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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1419-26-414-012

Recording requested by:)
Pamela Harvey-Blinn)
P.O. Box 743)
Genoa, NV 89411)

When recorded mail to:)
Pamela Harvey-Blinn)
P.O. Box 743)
Genoa, NV 89411)

Mail tax statement to:)
Pamela Harvey-Blinn)
P.O. Box 743)
Genoa, NV 89411)

AFFIDAVIT – DEATH OF CO-TRUSTEE

I, PAMELA JOAN HARVEY-BLINN, of legal age, being first duly sworn, declare under penalty of perjury that:

BRUCE ALLAN BLINN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BRUCE A. BLINN named as one of the parties (grantees) in that certain deed dated May 21, 2019, and executed by Jaynie Tamura Gaines on behalf of Reno 37, LLC., a Nevada limited liability company, (grantor), to Bruce A. Blinn and Pamela J. Harvey-Blinn, Trustees of the Bruce A. Blinn and Pamela J. Harvey-Blinn Trust Dated September 21, 1990 (grantees), recorded on June 20, 2019, as Document No. 2019-930704 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

LOT 46 IN BLOCK F, AS SHOWN ON THE FINAL SUBDIVISION MAP, PLANNED UNIT DEVELOPMENT PD 05-001, MONTANA, PHASE 2C, 2D AND 2E, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON DECEMBER 17, 2007, IN BOOK 1207, PAGE 3697, AS DOCUMENT NO. 714941, OFFICIAL RECORDS.

Subject to:

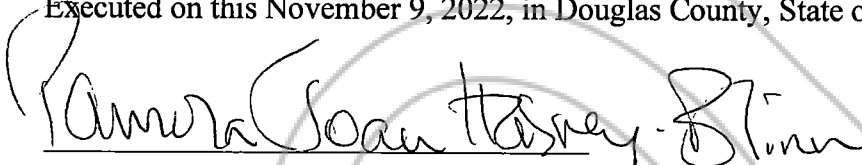
1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

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

BRUCE ALLAN BLINN, the deceased party, died on September 14, 2022, as shown in the attached certified copy of Certificate of Death.

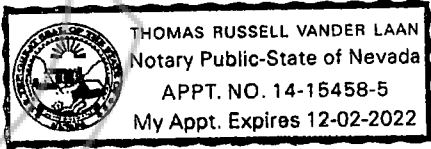
The Affiant is the Wife of the deceased party and now the sole surviving Trustee of THE BRUCE A. BLINN AND PAMELA J. HARVEY-BLINN TRUST DATED SEPTEMBER 21, 1990, now holding title as PAMELA JOAN HARVEY-BLINN, Trustee, or her successors in Trust, under THE BRUCE A. BLINN AND PAMELA J. HARVEY-BLINN TRUST DATED SEPTEMBER 21, 1990.

Executed on this November 9, 2022, in Douglas County, State of Nevada.


 PAMELA JOAN HARVEY-BLINN

STATE OF NEVADA)
): ss
 COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this November 9, 2022, by PAMELA JOAN HARVEY-BLINN.





 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. 4306271

CERTIFICATE OF DEATH

2022022122
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Bruce Allan BLINN		2. DATE OF DEATH (Mo/Day/Year) September 14, 2022		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) 2847 Voight Canyon		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) 88	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 01, 1934	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 20	
	13. SOCIAL SECURITY NUMBER -0962		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Financial Advisor		14b. KIND OF BUSINESS OR INDUSTRY Independent	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
	15d. STREET AND NUMBER 2847 Voight Canyon		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Pamela Joan HARVEY-BLINN	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Jack J BLINN		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bertha Blinn LEVY		11. MARITAL STATUS (Specify) Married	
	18a. INFORMANT - NAME (Type or Print) Pamela Joan HARVEY-BLINN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2847 Voight Canyon Genoa, Nevada 89411		19c. LOCATION City or Town State Minden Nevada 89423	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
	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 & Creations 1600 Buckeye Rd Minden NV 89423	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOPF MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) September 16, 2022		21c. HOUR OF DEATH 09:46	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To 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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
CAUSE OF DEATH	24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 16, 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))				26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I		(a) Respiratory Arrest		Interval between onset and death	
	(b) Acute Respiratory Failure		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Malignant Bladder Carcinoma		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
(d)		DUE TO, OR AS A CONSEQUENCE OF:		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. Dementia, Stroke				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

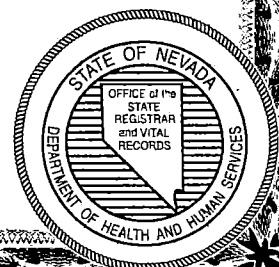
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 9/22/2022

Jan Skyles

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