

APN: 1320-36-002-020

When Recorded, Please Return To:
Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423

Mail Future Tax Statements To:
William Arthur O'Keefe
1909 Horsebush Ct.
Gardnerville NV 89410



SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH OF TRUSTEE

(The attached document does contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA)
) SS.
DOUGLAS COUNTY)

I, William Arthur O'Keefe, being of legal age and duly sworn, depose and say under penalty of perjury under the laws of the State of Nevada:

That all of the real property located at 1909 Horsebush Court, Gardnerville, APN 1320-36-002-020, situated in the State of Nevada, County of Douglas, more precisely described as:

Lot 1, in Block C, as shown on the map of WILDFLOWER RIDGE SUBDIVISION, UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 19, 1990, in Book 1290, Page 2541, as Document No. 241308

(Pursuant to NRS 111.312, the above-legal description previously appeared in Quitclaim Deed recorded with the Douglas County Recorder on July 18, 2019, as Document Number 932250)

was acquired and held by Naomi June O'Keefe, as Trustee of the O'Keefe Trust dated June 11, 2019, by Quitclaim Deed executed by Naomi June O'Keefe, on June 11, 2019, which deed was thereafter recorded with the Douglas County Recorder on July 18, 2019;

That Naomi June O'Keefe died on July 23, 2023, as identified in Certificate of Death #2023016068, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit 1;

That Naomi June O'Keefe is the same person as Naomi June O'Keefe, Trustee of the O'Keefe Trust, dated June 11, 2019; and

That Affiant, William Arthur O'Keefe, is the successor Trustee under the above-referenced Trust, which was in effect at the time of Naomi June O'Keefe's death, and the Trust has not been revoked.

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

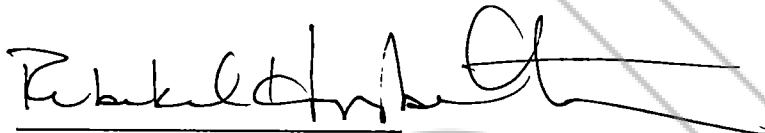
Date: September 27, 2023



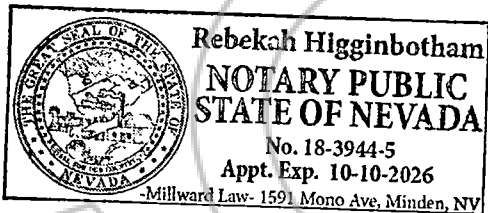
William Arthur O'Keefe, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on September 27th, 2023, by William Arthur O'Keefe.



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4361323

CERTIFICATE OF DEATH

20230 16068
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) Naomi June O'KEEFE		2. DATE OF DEATH (Mo/Day/Year) July 23, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) The Chateau @ Gardnerville		3e. If Hosp. or Inst. Indicate DOA, OP/Emer Rm. Inpatient(Specify) Residential Care Facility/Group Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 92		7b. UNDER 1 YEAR (MOS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) August 09, 1930		9a. STATE OF BIRTH (If not US/CA, name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-8873		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1909 Horsebush Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Ernest T BOYD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ina Juanita BALLENGER		
18a. INFORMANT- NAME (Type or Print) William O'KEEFE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1909 Horsebush Ct Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423	
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) NITA SCHWARTZ MD 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) July 25, 2023		21c. HOUR OF DEATH 03:35		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703	
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 25, 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).) PART I (a) Cerebral Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) Hypertension DUE TO, OR AS A CONSEQUENCE OF: (c) Hyperlipidemia DUE TO, OR AS A CONSEQUENCE OF: PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hyperlipidemia			
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) NATURAL		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	



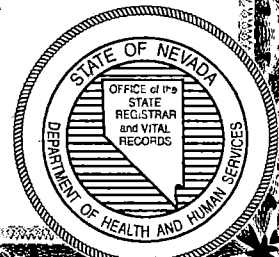
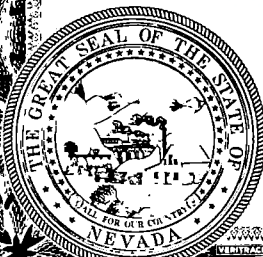
CERTIFIED COPY OF VITAL RECORDS

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.

Cody P. Phinney
STATE REGISTRAR

DATE ISSUED: 7/27/2023

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE