

Document Transfer Tax \$ -0-
Assessor's Parcel No.: 1318-15-612-013



00161151202209907260030037

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Joseph W. Tillson, Esq.
589 Tahoe Keys Boulevard, Ste E-4
South Lake Tahoe, CA 96150

MAIL TAX STATEMENTS TO:

Same as Above

The grantor declares:

Documentary transfer tax is \$ -0-

[x] computed on full value of property conveyed,

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

DUSTIN JAMES EVANS of legal age, being first duly sworn, deposes and says:

That HELEN HOWE EDGIN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in:

(1) That certain Grant, Bargain and Sale Deed dated January 2, 1990, executed by ALLIE I. EDGIN and HELEN H. EDGIN, husband and wife, as community property to ALLIE IRICK EDGIN and HELEN HOWE EDGIN, as Trustees of the REVOCABLE TRUST OF ALLIE IRICK EDGIN and HELEN HOWE EDGIN dated November 17, 1989; recorded as Document No. 220200 on February 15, 1990 in the Official Records of the County of Douglas, State of Nevada; and

(2) That certain Affidavit Death of Trustor and Beneficiary dated May 20, 1994, executed by HELEN HOWE EDGIN as surviving trustee of the REVOCABLE TRUST OF ALLIE IRICK EDGIN AND HELEN HOWE EDGIN. The Affidavit was recorded on June 15, 1994, Book 0694 Page 2643, Document No. 339729; and.

(3) That certain Grant, Bargain and Sale Deed dated November 8, 1994 executed by HELEN HOWE EDGIN, as Trustee of the REVOCABLE TRUST OF ALLIE IRICK EDGIN AND HELEN HOWE EDGIN, dated November 17, 1989, to HELEN HOWE EDGIN, Trustee of the REVERSE QTIP TRUST; recorded as Document No. 350996 on November 21, 1994, in the Official Records of Douglas County, State of Nevada,

It being further acknowledged that DUSTIN JAMES EVANS is the successor trustee of the REVOCABLE TRUST OF ALLIE IRICK EDGIN AND HELEN HOWE EDGIN and the REVERSE QTIP TRUST under said declaration of trust on the death of HELEN HOWE EDGIN.

The original Grant, Bargain and Sale Deeds and Affidavit aforementioned refer to the following described property situated in the County of Douglas, State of Nevada

Lot 18, Block A, as shown on the Map of Round Hill Village Unit No. 2, filed in the office of the Recorder of Douglas County, State of Nevada, on August 31, 1965, in Book 1 of Maps, Document No. 29312.

Dated: 08/17/2022

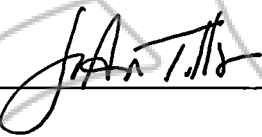

DUSTIN JAMES EVANS

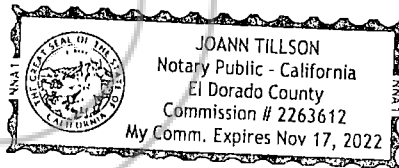
JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

STATE OF CALIFORNIA)
)
COUNTY OF EL DORADO)

Subscribed and sworn to (or affirmed) before me on this 17th day of August 2022 by DUSTIN JAMES EVANS, proved to me on the basis of satisfactory evidence to be the person who appeared before me.





AFFIDAVIT --DEATH OF SETTLOR,
TRUSTEE AND BENEFICIARY
APN: 1318-15-612-013

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

ORIGINAL
STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number
102-2022-015913

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) HELEN, HOWE, EDGIN		2. AKA'S (IF ANY)		3. DATE OF DEATH 02/24/2022	
4. SEX FEMALE		5. SOCIAL SECURITY NUMBER [REDACTED]-2990		6. DATE OF BIRTH 09/13/1926	
7. AGE 95 YEARS		8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH PHOENIX, MARICOPA, 85013			
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) EMERGENCY - ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) TRACY, MINNESOTA		11. MARITAL STATUS WIDOWED		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) NOT LISTED	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) 2281 LAKE TAHOE BOULEVARD #2, SOUTH LAKE TAHOE, EL DORADO, CA, 96150					
14. DECEDENT'S HISPANIC ORIGIN(S) NO, NOT SPANISH/HISPANIC/LATINO		15. DECEDENT'S RACE(S) WHITE		16. EVER IN ARMED FORCES NO	
17. OCCUPATION ENTREPRENEUR		18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) CLAUDE, ALVA, HOWE		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) SARAH, AVIS, SIMMONS	
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) DUSTIN, JAMES, EVANS				21. RELATIONSHIP GRANDCHILD	
22. INFORMANT'S MAILING ADDRESS 2281 LAKE TAHOE BOULEVARD #2, SOUTH LAKE TAHOE, CA, 96150					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON PHOENIX MEMORIAL PARK AND MORTUARY 200 W BEARDSLEY ROAD, PHOENIX, AZ, 85027		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON NED, ALTIZER		25. LICENSE NUMBER FDL-001259	
26. METHOD(S) OF DISPOSITION CREMATION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY PHOENIX CREMATORY, PHOENIX, AZ, US		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH CEREBRAL INFARCTION				30. APPROXIMATE INTERVAL 48 HOURS	
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF				36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I		38. INJURY? NO		39. INJURY AT WORK? NO	
40. MANNER OF DEATH NATURAL DEATH		41. TIME OF DEATH 07:18 PM		42. WAS AN AUTOPSY PERFORMED? NO	
43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
CAUSE AND MANNER CERTIFICATION					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH DAVID, ZHENG, WANG			45. DATE CERTIFIED 03/08/2022
46. CERTIFIER'S ADDRESS 350 W THOMAS ROAD, PHOENIX, AZ, 85013					

Date Registered: 03/10/2022

Date Issued: 03/15/2022

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA
Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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