

A.P.N. 1022-11-002-004

When Recorded Mail To:

JENNIFER M. MAHE, ESQ.

Mahe Law, Ltd.

707 North Minnesota Street, Suite D

Carson City, NV 89703



00162484202209918350070078

KAREN ELLISON, RECORDER

Mail Tax Statements To:

James R. Crance

620 W. Roland

Carson City, NV 89703

AFFIDAVIT OF DEATH OF TRUSTEE

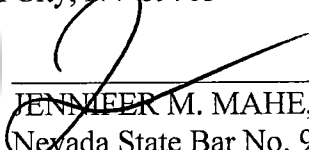
- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons (NRS 239B.030).
- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380

MAHE LAW, LTD.

707 North Minnesota Street, Suite D

Carson City, NV 89703

By:


JENNIFER M. MAHE, ESQ.
Nevada State Bar No. 9620

APN: 1022-11-002-004
Recording Requested and Mail To:

JENNIFER MAHE, ESQ.
MAHE LAW, LTD.
707 N. Minnesota Street, Suite D
Carson City, NV 89703

Affiant's Address/Mail Tax Statements To:

James R. Crance
620 W. Roland
Carson City, NV 89703

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss.
COUNTY OF Carson)

JAMES R. CRANCE, of legal age, being first duly sworn, does hereby swear under penalty of perjury that the assertions of this affidavit are true and correct and declares the following:

1. JAMES R. CRANCE and CAROLE L. CRANCE were the Trustee and Settlor of the CRANCE FAMILY TRUST dated September 9, 1985, and amended on October 2, 2010.
2. JAMES RODNEY CRANCE died on October 22, 2020, as established by the Certificate of Death attached hereto as Exhibit "1" and incorporated herein by this reference.
3. CAROLE LOUISE CRANCE died on December 12, 2020, as established by the Certificate of Death attached hereto as Exhibit "2" and incorporated herein by this reference.
4. At the time of Decedents deaths, Decedent were the owner, as Trustee of the CRANCE FAMILY TRUST, of certain real property acquired by a Grant, Bargain and Sale Deed recorded with the Douglas County Recorder's Office on July 24, 1989, as Document No. 207220 and more particularly described as follows:

Lot 30, as shown on the map of TOPAZ RANCH ESTATES NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada on December 4, 1963, in Book 20, Page 717, Document No. 23962

5. I, JAMES R. CRANCE, am the Successor Trustee of the CRANCE FAMILY TRUST, dated September 9, 1985, and amended on October 2, 2010, under which said Decedents held title as Trustees pursuant to the Grant, Bargain and Sale Deed described above, and am designated and empowered pursuant to the terms of said Trust to serve as Trustee thereof.

Dated this 15 day of Sept., 2022.



JAMES R. CRANCE

On Sept. 15, 2020, personally appeared before me, a notary public, JAMES R. CRANCE, 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 Affidavit of Death of Trustee.



NOTARY PUBLIC

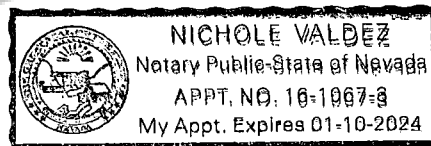


EXHIBIT "1"

COPY

EXHIBIT "1"

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4174303

2020024034
 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

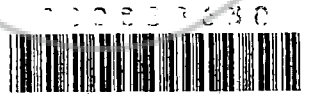
CERTIFIER

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) James Rodney CRANCE		2. DATE OF DEATH (Mo/Day/Year) October 22, 2020		3a. COUNTY OF DEATH Carson City	
3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Tahoe Regional Medical Center		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient	
4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 86		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) November 12, 1933		9a STATE OF BIRTH (If not US/GA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 13		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Carole Louise FURNIER	
13 SOCIAL SECURITY NUMBER ██████ 1648		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Structural Mechanic		14b KIND OF BUSINESS OR INDUSTRY Aircraft	
15a. RESIDENCE - STATE Nevada		15b COUNTY Carson City		15c CITY, TOWN OR LOCATION Carson City	
15d STREET AND NUMBER 4220 Capitol View Dr.		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Richard CRANCE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Harriet		
18a INFORMANT- NAME (Type or Print) Carole Louise CRANCE			18b MAILING ADDRESS (Street or R F D, No, City or Town, State, Zip) 4220 Capitol View Dr. Carson City, Nevada 89701		
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC		20b FUNERAL DIRECTOR LICENSE NUMBER FD870		20c NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City - NV 89701	
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) STEPHEN T HEWITT DO			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) November 03, 2020		21c HOUR OF DEATH 04:20		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703				23b LICENSE NUMBER DO1107	
24a REGISTRAR (Signature) WESLEY T STOREY		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 03, 2020		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				Interval between onset and death	
(a) Cardiopulmonary Arrest				Mins	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Urinary Tract Infection				Days	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) Alzheimer's Dementia				Yrs	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) Acute Encephalopathy				Days	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				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, etc (Specify)		28g LOCATION STREET OR R F D No CITY OR TOWN STATE	



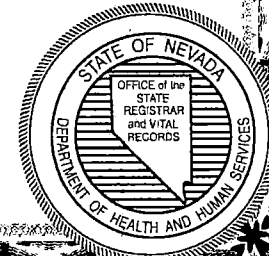
CERTIFIED COPY OF VITAL RECORDS

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: 11/4/2020

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Wesley T Storey
 STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "2"

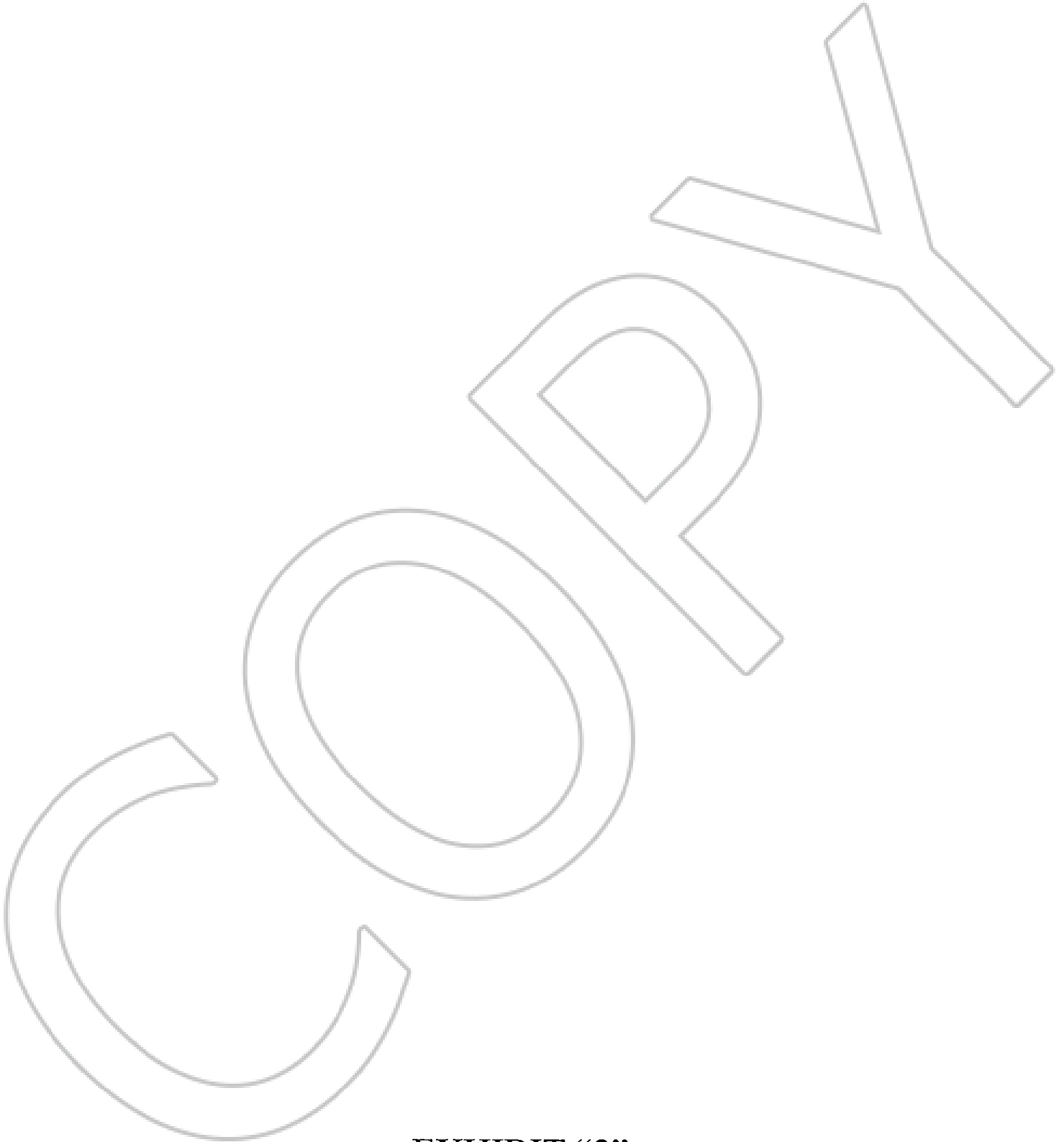


EXHIBIT "2"

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4184963

CERTIFICATE OF DEATH

2020028670
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Carole Louise CRANCE		2. DATE OF DEATH (Mo/Day/Year) December 12, 2020		3a. COUNTY OF DEATH Carson City		
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emmer. Rm. Inpatient(Specify) Emergency Room / Outpatient		
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84		
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 31, 1936		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Maine		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)				
PARENTS	13. SOCIAL SECURITY NUMBER 5508		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City		
DISPOSITION	15d. STREET AND NUMBER 4220 Capitol View Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Emile FOURNIER		
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maxine THOMPSON		18a. INFORMANT - NAME (Type or Print) James CRANCE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 3187 Carson City, Nevada 89702		
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKES		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701		
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) RICARDO R ALMAGUER DO		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) December 21, 2020		21c. HOUR OF DEATH 21:21		22b. DATE SIGNED (Mo/Day/Yr)		
REGISTRAR	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) Ricardo R Almaguer DO 1001 Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER DO925		
CAUSE OF DEATH	24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 21, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	24c. SIGNATURE AUTHENTICATED		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiopulmonary Arrest		Interval between onset and death				
	(b) Pulmonary Arrest		Interval between onset and death				
(c) Congestive Heart Failure		Interval between onset and death					
(d) Etiology Of Unknown Origin		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.				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, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			



CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED:

12/23/2020

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Joe J. [Signature]

