

**APN: 1220-16-210-149**

When Recorded, Please Return To:  
Millward Law, Ltd  
1591 Mono Ave  
Minden, NV 89423

Mail Future Tax Statements To:  
Cynthia Ann Evans  
910 Rawhide Ct.  
Gardnerville, NV 89460



KAREN ELLISON, RECORDER

**AFFIDAVIT OF DEATH OF TRUSTEE**

(The attached document does contain the social security number of a person as required by NRS 440.380)

AFFIANT, Cynthia Ann Evans, being of sound mind and body, hereby testifies:

That she is over the age of 18,

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

**Lot 29, in Book F, as shown on the Map of RANCHOS ESTATES, filed for record in the office of the County Recorder of Douglas County, State of Nevada on July 14, 1972, and as shown on the Amended Map of RANCHOS ESTATES, filed October 30, 1972, as File No. 62493, Official Records.**

(Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed recorded on April 26, 2021, as Document Number 2021-966191)

was acquired and held by Affiant, Cynthia Ann Evans, and Decedent, Ivor Gordon Evans, as Trustees of the I.C.E. Trust, dated April 7, 2017, by Quitclaim Deed, 2022-980529, executed by Ivor Gordon Evans and Cynthia Ann Evans, on January 26, 2022, which deed was thereafter recorded with the Douglas County Recorder on January 31, 2022;

That Decedent, Ivor Gordon Evans, died on February 5, 2022, as identified in Certificate of Death #2022003390, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit 1;

That Ivor Gordon Evans is the same person as Ivor Gordon Evans, Trustee of the I.C.E. Trust, dated April 7, 2017; and

That Affiant, Cynthia Ann Evans, is the surviving Trustee under the above-referenced Trust, which was in effect at the time of death of the decedent mentioned above, and which has not been revoked.

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

Affiant further sayeth naught.

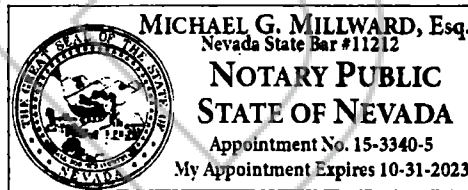
Date: April 6, 2022

Cynthia A. Evans  
Cynthia Ann Evans, Affiant

State of Nevada )  
Douglas County )

This instrument was signed and sworn to before me Michael G. Millward Esq., a notary Public, on April 6, 2022, by Cynthia Ann Evans.

Michael G. Millward  
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. 4265753

**CERTIFICATE OF DEATH**

2022003390  
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) <b>Ivor Gordon EVANS JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 05, 2022</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
5 RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>73</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Cynthia Ann CENTILLI</b>			
13. SOCIAL SECURITY NUMBER <b>-9169</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of HEAD OF BUILDING DEPARTMENT)		14b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>910 Rawhide Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ivor Gordon EVANS SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ann KIKALO</b>		
18a. INFORMANT- NAME (Type or Print) <b>Cynthia Ann EVANS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>910 Rawhide Court Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden NV 89423</b>	
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) <b>ARSHAVIR ARTASHESYAN MD</b> <b>SIGNATURE AUTHENTICATED</b>			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) <b>February 09, 2022</b>		21c. HOUR OF DEATH <b>17:40</b>		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) <b>Arshavir Artashesyan MD 2375 E Prater Way Sparks, NV 89434</b>			
23b. LICENSE NUMBER <b>19823</b>		24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 09, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Shock</b>				Interval between onset and death <b>Days</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Hypovolemia</b>				<b>Days</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Dysphagia</b>				<b>Months</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Encephalopathy</b>				<b>Years</b>	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>End Stage Renal Disease, Seizure Disorder, Anemia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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	

AKA: Ivor G EVANS  
AKA: Ivor Gordon EVANS



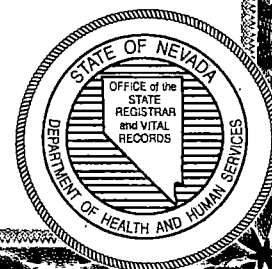
CERTIFIED COPY OF VITAL RECORDS

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: 2/14/2022

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