

APN 1219-26-002-013

Recording Requested by:
Nancy Rey Jackson, Ltd.
1133 Lost River Ln
Gardnerville, NV 89460



KAREN ELLISON, RECORDER

Trustee's Address is & Mail Tax Statements to:
Tom Brooks
1232 Pleasantview Dr.
Gardnerville, NV 89460

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

TOM ALLEN BROOKS, of legal age, being first duly sworn, deposes and says:

1. LYNNETTE L. BROOKS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LYNNETTE L. BROOKS, named as Trustee in the Declaration of Trust executed by LYNNETTE L. BROOKS, Trustor of THE LYNETTE L. BROOKS SURVIVOR'S TRUST, dated November 12, 2009.

2. The decedent passed away on November 24, 2019. I am the Successor Trustee of the Trust.

3. At the time of the decedent's death, decedent was the record owner, as Trustee, by way of that certain Grant Deed executed by Lynnette L. Brooks, Grantor, recorded on November 18, 2009, as Document Number 0754132, Book 1109, Page 4221, Official Records, Douglas County, Nevada, concerning the real property commonly known as 445 Foothill Road, Gardnerville, and more particularly described as all that certain real property situate in the County of Douglas, State of Nevada, described as follows:

See Legal Description attached hereto as EXHIBIT A

4. I am the named Successor Trustee of the Trust, which was in effect at the time of the death of the decedent, and which has not been revoked. I hereby consent to act as such.

5. The subject property belongs to THE LYNETTE L. BROOKS SURVIVOR'S TRUST, dated November 12, 2009.

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 LYNETTE L. BROOKS.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

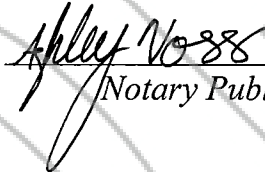
Dated: April 20, 2022.



TOM ALLEN BROOKS,
Successor Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on April 20, 2022, by TOM ALLEN BROOKS.



Notary Public

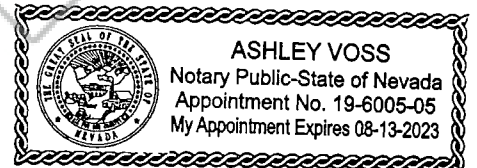


EXHIBIT A

Legal Description

All that portion of Sections 25 and 26, Township 12 North, Range 19 East, M.D.M., described as follows:

Commencing at the North 1/4 corner of said Section 25 as shown on the MAP OF DIVISION INTO LARGE PARCELS #2 FOR TED AND JUDY GAINES as recorded in Book 1192, at Page 4323, as Document No. 293906, Douglas County, Nevada, Recorder's Office; thence North $89^{\circ} 54' 46''$ West, 201.70 feet; thence South $18^{\circ} 38' 52''$ East, 306.87 feet to a 5/8" rebar with cap RLS 3090 per said Document No. 293906; then South $71^{\circ} 30' 07''$ West, 3810.88 feet; thence South $18^{\circ} 36' 21''$ East, 1342.78 feet to the POINT OF BEGINNING; North $71^{\circ} 24' 12''$ East, 1493.75 feet; thence South $19^{\circ} 35' 06''$ East, 1305.52 feet; thence South $71^{\circ} 13' 28''$ West, 581.26 feet; thence South $07^{\circ} 05' 15''$ East, 307.32 feet; thence South $82^{\circ} 55' 10''$ West, 110.00 feet; thence South $78^{\circ} 54' 32''$ West, 298.66 feet; thence South $65^{\circ} 55' 03''$ West, 323.99 feet; thence South $40^{\circ} 00' 28''$ East, 440.13 feet to a point on a curve on the Northerly right-of-way of Leealan Drive; thence non-tangent to the preceding course along the arc of a curve to the left having a radius of 265.00 feet, central angle of $08^{\circ} 51' 08''$, arc length of 40.94 feet and chord bearing South $30^{\circ} 05' 44''$ West, 40.90 feet; thence South $25^{\circ} 40' 10''$ West, 80.12 feet; thence along the arc of a curve to the right having a radius of 19.01 feet, central angle of $90^{\circ} 00' 53''$ and an arc length of 29.87 feet; thence along the Easterly right-of-way of Foothill Road along the arc of a curve to the right having a radius of 2960.00 feet, central angle of $17^{\circ} 49' 19''$ and an arc length of 920.71 feet; thence continuing along said right-of-way North $46^{\circ} 30' 25''$ West, 1514.43 feet; thence North $71^{\circ} 24' 12''$ East, 1064.06 feet to the POINT OF BEGINNING.

Reference is made to Record of Survey recorded July 1, 1994, in Book 794, at Page 124, as Document No. 341034.

Per NRS 111.312, this legal description was previously recorded as Document No. 400479, Book 1196, Page 0984, on November 6, 1996.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4115547

CERTIFICATE OF DEATH

2019023213
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) Lynnette Leigh BROOKS		2 DATE OF DEATH (Mo/Day/Year) November 24, 2019		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 445 Foothill Rd		3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
4 SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 77		7b UNDER 1 YEAR MOS DAYS HOURS MINS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) October 27, 1942		9a STATE OF BIRTH (If not US/CA, name country) Nevada		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11 MARITAL STATUS (Specify) Widowed		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER 2961		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Owner		14b KIND OF BUSINESS OR INDUSTRY Recreation	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 445 Foothill Rd		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Eugene Lyle LYDER			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Marie SWANSON		
18a INFORMANT - NAME (Type or Print) Tom BROOKS		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1232 Pleasantview Dr Gardnerville, Nevada 89460			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c LOCATION City or Town State Minden Nevada 89423	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) NITA SCHWARTZ MD 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) November 26, 2019		21c HOUR OF DEATH 08:00		22b DATE SIGNED (Mo/Day/Yr)	
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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b LICENSE NUMBER 9114	
24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 26, 2019		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) Emphysema DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (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	



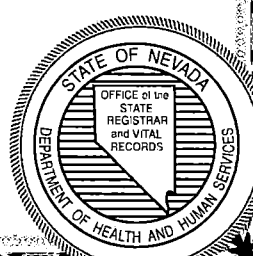
CERTIFIED COPY OF VITAL RECORDS

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: 12/4/2019

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

Blaise Satariano
Administrator



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE