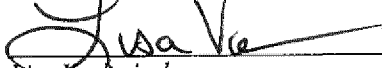


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



Lisa Vaclavicek

APN: 1419-04-002-024

RECORDING REQUESTED BY:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

SUSAN C. WILLIAMSON, Trustee
13 Bramblewood Court
Danville, CA 94506

AFFIDAVIT OF DEATH OF TRUSTEE

I, SUSAN C. WILLIAMSON, the undersigned, affirm under penal ty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated July 17, 2014, JAMIE K. WILLIAMSON and SUSAN C. WILLIAMSON executed THE JK & SC WILLIAMSON TRUST ("Trust").

(2) Said trust appointed me to serve as sole Trustee upon the death or incapacity of JAMIE K. WILLIAMSON.

(3) JAMIE K. WILLIAMSON deceased on September 10, 2022 at Carson City, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "B" is a certified copy of the death certificate of said JAMIE K. WILLIAMSON.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

EXHIBIT "A"

Legal Description:

Parcel 1

Lot 180 of CLEAR CREEK TAHOE-PHASE 1A & 1B, according to the map thereof, filed in the office of the County Recorder of Douglas County, state of Nevada, on November 18, 2016, as File No. 2016-890939, Official Records, as amended by Certificate of Amendment recorded January 23, 2017, as File No. 2017-893667, and amended by Certificate of Amendment recorded June 13, 2018, as File No. 2018-915417, and amended by Certificate of Amendment recorded June 13, 2018, as File No. 2018-915418.

Parcel 2

Easements granted in that certain Master Declaration of Covenants, Conditions, and Restrictions and Reservation of Easements for Clear Creek Tahoe, recorded September 27, 2016 as Document No. 2016-888265, Official Records. And Amendments thereto recorded as document numbers 890755, 902099 and 916465.

APN: 1419-04-002-024

Property Address: 144 Walton Toll Road, Carson City, NV 89705

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4305415

CERTIFICATE OF DEATH

2022021829
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

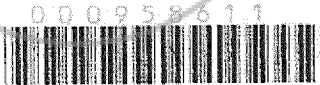
CERTIFIER

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) Jamie Kirk WILLIAMSON		2. DATE OF DEATH (Mo/Day/Year) September 10, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 144 Walton Toll Road		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 62		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) December 12, 1959		9a. STATE OF BIRTH (if not US/CA, name country) Illinois	
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Susan CREE		13. SOCIAL SECURITY NUMBER ████████-7766		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SR. Vice President	
14b. KIND OF BUSINESS OR INDUSTRY Surveying Equipment		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 144 Walton Toll Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Henry WILLIAMSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eloise Laverne WEIDNER		
18a. INFORMANT - NAME (Type or Print) Susan WILLIAMSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 144 Walton Toll Road Carson City, Nevada 89706			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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 M GRAVES SIGNATURE AUTHENTICATED		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) STEPHEN M GRAVES SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) September 24, 2022		21c. HOUR OF DEATH 11:14		22b. DATE SIGNED (Mo/Day/Yr) September 10, 2022	
22c. HOUR OF DEATH 11:14		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Coroner Stephen M Graves 1038 Buckeye Rd Minden, NV 89423		22e. PRONOUNCED DEAD AT (Hour) 11:14	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Stephen M Graves 1038 Buckeye Rd Minden, NV 89423		23b. LICENSE NUMBER			
24a. REGISTRAR (Signature) BLAISE STRESSMAN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 26, 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).)					
PART I					
(a) Atherosclerotic Cardiovascular Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Hyperlipidemia					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) _____					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) _____					
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) Yes					
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.

Susan Stewart
STATE REGISTRAR

DATE ISSUED: **10/4/2022**

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

