D/OA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH <b>HARRIS</b>		15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) <b>HOUSTON, 77030</b>		18. FACILITY NAME (If not institution, give street address) <b>M.D. ANDERSON CANCER CENTER</b>	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>CAROLYN LITCHFIELD COOPER - SPOUSE</b>			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>2869 MAC DR, MINDEN, NV 89423</b>		
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>FRANK W. SEDDIO SR. BY ELECTRONIC SIGNATURE - 8302</b>		21. <input checked="" type="checkbox"/> Unknown Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>SOUTHEAST TEXAS CREMATORY</b>			23. LOCATION (City/Town, and State) <b>HOUSTON, TX</b>		
24. NAME OF FUNERAL FACILITY <b>ACREATION</b>			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>12101 GREENVILLE AVENUE SUITE 118A, DALLAS, TX 75243</b>		
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Jurist of the Peace - 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) and manner stated.			27. SIGNATURE OF CERTIFIER <b>JOSEPH ARTHUR, BY ELECTRONIC SIGNATURE</b>		
28. DATE CERTIFIED (mm-dd-yyyy) <b>DECEMBER 23, 2021</b>			29. LICENSE NUMBER <b>N7208</b>		30. TIME OF DEATH (Actual or presumed) <b>09:05 AM</b>
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>JOSEPH ARTHUR 1400 PRESSLER ST UNIT 1414 HOUSTON, TX 77030</b>					32. TITLE OF CERTIFIER <b>MD</b>
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. TERMINAL DELIRIUM Due to (or as a consequence of):		Approximate Interval Onset to death <b>DAYS</b>	
b. SEPSIS Due to (or as a consequence of):		c. HEALTHCARE ASSOCIATED PNEUMONIA Due to (or as a consequence of):		<b>WEEKS</b>	
d. ACUTE MYELOBLASTIC LEUKEMIA Due to (or as a consequence of):				<b>WEEKS</b>	
				<b>MONTHS</b>	
PART 2. ENTER OTHER CAUSE GIVEN IN PART 1. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE <b>DIABETES MELLITUS; CORONARY ARTERY DISEASE; ATRIAL FIBRILLATION</b>			34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			39. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Drive/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Possibly <input checked="" type="checkbox"/> Unknown		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year.	
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY		40c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
40d. LOCATION (Street and Number, City, State, Zip Code)			40e. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
40f. COUNTY OF INJURY			41. DESCRIBE HOW INJURY OCCURRED		
42a. REGISTRAR FILE NO. <b>02030039</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>DECEMBER 23, 2021</b>		42c. REGISTRAR <i>Tara Das</i>	

EDR NUMBER 000044445205713

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Dec 29 2021

TARA DAS  
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

