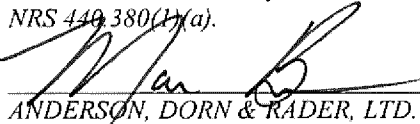


*This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).*

  
ANDERSON, DORN & RADER, LTD.

APN: 25-711-29

**RECORDING REQUESTED BY:**

Bryce L. Rader, Esq.  
Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**AFTER RECORDING MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**MAIL TAX STATEMENT TO:**

Eric Marchand Mears, Trustee  
11476 Miscou Way  
Cypress, CA 90630

**AFFIDAVIT OF DEATH OF TRUSTEE**

I, ERIC MARCHAND MEARS and VIRGINIA IRENE MILLER, the undersigned Trustees, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated May 14, 1986, CARLETON M. MEARS, JR., executed the CARLETON M. MEARS, JR. LIVING TRUST (the "Trust").

(2) CARLETON M. MEARS, JR., deceased on March 2, 2022, in Carson City, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said CARLETON M. MEARS, JR.

(3) Said trust appointed ERIC MARCHAND MEARS and VIRGINIA IRENE MILLER to serve as Successor Trustees upon the death of CARLETON M. MEARS, JR.

(4) Pursuant to the terms of the Trust, we have assumed the responsibilities of sole Successor Trustee.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) We are authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as sole Trustee.

Executed in the County of ~~Washoe~~<sup>ORANGE</sup>, State of ~~Nevada~~<sup>CALIFORNIA</sup>, on 6/27, 2022.



ERIC MARCHAND MEARS, Trustee

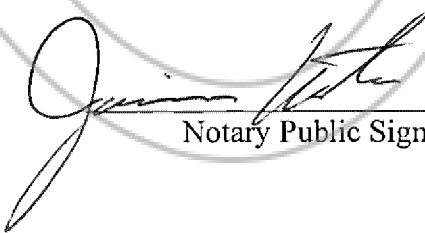
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA  
COUNTY OF ORANGE

On 27 JUNE, 2022, before me, JAVIER MOTA, a Notary Public, personally appeared ERIC MARCHAND MEARS, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that (he)/she/they executed the same in (his)/her/their authorized capacity(ies), and that by (his)/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public Signature



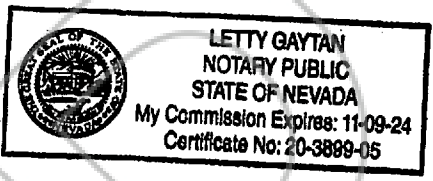
Notary Public Seal

Virginia Irene Miller  
VIRGINIA IRENE MILLER, Trustee

STATE OF NEVADA )  
COUNTY OF Douglas ) ss:

Signed and sworn to (or affirmed) before me on June 10, 2022, by  
VIRGINIA IRENE MILLER, Trustees.

Letty Gaytan  
Notary Public



**EXHIBIT "A"**

**Legal Description:**

UNIT 207, SHOWN ON THE OFFICIAL PLAT OF WINHAVEN, UNIT NO. 5, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON FEBRUARY 10, 1994, IN BOOK 294 OF OFFICIAL RECORDS AT PAGE 1845, AS DOCUMENT NO. 329790.

**APN: 25-711-29**

**Property Address: 1778 Birch Court, Minden, Nevada 89423**

**COPY**

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

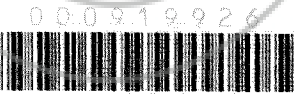
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4271111

**CERTIFICATE OF DEATH**

2022006239  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Carleton Marchand MEARS JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 02, 2022</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Carson Tahoe Care Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient!(Specify) <b>Inpatient</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>90</b>	
	7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 20, 1931</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>North Carolina</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>18</b>	
	11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>-0017</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Systems and Control Engineer		14b. KIND OF BUSINESS OR INDUSTRY <b>Aerospace</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1463 Cardiff Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Carleton Marchand MEARS SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Francis Louise NICHOLS</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Eric Marchand MEARS</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>11476 Miscou Way Cypress, California 90630</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>PHILIP R MAYFIELD</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD887</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTERAR	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>MARK D CANTY MD</b>		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) <b>March 08, 2022</b>		21c. HOUR OF DEATH <b>16:04</b>		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) <b>Mark D Canty MD 1495 Mill Street Reno, NV 89502</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>15475</b>		24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 09, 2022</b>	
	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			
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	(a) <b>Congestive Heart Failure With Reduced Ejection Fraction</b>		Interval between onset and death <b>Years</b>		DUE TO, OR AS A CONSEQUENCE OF:	
	(b) <b>Unknown Etiology</b>		Interval between onset and death		DUE TO, OR AS A CONSEQUENCE OF:	
(c) <b></b>		Interval between onset and death		DUE TO, OR AS A CONSEQUENCE OF:		
(d) <b></b>		Interval between onset and death		DUE TO, OR AS A CONSEQUENCE OF:		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Ground Level Fall With Fracture Of The Left Femur</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
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		
28d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>				



**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: **3/15/2022**

*Jan Shugh*  
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

