

APN: 1220-21-510-127

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



KAREN ELLISON, RECORDER

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

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 1321 Kimmerling Road, Gardnerville, situated in the State of Nevada, County of Douglas, APN: 1220-21-510-127, 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under the above-referenced Trust, which was in effect at the time of Jerry Herman Guth's death, and the Trust has not been revoked.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

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 175, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

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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 905111.)



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	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jerry GUTH		2. DATE OF DEATH (Mo/Day/Year) December 06, 2021		3a COUNTY OF DEATH Douglas	
	3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 3256 Penrod Lane		3e If Hosp. or inst indicate DOA,OP/Emer Rm. Inpatient(Specify) Home	
DECEDENT	5 RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. UNDER 1 YEAR 83	
	7a. UNDER 1 YEAR 83		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
	11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER 0013		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) COMPUTER SPECIALIST		14b. KIND OF BUSINESS OR INDUSTRY TECHNOLOGY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 3256 Penrod Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16 FATHER/PARENT - NAME (First Middle Last Suffix) Herman GUTH	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix)		18a INFORMANT - NAME (Type or Print) John S GUTH			
TRADE CALL	18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 220 Whitewinter Road Demorest, Georgia 30535		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory	
	19c LOCATION City or Town State Sparks Nevada 89431		20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services		20d. SIGNATURE AUTHENTICATED 2094 Research Way #63 Carson City NV 89706			
	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		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)			
REGISTRAR	21b DATE SIGNED (Mo/Day/Yr) December 17, 2021		21c. HOUR OF DEATH 15:25		22b DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
CAUSE OF DEATH	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) SHANA B RHINEHART		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 27, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Coronary Atherosclerosis		Interval between onset and death			
	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(d) DUE TO, OR AS A CONSEQUENCE OF:		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)		
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		28h STREET OR R.F.D No		
		28i CITY OR TOWN		28j 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.

