

APN: 1320-30-512-023

Recording Requested By/Return To:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, Nevada 89423

Mail Future Tax Statements To:
DIANE M. MANN, Trustee
1794 Bella Casa Drive
Minden, NV 89423



00156667202209868520050057

KAREN ELLISON, RECORDER

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

DIANE M. MANN, being of legal age, and being of sound mind and body, hereby swears (or affirm) under penalty of perjury, that the following is true of her own personal knowledge:

That IRVIN M. MANN, the Decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit B** and incorporated herein by reference, is the same person as IRVIN M. MANN, Settlor and Trustee of the *Mann Family Trust, dated June 26, 2003*, and any amendments thereto (hereinafter: "the Trust") and named as one of the grantees in that certain Grant, Bargain, and Sale Deed dated May 11, 2021, and recorded on May 26, 2021, as Document No. 2021-968144 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, and Sale Deed pertains to property situated at 1794 Bella Casa Drive, Minden, Douglas County, Nevada, and more precisely described as:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description was previously recorded in that certain Grant, Bargain, and Sale Deed recorded as Document No. 2021-968144 of Official Records of Douglas County, State of Nevada, on May 26, 2021.

The Trust was in effect at the date of death of Decedent and has not been revoked.

I, DIANE M. MANN, shall forthwith serve as sole Trustee of the *Mann Family Trust*, dated June 26, 2003, and any amendments thereto.

I, DIANE M. MANN, declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: June 15, 2022.

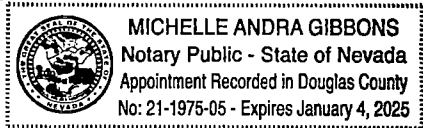
Mann Family Trust, dated June 26, 2003

Diane M. Mann
DIANE M. MANN, Surviving Settlor and Sole Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On June 15, 2022, before me, a Notary Public, personally appeared DIANE M. MANN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

Michelle Andra Gibbons
Notary Public



**EXHIBIT "A"
LEGAL DESCRIPTION**

LOT 23 IN BLOCK B AS SET FORTH ON FINAL MAP LDA 16-001 & PD 02-004-2 FOR LA COSTA AT MONTE VISTA PHASE 3, FILED FOR RECORD WITH THE DOUGLAS COUNTY RECORDER ON JULY 14, 2017 AS DOCUMENT NO. 901410, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

APN: 1320-30-512-023

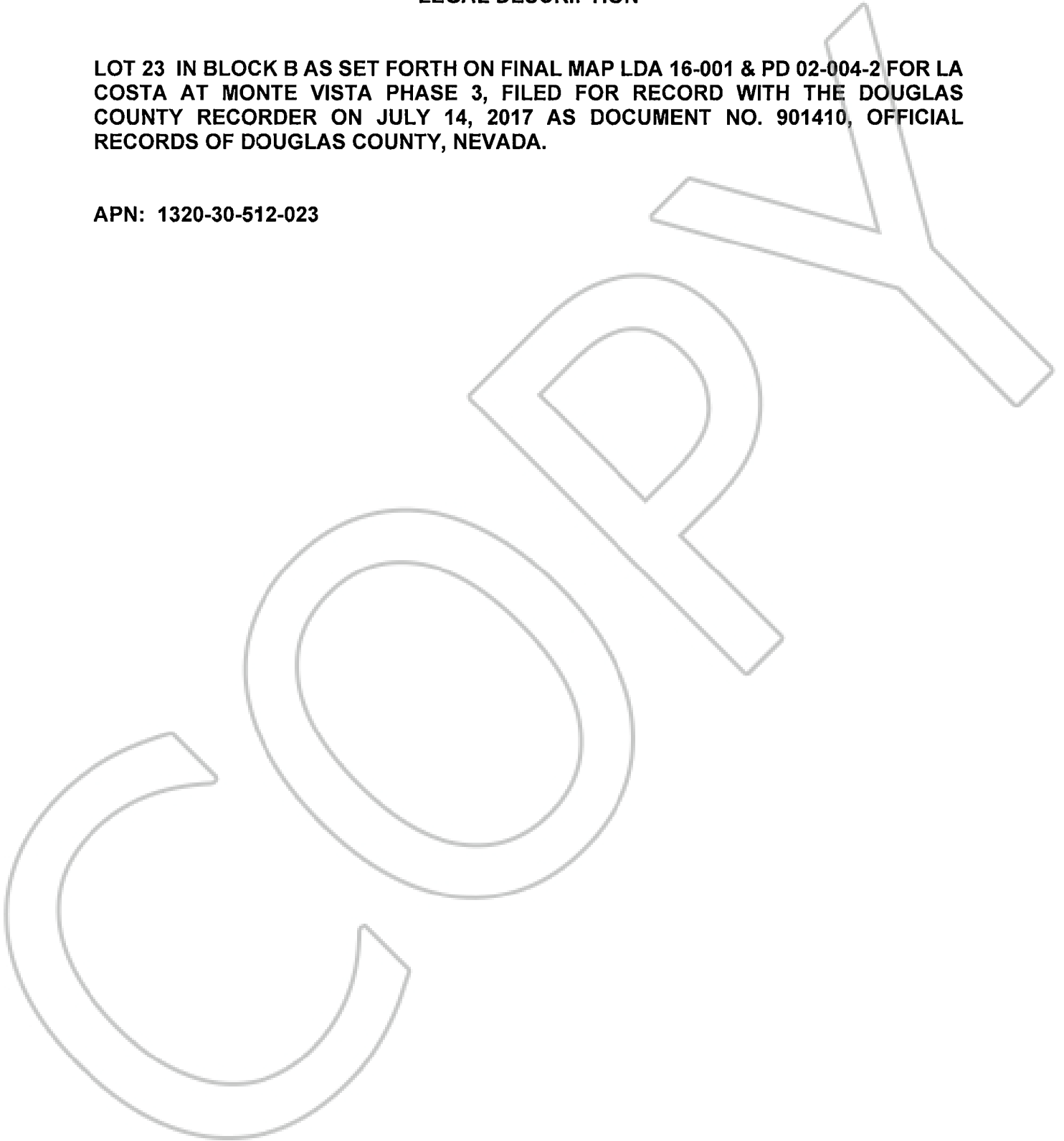




EXHIBIT B

APN: 1320-30-512-023

*Certified Copy of Certificate of Death, State of Nevada,
Irvin M. Mann, Deceased*

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4285104

CERTIFICATE OF DEATH

2022012727
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

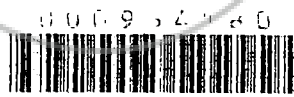
CERTIFIER

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) Irvin Morris MANN JR		2. DATE OF DEATH (Mo/Day/Year) May 21, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not e ther, 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) 87		7b. UNDER 1 YEAR MOS - DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 16, 1934		9a. STATE OF BIRTH (If not US/CA, name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Diane M GOLDSBERRY	
13. SOCIAL SECURITY NUMBER ██████████-5542		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of the Day) FIREFIGHTER		14b. KIND OF BUSINESS OR INDUSTRY AIR FORCE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1794 Bella Casa Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Irvin Morris MANN SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Georgie VANCE		
18a. INFORMANT- NAME (Type or Print) Diane V MANN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1794 Bella Casa Drive 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) NORMA M FINKES		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
21. TRADE CALL - NAME AND ADDRESS					
21a. To Be Completed by CERTIFYING PHYSICIAN 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 REED DOPF MD			22a. To Be Completed by CORONER'S OFFICE 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) May 24, 2022		21c. HOUR OF DEATH 13:20		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAM NER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 25, 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) Respiratory Arrest				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Acute Respiratory Failure				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF: Parkinson's Disease				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. Dementia, Diabetes, Hypertension, Pulmonary Hypertension				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	



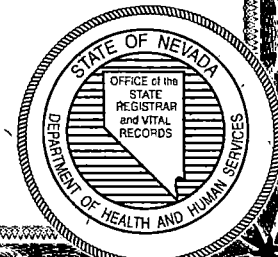
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: 5/31/2022

Scott Spangler
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