

APN: 1320-29-114-004

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Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423

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Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423



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)

STATE OF NEVADA)
) SS.
DOUGLAS COUNTY)

I, Teresa Manning, being of legal age and duly sworn, depose and say 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:

APN: 1221-19-001-019

Lot A in Block A as set forth on the official plat of DRY CREEK ESTATES, filed in the office of the Douglas County Recorder on October 19, 2001 in Book 1001, Page 6820 as Document No. 525771, Official Records.

(Pursuant to NRS 111.312, the above-legal description previously appeared in Quitclaim Deed recorded with the Douglas County Recorder on April 16, 2018, as Document Number 2018-912959)

was acquired and held by Joyce Oline Eckrem and Jean Adrienne Levinson, as Trustees of the Levinson-Eckrem Trust dated April 3, 2018, by Quitclaim Deed executed by Joyce Oline Eckrem and Jean Adrienne Levinson on April 3, 2018, which deed was thereafter recorded with the Douglas County Recorder on April 16, 2018;

That Jean Adrienne Levinson died on July 7, 2018, as identified in Certificate of Death #2018014196, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit 1;

That Jean Adrienne Levinson is the same person as Jean Adrienne Levinson, Trustee of the Levinson-Eckrem Trust dated April 3, 2018; and

That Affiant, Teresa Manning, is the successor Trustee under the above-referenced Trust, which was in effect at the time of Jean Adrienne Levinson's death, and the Trust has not been revoked.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.

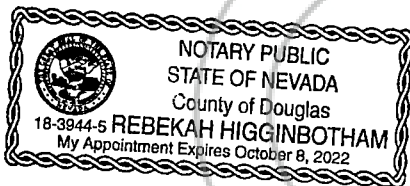
Date: 5-12, 2022

Teresa F. Manning
Teresa Manning, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on May 12, 2022, by Teresa Manning.

Rebekah Higginbotham
Notary Public



STATE OF NEVADA CERTIFICATION OF VITAL RECORD

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

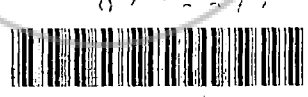
CASE FILE NO. 4029871

CERTIFICATE OF DEATH

2018014196
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jean Adrienne LEVINSON		2. DATE OF DEATH (Mo/Day/Year) July 07, 2018		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 1989 Sorrel Lane		3e. If Hosp or Inst. Indicate DOA,OP/Emr. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 02, 1937	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Florida		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) Joyce Oline ECKREM			
PARENTS	13. SOCIAL SECURITY NUMBER 0534		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1989 Sorrel Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Leroy Moberg LEVINSON	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Leroy Moberg LEVINSON		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Susie Cpoeland PAULK			
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Joyce ECKREM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1989 Sorrel Lane Gardnerville, Nevada 89410			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. GEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town State Carson City Nevada 89706	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) Signature Authenticated					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Signature Authenticated			
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr) July 25, 2018		22c. HOUR OF DEATH 09:14			
	22d. PRONOUNCED DEAD (Mo/Day/Yr) July 07, 2018		22e. PRONOUNCED DEAD AT (Hour) 09:14			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Geoffrey Marshall P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 0430	
	24a. REGISTRAR (Signature) Signature Authenticated		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 26, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				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		
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		

STATE REGISTRAR



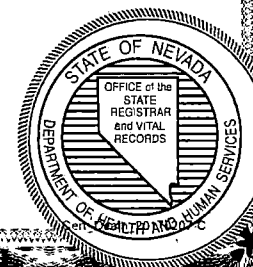
CERTIFIED COPY OF VITAL RECORDS

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: **7/28/2018**

Julie Katchear
SIGNATURE AUTHENTICATED
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