

APN# 1420-28-510-007



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Louise E. Walsh

Address: 1409 N. Santa Barbara Dr.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Louise E. Walsh

Address: 1409 N. Santa Barbara Dr.

City/State/Zip: Minden, NV 89423

Affidavit of Death of Trustee

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Louise E Walsh
Signature

Louise E. Walsh
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recording requested by:

Louise E. Walsh
1409 N. Santa Barbara Dr.
Minden, NV 89423
And when recorded, mail to:
Louise E. Walsh
1409 N. Santa Barbara Dr.
Minden, NV 89423

APN: 1420-28-510-007

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada)
County of Douglas) ss.

Louise E. Walsh, of legal age, being first duly sworn, deposes and says:

1. Michael Harrison Walsh, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Michael H. Walsh named as Trustee in the Declaration of Trust dated March 22, 2018, and executed by Michael H. Walsh and Louise E. Walsh as Grantors and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1409 North Santa Barbara Drive, Minden, NV 89423, which property is described in a Deed which was executed by Kaye Hughes, Trustee of the Hughes Family Trust dated September 5, 1990, as Grantor on April 24, 2018, and recorded as Document No. 2018-913480, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 12/1/22

Louise E. Walsh
Louise E. Walsh

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 1 day of December, 2022 by Louise E. Walsh, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature *[Signature]*



EXHIBIT "A"

LOT 2, BLOCK A, AS SET FORTH ON THE OFFICIAL PLAT OF MISSION HOT SPRINGS, UNIT NO. 1, FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA ON JULY 1, 1987, BOOK 787, PAGE 001, DOCUMENT NO. 157492 AND AS AMENDED BY THAT CERTIFICATE OF AMENDMENT RECORDED OCTOBER 19, 1990, IN BOOK 1090, PAGE 2956, AS DOCUMENT NO. 237003 OF OFFICIAL RECORDS.

PER NRS 111.3 12, THIS LEGAL DESCRIPTION WAS PREVIOUSLY RECORDED AT DOCUMENT NO. 2018-913480, ON 04/26/2018.

APN: 1420-28-510-007

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4316976

CERTIFICATE OF DEATH

2022026264
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) Michael Harrison WALSH | | 2. DATE OF DEATH (Mo/Day/Year) November 06, 2022 | | 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 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) 79 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) October 18, 1943 | | 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 12 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Louise PROVOST | |
| 13. SOCIAL SECURITY NUMBER 4419 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY Auto Repair | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| 15d. STREET AND NUMBER 1409 N Santa Barbara Drive | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | 15f. EVER IN US Armed Forces? Yes | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Ivan WALSH | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Julia Elizabeth KNOWLES | | |
| 18a. INFORMANT - NAME (Type or Print) Louise WALSH | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1409 N Santa Barbara Drive Minden, Nevada 89423 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD304 | | 20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln 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) HANY GHALI MD | | | 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 08, 2022 | | 21c. HOUR OF DEATH 12:00 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 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) Hany Ghali MD 1600 Medical Parkway Carson City, NV 89703 | | | |
| 23b. LICENSE NUMBER 14171 | | 24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER | | | |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 2022 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | |
| PART I | | | | | |
| (a) Respiratory cardiac Arrest | | | | Interval between onset and death | |
| (b) Cardiogenic Shock | | | | Interval between onset and death | |
| (c) Acute On Chronic Right And Left Ventricular Failure | | | | 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. Acute Kidney Failure Acute Hypoxemic Respiratory Failure | | | | 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

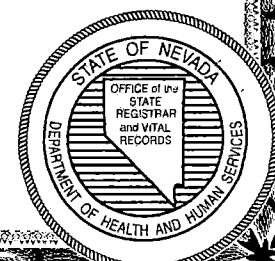
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

11/9/2022

DATE ISSUED:

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