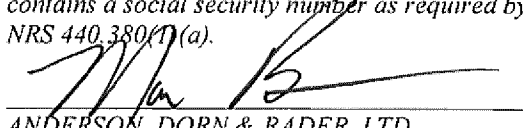


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).


ANDERSON, DORN & RADER, LTD.

APN: 1220-16-115-002

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
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:

Paula Lenore Blizzard, Trustee
1640 Hayes Street #4
San Francisco, CA 94117

AFFIDAVIT OF DEATH OF TRUSTEE

I, PAULA LENORE BLIZZARD, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated July 21, 2005, WALTER E. BLIZZARD and DIANE BLIZZARD executed the WALTER AND DIANE BLIZZARD TRUST AGREEMENT ("Trust").

(2) DIANE BLIZZARD deceased on October 12, 2018.

(3) WALTER E. BLIZZARD deceased on October 25, 2022, and was a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of WALTER E. BLIZZARD.

(4) Said trust appointed PAULA LENORE BLIZZARD to serve as Successor Trustee upon the death of WALTER E. BLIZZARD.

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

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

(7) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(8) No other person has a right to the interest of the Trust in the described property.

(9) The described property shall be transferred to me as sole Trustee.

Executed in San Francisco County, State of California, on December 15, 2022.



PAULA LENORE BLIZZARD, Trustee

STATE OF CALIFORNIA)

) ss:

COUNTY OF)

Signed and sworn to (or affirmed) before on December 15, 2022, by PAULA LENORE BLIZZARD.

SEE BELOW

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of SAN FRANCISCO
Subscribed and sworn to (or affirmed) before me this 15th day

of DECEMBER 22, 2022, by PAULA LENORE

BLIZZARD, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature  (Seal)

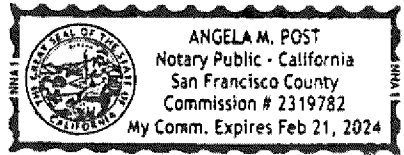


EXHIBIT "A"

Legal Description:

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

LOT 104, BLOCK F, AS SHOWN ON THE FINAL MAP OF PLEASANTVIEW, PHASE 5, FINAL SUBDIVISION MAP NO. 1009-5, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON DECEMBER 6, 1995, IN BOOK 1295, AT PAGE 788, AS DOCUMENT NO. 376390.

APN: 1220-16-115-002

Address: 1210 Sorensen Court, Gardnerville, NV 89410

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4313479

CERTIFICATE OF DEATH

2022025354
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

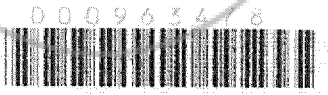
CERTIFIER

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) Walter Eugene BLIZZARD		2. DATE OF DEATH (Mo/Day/Year) October 25, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 1210 Sorensen Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rin. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS DAYS	
5. RACE (Specify) White		8. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
9a. STATE OF BIRTH (If not US/CA, name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) February 06, 1936	
13. SOCIAL SECURITY NUMBER ██████-5797		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1210 Sorensen Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Paul E BLIZZARD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margorie Virginia HUNT		
18a. INFORMANT - NAME (Type or Print) Paula BLIZZARD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1640 Hayes Street # 4 San Francisco, California 94117			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory		19c. LOCATION City or Town State Fallon Nevada 89407	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILIP R MAYFIELD		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) REED DOPF 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) October 26, 2022		21c. HOUR OF DEATH 14:38		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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 31, 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				Interval between onset and death	
(a) Respiratory Arrest				Interval between onset and death	
(b) Acute Respiratory Failure				Interval between onset and death	
(c) Subdural Hematoma				Interval between onset and death	
(d) Trauma				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) 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	



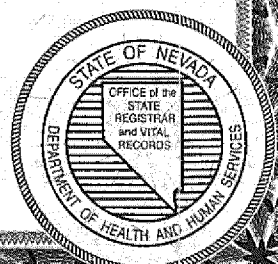
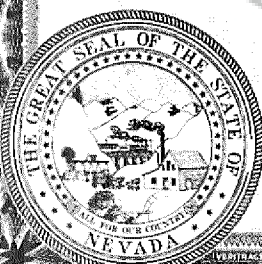
CERTIFIED COPY OF VITAL RECORDS

Scott Spangler
STATE REGISTRAR

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: 11/2/2022

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE