

APN# 1320-33-816-025



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Justin M. Clouser, Esq.

Address: 1669 Lucerne St., Ste A

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Justin M. Clouser, Esq.

Address: 1669 Lucerne St., Ste A

City/State/Zip: Minden, NV 89423

Affidavit of Death of Trustee

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Justin M. Clouser

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recording requested by:
Justin M. Clouser, Esq.
1669 Lucerne St., Ste. A
Minden, NV 89423

And when recorded, mail to:
Justin M. Clouser, Esq.
1669 Lucerne St., Ste. A
Minden, NV 89423

APN: 1320-33-816-025

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)
) ss.
County of Douglas)

Justin M. Clouser, of legal age, being first duly sworn, deposes and says:

1. Margaret E. Warswick, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Margaret Elizabeth Warswick named as Trustee in the Declaration of Trust dated January 17, 2017, and executed by Margaret Elizabeth Warswick as Grantor and Trustee.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1407 South Marion Russell Court, Gardnerville, NV 89410, which property is described in a Deed which was executed by Margaret Warswick, an unmarried woman as Grantor on January 17, 2017, and recorded as Document No. 2017-897515, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
Lot 58, Block C, as set forth on FINAL SUBDIVISIONMAP No. 1006-11 for CHICHESTER ESTATES, PHASE 11, filed in the office of the County Recorder of Douglas County, Nevada and recorded December 27, 2002 in Book 1202, Page 12732, as Document no. 562225, and by Certificate of Amendment recorded March 27, 2003 in Book 0303, Page 13037, as Document No. 0571430, Official Records of Douglas County, Nevada.
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

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

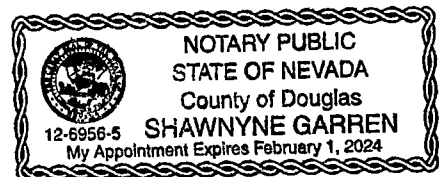
Dated 08/16/2022

Justin M. Clouser
Justin M. Clouser

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 16 day of August, 2022, by Justin M. Clouser, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Shawnyne Garren



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4261439

CERTIFICATE OF DEATH

2022002242
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) Margaret E WARSWICK		2 DATE OF DEATH (Mo/Day/Year) January 16, 2022		3a COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) Renown Regional Medical Center		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthda (Years) 85	
9a STATE OF BIRTH (If not US/CA, name country) Tennessee		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████████2095		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) SECRETARY		14b KIND OF BUSINESS OR INDUSTRY PUBLIC WORKS	
15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1407 E. Marion Russell Court		15e INSIDE CITY LIMITS (Specify Yes or No) No		8 DATE OF BIRTH (Mo/Day/Yr) December 22, 1936	
16 FATHER/PARENT - NAME (First Middle Last Suffix) James Earl WHITNEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Catherine Claire EDRINGTON		
18a INFORMANT- NAME (Type or Print) Carol J BRENNAMAN		18b MAILING ADDRESS (Street or R F D. No. City or Town, State, Zip) 3502 Woodside Drive #3 Carson City, Nevada 89701			
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 SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD943		20c NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
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) ALYSSA D MCPHERSON APRN SIGNATURE AUTHENTICATED			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) January 31, 2022		21c HOUR OF DEATH 13:25		22b DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d PRONOUNCED DEAD (Mo/Day/Yr)		22c HOUR OF DEATH	
22e PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Alyssa D McPherson APRN 1155 Mill St Reno, NV 89502			
23b. LICENSE NUMBER APRN818968		24a REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED			
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 01, 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) Cardiac Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Acute Renal Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Ovarian Cancer With Metastasis To Liver Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF					
(d) Unknown Etiology 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 High Anion Gap Metabolic Acidosis				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

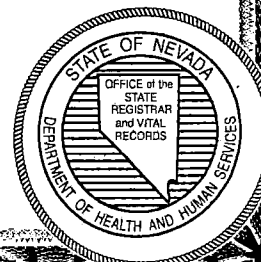
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **2/4/2022**

Blair J Hedrick

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