

<b>A.P.N. No.:</b>	1420-35-201-015
<b>File No.:</b>	1662683 sa
<b>Recording Requested By:</b>	
Stewart Title Company	
<b>When Recorded Mail To:</b>	
Michael J. Downs	
2738 Esaw Street	
Minden, NV 89423	

DOUGLAS COUNTY, NV      **2022-984639**  
 Rec:\$40.00  
 \$40.00      Pgs=5      05/06/2022 10:05 AM  
 STEWART TITLE COMPANY - NV  
 KAREN ELLISON, RECORDER

(for recorders use only)

**Affidavit of Death of Trustee  
 (Title of Document)**

**Please complete Affirmation Statement below:**

- I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

- I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

*Cynthia Haggard*  
 Signature

Escrow Officer  
 Title

Sherry Ackermann  
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

RECORDING REQUESTED BY:  
**Stewart Title Company**

WHEN RECORDED MAIL TO:

ORDER NO. 1662683  
A.P.N. No.: 1420-35-201-015

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**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of Douglas } ss.

Michael James Downs and Diana Joan Rowe of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Deed dated February 3, 1997, executed by Gary J. Downs and Rose Marie Downs to Gary James Downs and Rose Marie Downs as Trustees of the Gary James Downs and Rose Marie Downs 1996 Family trust dated June 12, 1996, recorded on February 4, 1997 recorded as Instrument No. 0406030 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.

See Exhibit "A" attached hereto and made a part hereof.

2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: May 2, 2022

Michael J. Downs

By: Michael James Downs, as Successor Co-Trustee of  
The Downs Family 1996 Trust

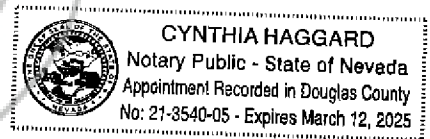
Diana Joan Rowe

By: Diana Joan Rowe, as Successor Co-Trustee of  
The Downs Family 1996 Trust

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 2 day of May, 2022 by  
Michael Downs.

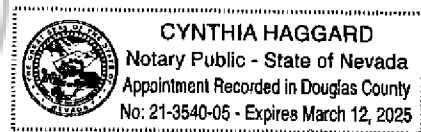
Signature Cynthia Haggard (Seal)



State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 2 day of May, 2022 by  
Diana Joan Rowe.

Signature Cynthia Haggard (Seal)



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4212510

2021011673  
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>Rose Marie DOWNS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 09, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) <b>2738 Esaw St</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer; Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 28, 1934</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Texas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>7161</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>REGISTERED NURSE</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Nursing</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2738 Esaw St</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Wiburn Holloway WHALEY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Sadie Jewel FRANKLIN</b>		
18a. INFORMANT-NAME (Type or Print) <b>Diana J ROWE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City, or Town, State, Zip) <b>10543 Meeks Bay Ct Reno, Nevada 89521</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Lone Mountain Cemetery</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES P SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Watsons Funerals &amp; Cremations-Chapel of the Valley 1281 N. Roop Carson City NV 89706</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>CHRISTOPHER W FORMAN MD</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>May 13, 2021</b>		21c. HOUR OF DEATH <b>11:26</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Christopher W. Forman MD 2874 N Carson St Carson City, NV 89706</b>			
23b. LICENSE NUMBER <b>5528</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 14, 2021</b>	
24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Coronary Artery Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Hyperlipidemia</b> DUE TO, OR AS A CONSEQUENCE OF: (d)			
Interval between onset and death <b>Minutes</b>		Interval between onset and death <b>Years</b>			
Interval between onset and death <b>Years</b>		Interval between onset and death <b>Years</b>			
Interval between onset and death		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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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	

Information Corrected, State Affidavit# 73067-06/04/2021 - 2.



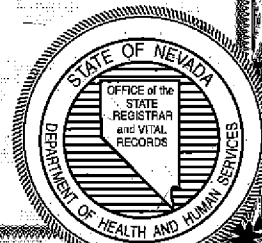
CERTIFIED COPY OF VITAL RECORDS

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: 6/11/2021

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

*Blaise Satariano*  
STATE REGISTRAR



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

All that certain lot, piece or parcel of land situate in the Southwest 1/4 of the Northwest 1/4 of Section 35, Township 14 North, Range 20 East, M.D.B.&M., described as follows:

Commencing at the Northwest corner of the Southwest 1/4 of the Northwest 1/4 of Section 35; thence South 00°00'42" East along the East line of the Southwest 1/4 of the Northwest 1/4 of said Section 35, a distance of 203.56 feet to the true point of beginning, thence North 89°58'36" West parallel with the North line of the said Southwest 1/4 of the Northwest 1/4 a distance of 427.99 feet to a point on the East line of that certain parcel of land conveyed by Deed recorded in Book 22 of Official Records, at Page 359, Douglas County Records; thence South 00°01'21" East on and along the East line of said parcel a distance of 305.34 feet; thence South 89°58'36" East a distance of 427.93 feet to a point on the East line of the said Southwest 1/4 of the Northwest 1/4; thence North 00°00'42" West on and along said East line a distance of 305.34 feet to the true point of beginning.

Excepting therefrom the Easterly 25 feet for roadway right of way as contained in that certain dedication Deed from Walter A. Downs Sr. and Bessie M. Downs recorded June 9, 1966, in Book 41, Page 197, as Document No. 32490 of Official Records, Douglas County, Nevada.

NOTE: The above metes and bounds description appeared previously in that certain Affidavit of Sole Surviving Trustee recorded in the office of the County Recorder of Douglas County, Nevada on October 2, 2006, as Document No. 685607 of Official Records.