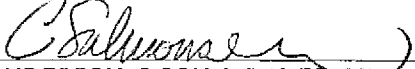


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).


ANDERSON, DORN & RADER, LTD.

APN: 1420-27-801-010

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:

Sandra K. Duvall, Trustee
2807 Squires Street
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, SANDRA K. DUVALL, 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 April 4, 2008, ALICE K. DUVALL and CHARLES E. DUVALL executed the DUVALL FAMILY (REVOCABLE) LIVING TRUST (the "Trust").

(2) CHARLES E. DUVALL deceased on April 5, 2016. ALICE K. DUVALL deceased on April 26, 2023, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said ALICE K. DUVALL.

(3) Said trust appointed SANDRA K. DUVALL to serve as successor Trustee upon the death of ALICE K. DUVALL.

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

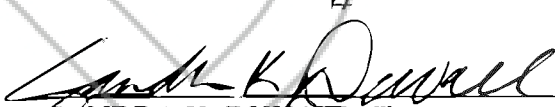
(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

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

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


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

Executed in the County of Washoe, State of Nevada, on October 1, 2023, 2023.


SANDRA K. DUVALL, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on September 1, 2023,
by SANDRA K. DUVALL, Trustee.


Notary Public

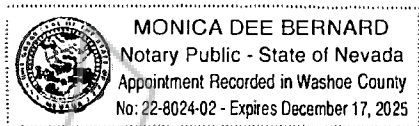


EXHIBIT "A"

Legal Description:

ALL THAT REAL PROPERTY IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, BEING ASSESSOR'S PARCEL NUMBER 21-140-43, SPECIFICALLY DESCRIBED AS: ALL THOSE CERTAIN LOTS, PIECES OR PARCELS OF LAND SITUATE IN THE SOUTHEAST 1/4, SECTION 27, TOWNSHIP 14 NORTH, RANGE 20 EAST, IN DOUGLAS COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

PARCELS D-4-A3, AS SET FORTH ON THAT CERTAIN PARCEL MAP NO. 4 FOR RAYMOND M. SMITH, FILED FOR RECORD ON NOVEMBER 7, 1991, IN BOOK 1191, PAGE 1132, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 264495, BEING A RE-SUBDIVISION OF PARCEL D-4A, AS SHOWN ON THAT CERTAIN PARCEL MAP NO. 1 FOR STEPHANIE MILES, RECORDED AS DOCUMENT NO. 261123.

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.

APN: 1420-27-801-010

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

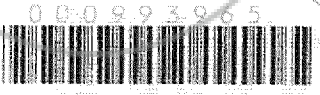
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4346852

CERTIFICATE OF DEATH

2023009466
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Alice Kay DUVALL			2. DATE OF DEATH (Mo/Day/Year) April 26, 2023		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) 2807 Squires St		3e. If Hosp. or Inst. Indicate DOA, OP/Emar. Rm. (Inpatient)(Specify) Home		
DECEDENT	5. RACE (Specify) White		5. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS 7c. UNDER 1 DAY HOURS MINS	
	9a. STATE OF BIRTH (If not US/CA, name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████-7892		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)			14b. KIND OF BUSINESS OR INDUSTRY		Ever in US Armed Forces? No
	14a. USUAL OCCUPATION ELEMENTARY SCHOOL OFFICE MANAGER		14b. KIND OF BUSINESS OR INDUSTRY ELEMENTARY SCHOOL		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2807 Squires St	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Archie Clarence STARN				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Phyllis Anna JOHNSON			
DISPOSITION	18a. INFORMANT- NAME (Type or Print) Sandra Kay DUVALL			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2807 Squires St Minden, Nevada 89423				
	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		
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JEFFREY M BAUGHN SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER FD993		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701		
	TRADE CALL - NAME AND ADDRESS							
CERTIFIER	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 A BOTTENBERG DO 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)				
	21b. DATE SIGNED (Mo/Day/Yr) April 30, 2023		21c. HOUR OF DEATH 17:19		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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) B A BOTTENBERG DO 4095 North Carson Street Carson City, NV 89706					23b. LICENSE NUMBER DO674		
CAUSE OF DEATH	24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 02, 2023		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).)							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) Senile Degeneration Of The Brain			Interval between onset and death				
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death				
(b) Unknown Etiology			Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death					
(c)			Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:			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 I. Hypertension					26. AUTOPSY (Spec) 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

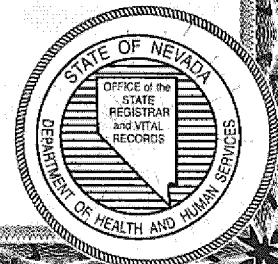
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **5/3/2023**

Cody Higgins

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