



KAREN ELLISON, RECORDER

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)

Natalia K. Vander Laan, Esq.

A.P.N.: 1022-09-002-074

Recording Requested By:)
Cheryl St. Onge)
1250 Slate Road)
Wellington, NV 89444)

When Recorded Mail to:)
Cheryl St. Onge)
1250 Slate Road)
Wellington, NV 89444)

Mail Tax Statements to:)
Cheryl St. Onge)
1250 Slate Road)
Wellington, NV 89444)

AFFIDAVIT – DEATH OF TRUSTEE

I, CHERYL J. ST. ONGE, of legal age, being first duly sworn, declare under penalty of perjury that:

CAROLYN JEAN GEORGE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CAROLYN J. GEORGE named as Trustee in the Declaration of Trust executed on October 31, 1997, by CHESTER P. GEORGE and CAROLYN J. GEORGE, husband and wife, as the Grantors.

CAROLYN JEAN GEORGE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CAROLYN J. GEORGE, Trustee of THE C AND C GEORGE FAMILY TRUST, dated October 31, 1997, named as one of the parties (transferee) in that certain deed dated January 23, 1998, recorded on February 2, 1998, as Document No. 0431737 in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

LOT 12, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 3, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON

MARCH 31, 1969, AS DOCUMENT NO. 44091.

Together with all the tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

CAROLYN JEAN GEORGE, the deceased Trustee, died on May 30, 2022, as shown in the attached certified copy of Certificate of Death.

Pursuant to the terms of THE C AND C GEORGE FAMILY TRUST, dated October 31, 1997, specifically Article 1.3, the present sole Trustee of the Trust is CHERYL J. ST. ONGE.

The Affiant, CHERYL J. ST. ONGE, is the daughter of the deceased Trustee and the sole Successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such.

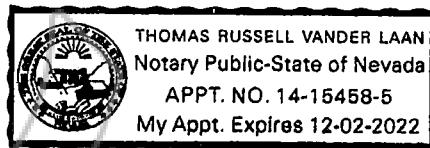
Executed on this September 14, 2022, in Douglas County, State of Nevada.



CHERYL J. ST. ONGE
THE C AND C GEORGE FAMILY TRUST

STATE OF NEVADA)
): ss
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on this September 14, 2022, by CHERYL J. ST. ONGE.





NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4286896

CERTIFICATE OF DEATH

2022014708
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) Carolyn Jean GEORGE		2 DATE OF DEATH (Mo/Day/Year) May 30, 2022		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Evergreen Gardnerville Health & Rehab Center		3e If Hosp or Inst indicate DOA,OP,Emer Rm. Inpatient(Specify) Assisted Living Facility	
4 SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 94		7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS	
8 DATE OF BIRTH (Mo/Day/Yr) March 08, 1928		9a. STATE OF BIRTH (If not US/CA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 14		11 MARITAL STATUS (Specify) Widowed		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER ██████████ 7218		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY RESTAURANT	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Wellington	
15d STREET AND NUMBER 3795 Zeolite Cir		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Cecil LOWREY			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Pearl Ruth HIXON		
18a INFORMANT- NAME (Type or Print) Cheryl ST ONGE		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1250 Slate Rd Wellington, Nevada 89444			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c LOCATION City or Town State Carson City Nevada 89706	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
20a 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) REKA P DANKO 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) June 17, 2022		21c HOUR OF DEATH 12:36		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) Reka P Danko MD 1600 Medical Pkwy Carson City, NV 89703			
23b LICENSE NUMBER 13935		24a REGISTRAR (Signature) SCOTT SHELDON SPANGLER		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 20, 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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF. (b) Anemia DUE TO, OR AS A CONSEQUENCE OF. (c) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF. (d)			
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, e.c. (Specify)		28g LOCATION		STREET OR R.F.D No. CITY OR TOWN STATE	



CERTIFIED COPY OF VITAL RECORDS

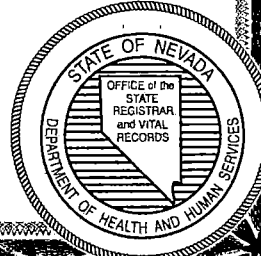
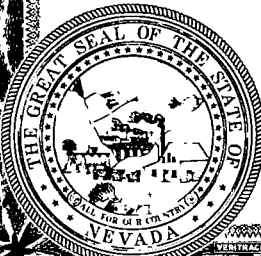
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

6/27/2022

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