

APN: 1320-29-114-004

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



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
Paul Anderson
1163 Wisteria Drive
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

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

STATE OF NEVADA)
) SS.
DOUGLAS COUNTY)

I, Paul R. Anderson, being of legal age and duly sworn, deposes and says 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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All that certain real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 282, as set forth on the Official Plat of Winhaven Unit No. 3, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 18, 1992, as Document No. 295672

(Pursuant to NRS 111.312, the above-legal description previously appeared in Grant, Bargain and Sale Deed recorded with the Douglas County Recorder on May 21, 2009, as Document Number 0743643)

was acquired and held by Affiant, Paul R. Anderson, and Linda C. Anderson, as Trustees of the Anderson Living Trust dated April 30, 2009, by Grant, Bargain, Sale Deed executed by Paul R. Anderson and Linda C. Anderson, on May 15, 2009, 2014, which deed was thereafter recorded with the Douglas County Recorder on May 21, 2009;

That Linda C. Anderson died on February 17, 2022, as identified in Certificate of Death #2022005597, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit 1;

That Linda C. Anderson is the same person as Linda C. Anderson, Trustee of the Anderson Living Trust dated April 30, 2009; and

That Affiant, Paul R. Anderson, is the surviving Trustee under the above-referenced Trust, which was in effect at the time of Linda C. Anderson's death, and the Trust has not been revoked.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.

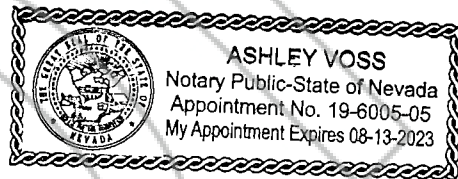
Date: April 14, 2022

Paul R. Anderson
Paul R. Anderson, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me, Ashley Voss, a Notary Public, on April 14, 2022, by Paul R. Anderson.

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. 4268407

CERTIFICATE OF DEATH

202200597
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Linda Carol ANDERSON		2. DATE OF DEATH (Mo/Day/Year) February 17, 2022		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 1163 Wisteria Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 61		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Nevada		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) Paul Raymond ANDERSON			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-9986		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY State of Nevada	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
POSITION	15d. STREET AND NUMBER 1163 Wisteria Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph DU PLANTIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Carolyn CARRINGTON		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Paul Raymond ANDERSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1163 Wisteria Drive Minden, Nevada 89423			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Our Mother Of Sorrows Catholic Cemetery		19c. LOCATION City or Town State Reno Nevada 89506	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title)		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) JUSTIN T DAVIS			
	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) March 16, 2022	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 18:23		22d. PRONOUNCED DEAD (Mo/Day/Yr) February 17, 2022	
	22e. PRONOUNCED DEAD AT (Hour) 18:23		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Justin T Davis P O Box 218 Minden, NV 89423			
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER		24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 17, 2022	
	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) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiac DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.			
CAUSE OF DEATH	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	
CAUSE OF DEATH	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	



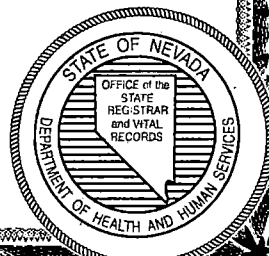
CERTIFIED COPY OF VITAL RECORDS

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: 3/21/2022

Justin T Davis
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