

APN 1419-11-002-029

WHEN RECORDED RETURN TO:

Timothy J. Riley, Esq.
Aguirre Riley, P.C.
427 W. Plumb Lane
Reno, NV 89509

MAIL TAX STATEMENTS TO:

Robert B. Gaw and
Michael F. Gaw, Co-Trustees
3499 Mont Blanc Court
Carson City, NV 89705

The undersigned hereby affirms that this document, including any exhibits, submitted for recording does contain the social security number of a person. (Per NRS 440.380)

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

ROBERT B. GAW and MICHAEL F. GAW, of legal age, being first duly sworn, depose and say:

1. JANE FARRELL GAW, the Decedent referenced in the certified Certificate of Death attached hereto, died on November 27, 2021, and was, until her death, and is the same person as JANE F. GAW, Trustee of the GAW FAMILY 1991 TRUST DATED NOVEMBER 5, 1991, in that certain Grant, Bargain, Sale Deed dated October 31, 2006, executed by Robert B. Gaw and Jane F. Gaw, husband and wife as community property, recorded as Document No. 0691247 on December 20, 2006, Official Records of Douglas County, Nevada, covering the real property located at 3499 Mont Blanc Court, City of Carson City, County of Douglas, State of Nevada, described as follows:


See Exhibit A attached hereto and made a part hereof.

2. That upon the death of JANE F. GAW, ROBERT B. GAW and MICHAEL F. GAW became the Co-Trustees under the GAW FAMILY 1991 TRUST, dated November 5, 1991.

Dated this 5 day of December 2022.

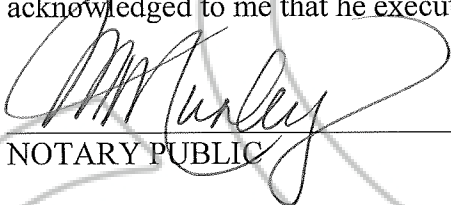
GAW FAMILY 1991 TRUST

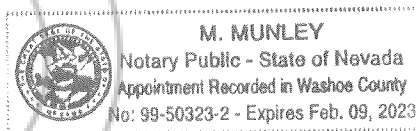
By: 
ROBERT B. GAW, Co-Trustee

By: 
MICHAEL F. GAW, Co-Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

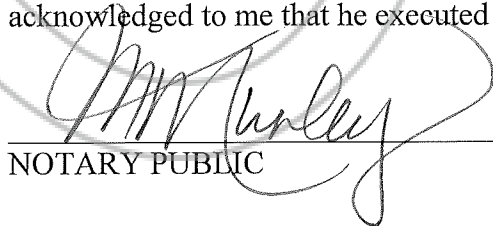
On December 5, 2022, before me, the undersigned, a Notary Public in and for said State, personally appeared ROBERT B. GAW, Co-Trustee of the Gaw Family 1991 Trust, proved to me to be the person whose name is subscribed to the foregoing instrument, and who acknowledged to me that he executed the foregoing instrument.


NOTARY PUBLIC



STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On December 5, 2022, before me, the undersigned, a Notary Public in and for said State, personally appeared MICHAEL F. GAW, Co-Trustee of the Gaw Family 1991 Trust, proved to me to be the person whose name is subscribed to the foregoing instrument, and who acknowledged to me that he executed the foregoing instrument.


NOTARY PUBLIC

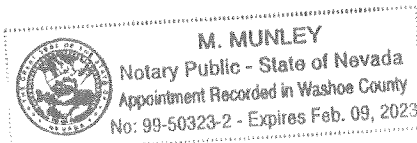


EXHIBIT A

**LOT 37, as shown on that certain map entitled ALPINE VIEW
ESTATES NO. 2, filed in the office of the County Recorder of Douglas
County, Nevada on November 1, 1972 under File No. 62568.**

APN 1419-11-002-029 (aka 3499 Mont Blanc Court, Carson City, NV)

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. 4251045

CERTIFICATE OF DEATH

2021029705
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

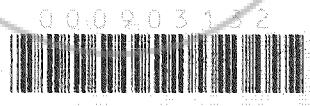
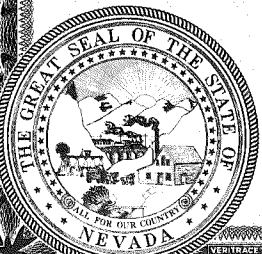
CERTIFIER

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) Jane Farrell			2. DATE OF DEATH (Mo/Day/Year) November 27, 2021			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 Female								
5. RACE (Specify) White			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 91			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) May 28, 1930		
9a. STATE OF BIRTH (If not US/CA, name country) Illinois			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 18			11. MARITAL STATUS (Specify) Married			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Robert GAW					
13. SOCIAL SECURITY NUMBER 5145			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TEACHER						14b. KIND OF BUSINESS OR INDUSTRY EDUCATION			Ever in US Armed Forces? No					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Jacks Valley			15d. STREET AND NUMBER 3499 Mont Blanc Court			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jerome FARRELL						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Julia MOSSER											
18a. INFORMANT- NAME (Type or Print) Robert GAW						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3499 Mont Blanc Court Carson City, Nevada 89705											
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) BLAKE HOWE SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703											
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) SIGNATURE AUTHENTICATED REKA P DANKO 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 30, 2021						21c. HOUR OF DEATH 14:18			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
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) Reka P Danko MD 1600 Medical Pkwy Carson City, NV 89703									23b. LICENSE NUMBER 13935								
24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 30, 2021			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									Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death								
(b) Acute Renal Failure									Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death								
(c) Mantle Cell Lymphoma									Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death								
(d) Unknown Etiology									Interval between onset and death								
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

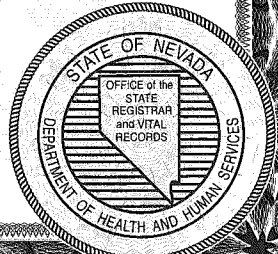
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

12/2/2021

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

Shana B Rhinehart
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE