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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

**A.P.N.: 1420-35-310-026**

**Recording Requested By:** )  
Kathleen Lim )  
10050 Ellis Park Lane )  
Reno, NV 89521 )

**When Recorded Mail to:** )  
Kathleen Lim )  
10050 Ellis Park Lane )  
Reno, NV 89521 )

**Mail Tax Statements to:** )  
Kathleen Lim )  
10050 Ellis Park Lane )  
Reno, NV 89521 )

**AFFIDAVIT – DEATH OF TRUSTEE**

I, KATHLEEN MARY LIM, of legal age, being first duly sworn, declare under penalty of perjury that:

PAUL ROBERT HARDY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PAUL ROBERT HARDY named as Co-Trustee in the Declaration of Trust executed on June 26, 1996, by Paul Robert Hardy and Nancy Gail Hardy as Settlor.

PAUL ROBERT HARDY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PAUL ROBERT HARDY, named as one of the parties in that certain deed dated June 16, 2003, and executed by Andrew W. Mitchell, president (Grantor), to Paul Robert Hardy and Nancy Gail Hardy, Trustees of THE HARDY FAMILY TRUST, dated June 26, 1996 (Grantees), recorded on June 20, 2003, as Document No. 0580741, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 57 in Block E as set forth on the Final Subdivision Map FSM #94-04-01 for SKYLINE RANCH PHASE I filed for record with the Douglas County Recorder on May 11, 2001 in Book 0501, of Official Records, Page 3298 as Document No. 514006.

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 and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

PAUL ROBERT HARDY, the deceased Trustee, died on August 13, 2022, as shown in the attached certified copy of Certificate of Death.

Nancy Gail Hardy died on December 3, 2018, and the Affidavit of Death of Co-Trustee was previously recorded.

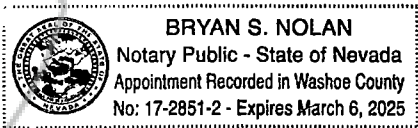
The Affiant is the daughter of the deceased Trustee, Paul Robert Hardy, and now the sole Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such.

Executed on this 23<sup>rd</sup> day of November, 2022, in Washoe County, State of Nevada.

Kathleen Mary Lim  
 KATHLEEN MARY LIM  
 Trustee of THE HARDY FAMILY TRUST

STATE OF NEVADA            )  
   ): ss  
 COUNTY OF Washoe    )

Signed and sworn to (or affirmed) before me on this 23<sup>rd</sup> day of November, 2022, by KATHLEEN MARY LIM.



Bryan Nolan  
 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**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4300471

2022020133  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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 STARTING THE UNDERLYING CAUSE LAST

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Paul Robert HARDY</b>		2 DATE OF DEATH (Mo/Day/Year) <b>August 13, 2022</b>		3a COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION -Name, not either drive street or number <b>The Chateau</b>		3e If Hosp or Inst indicate DOA Op/Emar Rm inpatient(Specify) <b>Assisted Living Facility</b>	
5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a AGE-Last birthday (Years) <b>90</b>	
9a STATE OF BIRTH (If not US/CA, name & country) <b>Montana</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>12</b>	
13 SOCIAL SECURITY NUMBER <b>██████-9981</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Engineer</b>		14b KIND OF BUSINESS OR INDUSTRY <b>TELEPHONE COMPANY</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Minden</b>	
15d STREET AND NUMBER <b>2647 Skyline Drive</b>		15e INSIDE CITY LIMITS (Specify, Yes or No) <b>Yes</b>		4 SEX <b>Male</b>	
16 FATHER/PARENT -NAME (First Middle Last Suffix) <b>Stanley HARDY</b>			17 MOTHER/PARENT -NAME (First Middle Last Suffix) <b>Lorna MCLELLAN</b>		
18a INFORMANT- NAME (Type or Print) <b>Kathleen Mary LIM</b>		18b MAILING ADDRESS (Street or R F D No, City or Town State Zip) <b>10050 Ellis Park Ln Reno, Nevada 89521</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b> <b>SIGNATURE AUTHENTICATED</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>REED DOPF MD</b> <b>SIGNATURE AUTHENTICATED</b>					
21b DATE SIGNED (Mo/Day/Yr) <b>August 16, 2022</b>		21c HOUR OF DEATH <b>16:13</b>		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)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER, Type or Print) <b>Reed Dopf MD 907 Mountain Street</b>		23b LICENSE NUMBER <b>13920</b>		24c DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
24a REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> <b>SIGNATURE AUTHENTICATED</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 24, 2022</b>		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) - (d) AND (e)) <b>Cardiac Arrest</b>	
25a ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION (Specify)		25b DATE OF INJURY (Mo/Day/Yr)		25c HOUR OF INJURY	
25d DESCRIBE HOW INJURY OCCURRED		26 DATE OF BIRTH (Mo/Day/Yr) <b>August 06 1932</b>		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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	

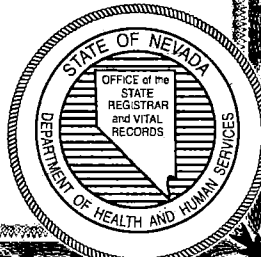


CERTIFIED COPY OF VITAL RECORDS

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: 9/12/2022

*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