

APN: 15-080-21-0

WHEN RECORDED RETURN TO:
Mike Pavlakis, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Todd N. Baggett, Co-Trustee
3350 Scott Blvd., Suite 501, Building 5
Santa Clara, CA 95054

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

TODD NELSON BAGGETT and BRANDI ALLISON JENSEN, being first duly sworn, depose and say:

1. That THE REX T. BAGGETT TRUST was created on November 11, 1997, amended and restated in its entirety on October 21, 2011; which restatement was first amended on April 10, 2015, and second amended on March 13, 2020, by REX T. BAGGETT as Grantor and Trustee.
2. That on October 1, 2020, REX T. BAGGETT appointed TODD NELSON BAGGETT and BRANDI ALLISON JENSEN to serve with him as Co-Trustees of the Trust.
3. That REX T. BAGGETT, Grantor and Co-Trustee of the Trust, died on July 20, 2022, and a certified copy of his death certificate issued by the State of Nevada is attached hereto.
4. That pursuant to that certain Deed recorded in the official records of the Recorder of Douglas County, Nevada, on January 8, 1998, as Document Number 0429898, Book 0198, Page 0653, the Trust is the owner of all that certain parcel of real property situated in the County of Douglas, State of Nevada, more particularly described as follows:

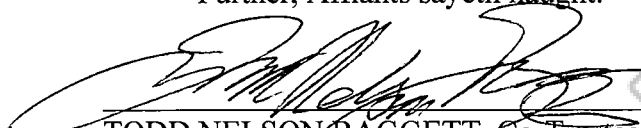
Lot 28, as shown on the map of ALPINE VIEW ESTATES, NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on November 1, 1972, under File No. 65267.

Being Assessor's Parcel Number 15-080-21-0

5. That due to the passing of REX T. BAGGETT, the currently acting Co-Trustees of THE REX T. BAGGETT TRUST are TODD NELSON BAGGETT and BRANDI ALLISON JENSEN.

6. That Affiants certify and declare under penalty of perjury in accordance with the laws of the State of Nevada that the foregoing is true and correct.

Further, Affiants sayeth naught.

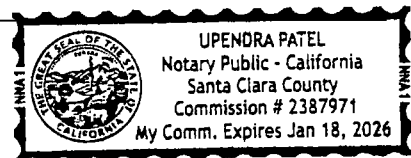

TODD NELSON BAGGETT, Co-Trustee


BRANDI ALLISON JENSEN, Co-Trustee

STATE OF California)
COUNTY OF Santa Clara) : ss.

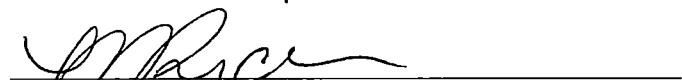
On 08-12-, 2022, personally appeared before me, a notary public, TODD NELSON BAGGETT, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.

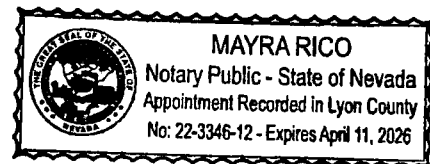

NOTARY PUBLIC



STATE OF Nevada)
COUNTY OF Lyon) : ss.

On 8/15/2022, 2022, personally appeared before me, a notary public, BRANDI ALLISON JENSEN, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.


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. 4296040

CERTIFICATE OF DEATH

2022018221
STATE FILE NUMBER

TYPE OR PRINT IN BLACK INK	1a DECEASED-NAME (FIRST MIDDLE, LAST SUFFIX) Rex Tippens BAGGETT		2. DATE OF DEATH (Mo/Day/Year) July 20, 2022		3a. COUNTY OF DEATH Douglas	
	3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3548 Mont Blanc Court		3e If Hosp. or Inst. indicate DOA, OP/Emer Rm Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 84		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8 DATE OF BIRTH (Mo/Day/Yr) August 04, 1937		9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 20		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Karen Ann GARAVENTA	
PARENTS	13 SOCIAL SECURITY NUMBER ██████████ 4839		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Internist		14b KIND OF BUSINESS OR INDUSTRY MEDICAL	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY TOWN OR LOCATION Carson City	
DISPOSITION	15d STREET AND NUMBER 3548 Mont Blanc Court		15e INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) James Everett BAGGETT			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Esther Roberta TIPPENS		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Karen Garaventa BAGGETT		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 3548 Mont Blanc Court Carson City, Nevada 89705			
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Anatomical Donation/Cremation		19b CEMETERY OR CREMATORY - NAME Sierra Crematory		19c LOCATION City or Town State Reno Nevada 89503	
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENICE PORTILLO SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD872		20c NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KELLE L BROGAN MD 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) July 29, 2022		21c HOUR OF DEATH 20:42		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) Kelle L Brogan MD 1155 Mill St Reno, NV 89502			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b LICENSE NUMBER 6000		24a REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED			
	24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 29, 2022		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART I	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
	(a) Frontotemporal Dementia				Interval between onset and death	
PART II	DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
	(b) Unknown Etiology				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
	(c) Unknown Etiology				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		
(d) Unknown Etiology				Interval between onset and death		
26 AUTOPSY (Specify Yes or No) No				27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
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		28h CITY OR TOWN STATE		

AKA: Rex T. BAGGETT MD



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.

8/8/2022

DATE ISSUED:

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

