

WHEN RECORDED MAIL TO:
GARY SHANE WHEELER
75 LAXALT DRIVE
MOUNDHOUSE, NV 89706

DOUGLAS COUNTY, NV **2022-988183**
Rec:\$40.00
\$40.00 Pgs=4 **08/05/2022 01:04 PM**
TICOR TITLE - FERNLEY
KAREN ELLISON, RECORDER

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02202795-DNO

APN No.: 1022-15-001-135

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }

GARY SHANE WHEELER, being duly sworn, deposes and says:

1. LOUISE ANN WHEELER, the decedent mentioned in attached copy of Certificate of Death, is the same person as LOUISE A. WHEELER named as one of the trustee(s) in that certain GRANT, BARGAIN, AND SALE DEED dated JUNE 27, 2017, executed by HOOPER E. WHEELER AND LOUISE A. WHEELER, HUSBAND AND WIFE AS JOINT TENANTS to HOOPER E. WHEELER AND LOUISE A. WHEELER, TRUSTEES OF THE WHEELER FAMILY 2017 REVOCABLE TRUST DATED JUNE 27, 2017, recorded on JUNE 27, 2017 as instrument number 2017-900594, official records of DOUGLAS County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, GARY SHANE WHEELER, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: July 25, 2022

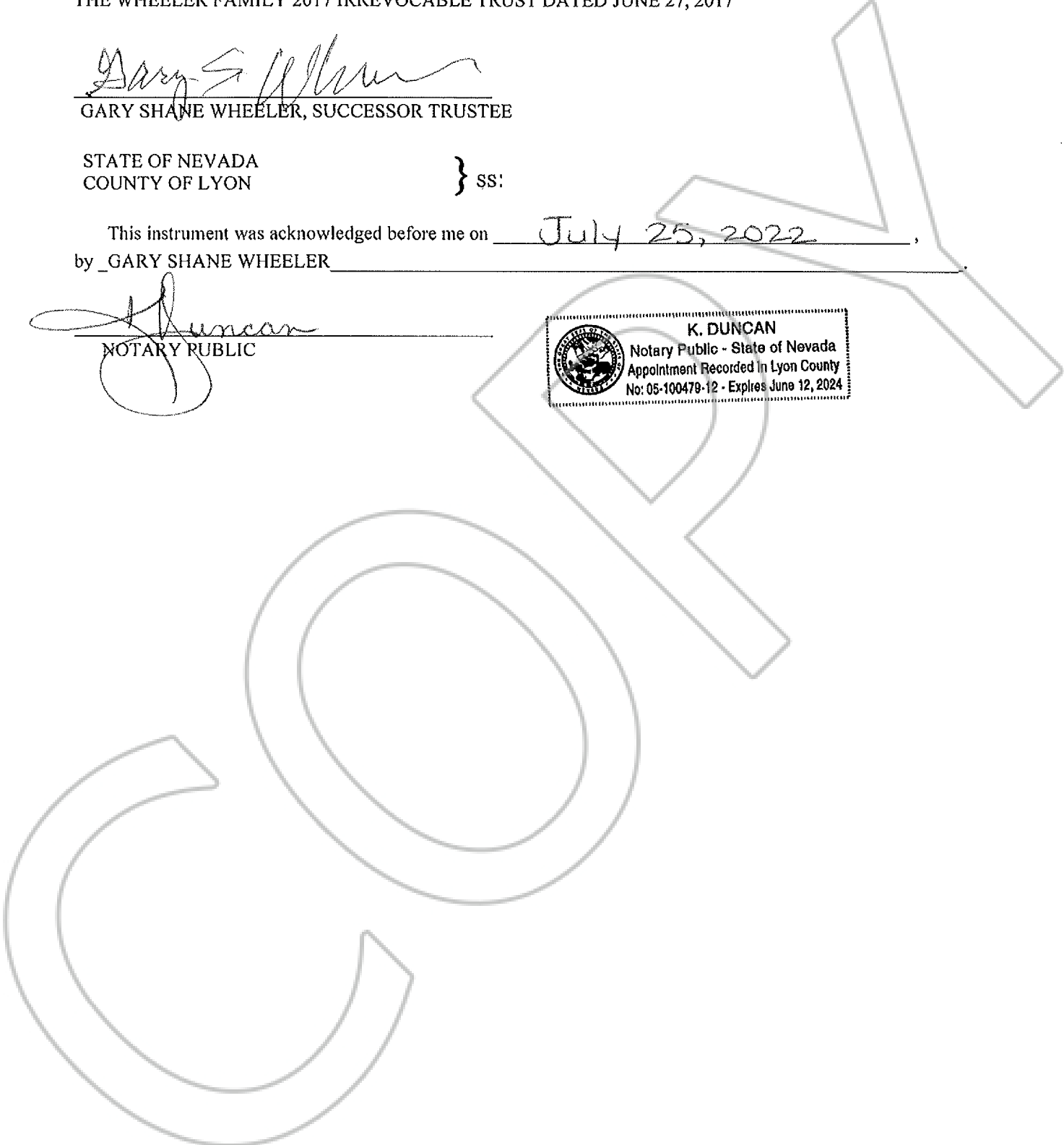
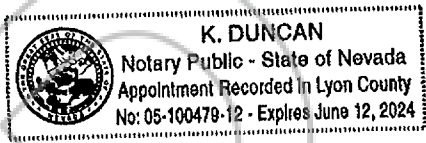
THE WHEELER FAMILY 2017 IRREVOCABLE TRUST DATED JUNE 27, 2017

Gary S. Wheeler
GARY SHANE WHEELER, SUCCESSOR TRUSTEE

STATE OF NEVADA }
COUNTY OF LYON } SS:

This instrument was acknowledged before me on July 25, 2022,
by GARY SHANE WHEELER

K. Duncan
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. 4262688

CERTIFICATE OF DEATH

2021030469
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) Louise Ann WHEELER | | 2. DATE OF DEATH (Mo/Day/Year) December 05, 2021 | | 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 number) Prestige Care | | 3e. If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient (Specify) Assisted Living Facility | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No <input checked="" type="checkbox"/> Non-Hispanic | | 7a. AGE-Last birthday (Years) 82 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) California | | 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) Hooper WHEELER | | 18. DATE OF BIRTH (Mo/Day/Yr) November 11, 1939 | |
| 13. SOCIAL SECURITY NUMBER ██████████ 6993 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Wellington | |
| 15d. STREET AND NUMBER 3867 Sapphire Road | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Emery KIMBROUGH | |
| 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lorraine TIBBESART | | 18a. INFORMANT - NAME (Type or Print) Gary WHEELER | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 75 Laxall Drive Carson City, Nevada 89706 | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD304 | | 20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N-Lompa Ln Carson City NV 89701 | |
| TRADE CALL - NAME AND ADDRESS | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MARK D CANTY 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) | | |
| 21b. DATE SIGNED (Mo/Day/Yr) December 07, 2021 | | 21c. HOUR OF DEATH 11:38 | | 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 EXAMINER, OR CORONER) (Type or Print) Mark D Canty MD 1495 Mill Street Reno, NV 89502 | | 23b. LICENSE NUMBER 15475 | |
| 24a. REGISTRAR (Signature) DARAN GRISSOM | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 07, 2021 | | 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).) | | 26. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | |
| PART I: (a) Basal Cell Carcinoma Of Face With Necrosis Of Mandible | | Interval between onset and death Months | | | |
| (b) Unknown Etiology | | Interval between onset and death | | | |
| (c) | | Interval between onset and death | | | |
| (d) | | 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. | | | | | |
| 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

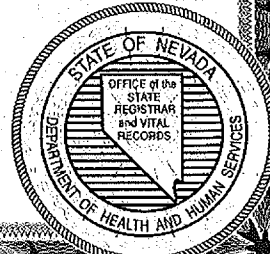
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Jan J. [Signature]

STATE REGISTRAR

DATE ISSUED:

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Escrow No. 2202795-DNO

**EXHIBIT A
LEGAL DESCRIPTION**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 27, in Block H, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

APN: 1022-15-001-135

