

APN: 1220-15-310-011

When Recorded Return To:
Dixie Judge
878 Mitch Dr
Gardnerville, NV 89460



00155802202209860940030031

KAREN ELLISON, RECORDER

Grantee/Mail Tax Statements To:
Dixie Judge
878 Mitch Dr
Gardnerville, NV 89460

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss
GARDNERVILLE,)

DIXIE L. JUDGE, being first duly sworn, deposes and says:

1. That The Judge Family Revocable Trust was established on July 1, 2004
2. That Everett H. Judge was one of the original Trustee of The Judge Family Revocable Trust/
3. That the Trustee, Everett H. Judge died on 2/25/17 , and a certified copy of his death certificate issued by the State of Nevada is attached hereto as EXHIBIT 1.
4. That the currently acting sole Trustee of The Judge Family Revocable Trust is Dixie Judge.
5. That said Trust is the owner of all the real property situated in Douglas County, State of Nevada, more particularly decried as follows:

All that certain parcel of real property situates in the county of Douglas, state of Nevada, more particularly described as follows:

Lot 9, in block J, as said lot and block are shown in the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 10, 1967, in Book 1, Page 055, Filing No. 35914.

Being assessor's Parcel Number 1220-15-310-011

Address 878 Mitch Dr. Gardnerville, NV 89460

6. That affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

Further, Affiant sayeth naught,

DATED this May 6, 2022

Dixie L. Judge
Dixie L. Judge

Date 5/10/22

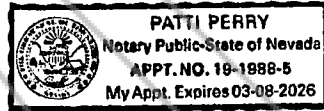
STATE OF NEVADA)
: ss

~~GARDNERVILLE,~~)
County of Douglas

On May 6, 2022, personally appeared before me, a notary public, Dixie L. Judge, personal known (or proved) to me to be the person whose names are subscribed to the foregoing Grant, Bargain and Sale ~~Deed~~, who acknowledged to me that they executed the for3egoing documents.

[Handwritten initials]

Patti Perry
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. 3943338

CERTIFICATE OF DEATH

2017003665
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Everett Herbert JUDGE JR		2. DATE OF DEATH (Mo/Day/Year) February 25, 2017		3a. COUNTY OF DEATH Carson City	
	3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Tahoe Regional Medical Center		3e If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
DECEDENT	5. RACE (Specify) White		6 Hispanic Origin? Specify No - Non-H spanic		7a. AGE-Last birthday (Years) 77	
	7b UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8. DATE OF BIRTH (Mo/Day/Yr) May 23, 1939	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		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) Dixie Lee LARIMER			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████ 3539		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Fire Captain		14b. KIND OF BUSINESS OR INDUSTRY California Division Forestry	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 878 Mitch Dr		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16 FATHER/PARENT - NAME (First Middle Last Suffix) Everett Herbert JUDGE SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Amelia TOROK		
TRADE CALL	18a INFORMANT - NAME (Type or Print) Dixie JUDGE		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 878 Mitch Dr Gardnerville, Nevada 89460			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Genoa Cemetery		19c LOCATION City or Town State Genoa Nevada	
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	TRADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED					
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) SIGNATURE AUTHENTICATED AMANDA M GRIFFITH DO		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) February 28, 2017		21c. HOUR OF DEATH 10:02		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Amanda M Griffith DO - 1600 Medical Pkwy Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER DO1685		24a REGISTRAR (Signature) SHERRIE A CONNELL			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 01, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
	PART I (a) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(b) Hypoxic Respiratory Failure				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) Dementia				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d)				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to ceath but not resulting in the underlying cause given in Part 1 Chronic Kidney Disease, Unknown Etiology				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		



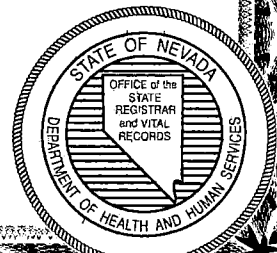
CERTIFIED COPY OF VITAL RECORDS

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: **5/16/2022**

Shirley
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