



KAREN ELLISON, RECORDER

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)

Natalia K. Vander Laan, Esq.

APN: 1320-29-610-006

Recording requested by:)
Lois Bock)
1702 Rosso Court)
Minden, NV 89423)

When recorded mail to:)
Lois Bock)
1702 Rosso Court)
Minden, NV 89423)

Mail tax statement to:)
Lois Bock)
1702 Rosso Court)
Minden, NV 89423)

AFFIDAVIT OF DEATH OF INCAPACITATED TRUSTEE/GRANTOR

I, LOIS MAE BOCK, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated September 8, 2011, FRED E. BOCK, JR., also known as FREDERICK EARL BOCK, JR., and LOIS M. BOCK, also known as LOIS MAE BOCK, husband and wife, executed the BOCK LIVING TRUST (hereinafter "Trust").
2. Pursuant to Section 4 of Article Three of said Trust, as amended on November 20, 2019, Fred E. Bock, Jr. and Lois M. Bock shall serve as the Initial Trustees. If for any reason either of them is unwilling or unable to serve as Trustee the other Trustor shall become the sole Trustee.
3. FRED E. BOCK, JR. was declared mentally incapacitated and unable to make his own decisions by two licensed, practicing medical doctors. The Affidavit to that effect was executed on June 1, 2021, and recorded on June 9, 2021, as Document No. 2021-968875.

4. Pursuant to the terms of the trust, I, LOIS MAE BOCK, have assumed the responsibilities of sole Trustee.
5. FRED E. BOCK, JR. died on March 16, 2022.
6. FRED E. BOCK, JR., also known as FREDERICK EARL BOCK, JR. and FREDERICK EARL BOCK, is the same person as the decedent mentioned in the attached certified copy of Certificate of Death.
7. The following described real property located in the County of Douglas, State of Nevada, is part of the Trust estate:

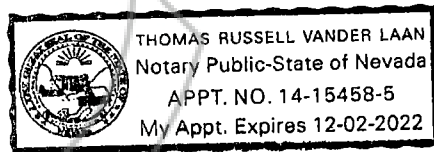
 Lot 6 in Block A, as set forth on the final subdivision map for Monterra Phase I, recorded in the office of the Douglas County Recorder, State of Nevada, on August 24, 2005 in Book 0805, Page 11150, as Document No. 653145, of Official Records.
8. I am authorized under the terms of the Trust, specifically, Section 4 of Article Three, and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.
9. No other person has a right to the interest of the Trust in the described property.

Executed on May 18, 2022, in the county of Douglas, state of Nevada.

Lois Mae Bock
 LOIS MAE BOCK

STATE OF NEVADA)
): ss
 COUNTY OF DOUGLAS)

This instrument was acknowledged before me on this May 18, 2022, by LOIS MAE BOCK.



[Signature]
 NOTARY PUBLIC

This deed was prepared without the benefit of a title search and the description of the property was furnished by the parties. The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4274163

CERTIFICATE OF DEATH

2022007557
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) Frederick Earl BOCK		2. DATE OF DEATH (Mo/Day/Year) March 16, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) Carson Valley Senior Living		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 21, 1940		9a. STATE OF BIRTH (If not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Lois CLAMPITT	
13. SOCIAL SECURITY NUMBER ██████████-2493		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Sales Manager		14b. KIND OF BUSINESS OR INDUSTRY Industrial Sales	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1702 Rosso Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frederick Earl BOCK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth Edna KAHL		
18a. INFORMANT - NAME (Type or Print) Lois BOCK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1702 Rosso Court Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MERCEDES Q QUARTUCCI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD983		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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					
21b. DATE SIGNED (Mo/Day/Yr) March 22, 2022		21c. HOUR OF DEATH 22:35		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 23, 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) Cerebral Atherosclerosis 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.
4/5/2022

DATE ISSUED:

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