



00161109202209906930040049

KAREN ELLISON, RECORDER

APN: 1220-21-810-150

When Recorded, Please Return To:

Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423

Mail Future Tax Statements To:

Nevada Guardian Services, LLC
7501 Tule Spring Road, Suite 110
Las Vegas, NV 89131

AFFIDAVIT OF DEATH OF TRUSTEE

(The attached document **does** contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA)
) SS.
Clark COUNTY)

I, Susan Hoy, as manager of Nevada Guardian Services, LLC, the Trustee of the Blackburn Trust, dated August 2, 2022, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

That all of the real property commonly known as 615 Victoria Way, Gardnerville, Nevada, situated in the State of Nevada, County of Douglas, APN: 1220-21-810-150, more precisely described in **Exhibit A**, attached hereto and incorporated herein, was acquired and held by Lee S. Blackburn, Trustee of the Lee S. Blackburn Separate Property Trust, dated August 2, 2022, for the benefit of Lee S. Blackburn, by Grant, Bargain, and Sale Deed executed by Lee S. Blackburn on January 6, 2009, which deed was thereafter recorded with the Douglas County Recorder on January 12, 2009;

That Lee Scott Blackburn died on July 18, 2022, as identified in Certificate of Death #2022018367, issued by the Department of Health and Human Services of the State of Nevada attached hereto as **Exhibit B**;

That Lee Scott Blackburn is the same person as Lee S. Blackburn, Trustee of the Lee S. Blackburn Separate Property Trust, dated August 2, 2022, for the benefit of Lee S. Blackburn; and

That Affiant, Susan Hoy, as manager of Nevada Guardian Services, LLC, is the successor Trustee under the above-referenced Trust, which was in effect at the time of Lee Scott Blackburn's death, and the Trust has not been revoked.

Exhibit "A"

Lot 295, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974, as Document No. 72456.

EXCEPTING THEREFROM all that portion of said Lot 295 described as follows:

COMMENCING at the most southerly corner common to said Lots 294 and 295, which point is the true point of beginning; thence along the line between said lots North 40°06'00" East a distance of 79.59 feet; thence leaving said lot line North 49°54'00" West a distance of 1.00 feet; thence South 41°32'22" West a distance of 79.62 feet to a point on the South line of said Lot 295; thence along said line through a curve to the right having a central angle of 00°07'35" a radius of 1360.00 feet, an arc length of 3.00 feet and a chord which bears South 50°01'16" East a distance of 3.00 feet to the point of beginning.

Reference is made to Record of Survey recorded April 3, 1990, in Book 490, Page 340, as Document No. 223239.

(Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, and Sale Deed recorded on January 12, 2009, as Document Number 0735647)

APN: 1220-21-810-150

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4295346

CERTIFICATE OF DEATH

2022018367

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lee Scott BLACKBURN		2 DATE OF DEATH (Mo/Day/Year) July 18, 2022		3a. COUNTY OF DEATH Douglas	
	3b CITY, TOWN, OR LOCATION OF DEATH Minden		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 615 Victoria Way		3e If Hosp or Inst. Indicate DOA, OP/Emer Rm Inpatient(Specify) Home	
DECEDENT	5 RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 80	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8 DATE OF BIRTH (Mo/Day/Yr) May 05, 1942	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13 SOCIAL SECURITY NUMBER ██████████-4937		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 Minden	
DISPOSITION	15d STREET AND NUMBER 615 Victoria Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16 FATHER/PARENT - NAME (First Middle Last Suffix) BLACKBURN			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Natalie BISHOP		
TRADE CALL	18a INFORMANT- NAME (Type or Print) Tonna STRAWN		18b MAILING ADDRESS (Street or R F.D. No. City or Town, State Zip) 1371 Kimmerling Road Unit B Gardnerville, Nevada 89460			
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423	
	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) GEOFFREY MARSHALL 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)		21c HOUR OF DEATH 08:35			
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b DATE SIGNED (Mo/Day/Yr) August 01, 2022		22c HOUR OF DEATH 08:35	
	22d PRONOUNCED DEAD (Mo/Day/Yr) July 18, 2022		22e PRONOUNCED DEAD AT (Hour) 08:35			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Geoffrey Marshall P O Box 218 Minden, NV, 89423				23b LICENSE NUMBER 0430	
	24a REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 01, 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) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II	(b) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
	(c) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF				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. Chronic Alcoholism				26 AUTOPSY (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		
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: 8/3/2022

Scott Spangler
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

