

APN: 1220-16-311-018

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

Mail Future Tax Statements To:  
Anne Bothwell  
P.O. Box 2263  
Gardnerville, NV 89410



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, Anne Bothwell, 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 commonly known as 855 Cabernet Court, Gardnerville, situated in the State of Nevada, County of Douglas, APN: 1220-16-311-018, more precisely described in Exhibit A attached hereto and incorporated herein, was acquired and held by Jerry Herman Guth, as Trustee of the Guth Living Trust dated September 27, 2017, by Quitclaim Deed executed by Jerry H. Guth, on September 29, 2017, which deed was thereafter recorded with the Douglas County Recorder on September 29, 2017;

That Jerry Herman Guth died on December 6, 2021, as identified in Certificate of Death #2021032201, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit B;

That Jerry Herman Guth is the same person as Jerry Herman Guth, Trustee of the Guth Living Trust dated September 27, 2017; and

That Affiant, Anne Bothwell, is the successor Trustee under the above-referenced Trust, which was in effect at the time of Jerry Herman Guth's death, and the Trust has not been revoked.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.

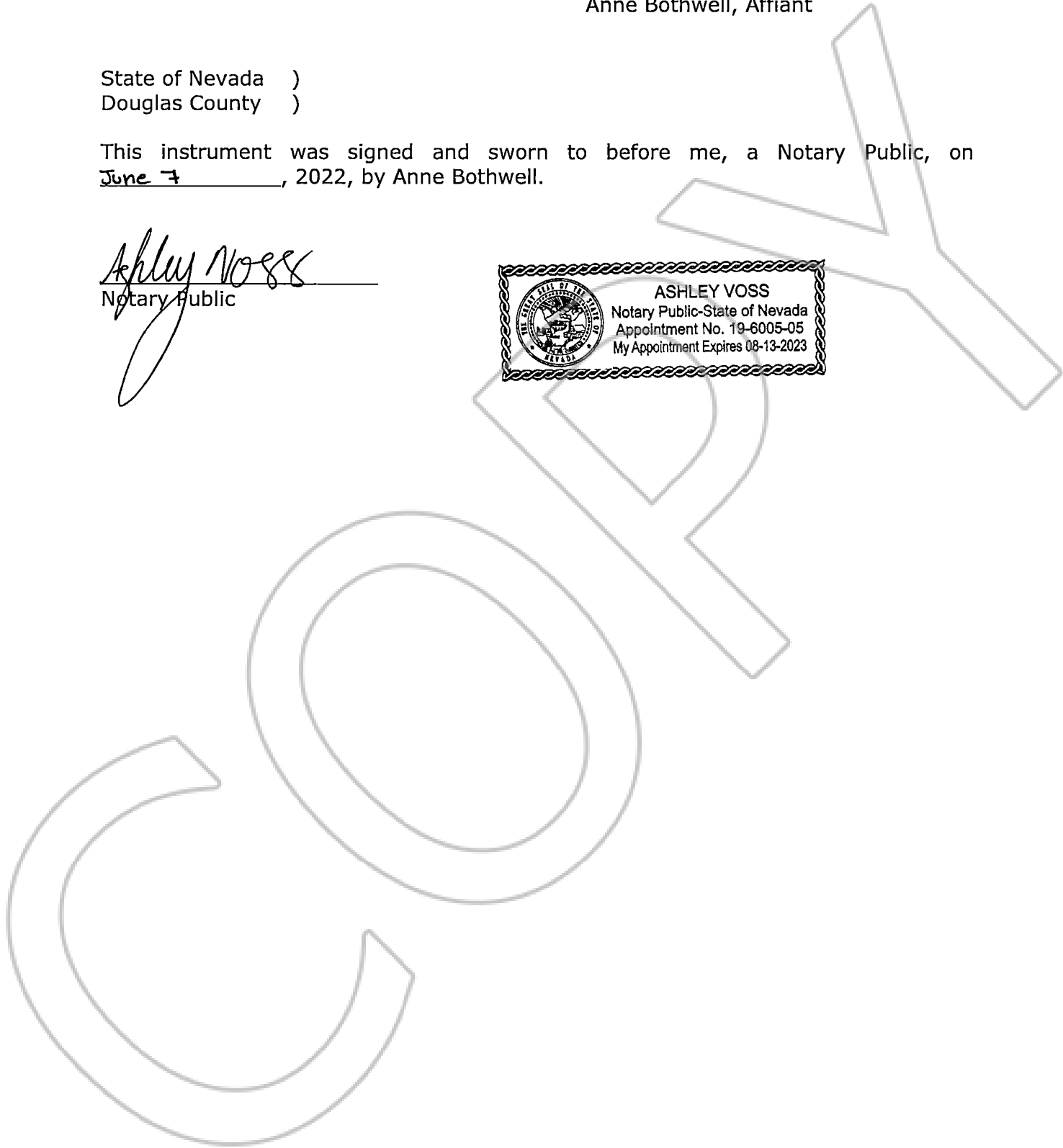
Date: June 7, 2022, 2022

Anne Bothwell  
Anne Bothwell, Affiant

State of Nevada )  
Douglas County )

This instrument was signed and sworn to before me, a Notary Public, on June 7, 2022, by Anne Bothwell.

Ashley Voss  
Notary Public



**Exhibit A**

Lot 20, in Block A, as set forth on the map of DOWNTOWN GRIZ SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on October 7, 1991, in Book 1091, Page 1054, as Document No. 262042.

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(Pursuant to NRS 111.312, the above-legal description previously appeared in Quitclaim Deed recorded with the Douglas County Recorder on September 29, 2017, as Document Number 905112)



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

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

CASE FILE NO. 4255143

**CERTIFICATE OF DEATH**

2021032201  
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>Jerry GUTH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 06, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) <b>3256 Penrod Lane</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>83</b>	
5. RACE (Specify) <b>White</b>		7b. UNDER 1 YEAR <b>MOS   DAYS</b>		7c. UNDER 1 DAY <b>HOURS   MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 27, 1938</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>13</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>-0013</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>COMPUTER SPECIALIST</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>TECHNOLOGY</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>3256 Penrod Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Herman GUTH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT- NAME (Type or Print) <b>John S GUTH</b>		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>220 Whitewinter Road Demorest, Georgia 30535</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>HARRISON CODY BILLIAN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD943</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706</b>	
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>NITA SCHWARTZ MD</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>December 17, 2021</b>		21c. HOUR OF DEATH <b>15:25</b>			
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)				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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>	
23b. LICENSE NUMBER <b>9114</b>				24a. REGISTRAR (Signature) <b>SHANA B RHINEHART</b> <b>SIGNATURE AUTHENTICATED</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 27, 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>Coronary Atherosclerosis</b> DUE TO, OR AS A CONSEQUENCE OF: (b) 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					
26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)			
28a. ACC., SUICIDE, HOMICIDE, 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	



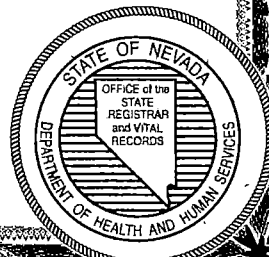
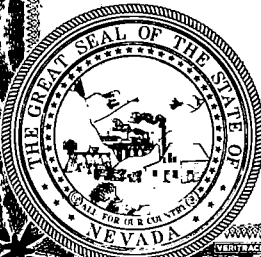
**CERTIFIED COPY OF VITAL RECORDS**

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: **1/5/2022**

*Shana B Rhinehart*  
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