

APN: 1320-33-811-030

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



SHAWNYNE GARREN, RECORDER

Mail Future Tax Statements To:  
Stacy Drinkwine  
950 Morningstar Court  
Gardnerville NV 89460

**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, Stacy Drinkwine, 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 1302 Penn Lane, Gardnerville (APN 1320-33-811-030) situated in the State of Nevada, County of Douglas, more precisely described as:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 42, on Block C of FINAL SUBDIVISION MAP #1006-4 for CHICHESTER ESTATES, PHASE 4, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 11, 1997, in Book 1297, Page 2264, as Document No. 428220.

(Pursuant to NRS 111.312, the above-legal description previously appeared in Grant, Bargain, Sale Deed recorded with the Douglas County Recorder on April 18, 2022, as Document Number 983873)

was acquired and held by Affiant, Stacy Drinkwine, and Terry B. Hansen, as Trustees of the Hansen Family Trust dated November 2, 2021, by Grant, Bargain, Sale Deed executed by Stacy Drinkwine, on April 14, 2022, which deed was thereafter recorded with the Douglas County Recorder on April 18, 2022;

That Terry B. Hansen died on June 19, 2023, as identified in Certificate of Death #2023013436, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit 1;

That Terry B. Hansen is the same person as Terry B. Hansen , Trustee of the Hansen Family Trust dated November 2, 2021; and

That Affiant, Stacy Drinkwine, is the surviving Trustee under the above-referenced Trust, which was in effect at the time of Terry B. Hansen's death, and the Trust has not been revoked.

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

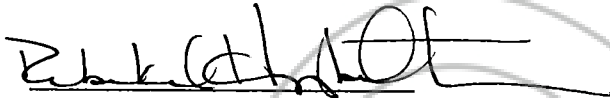
Affiant further sayeth naught.

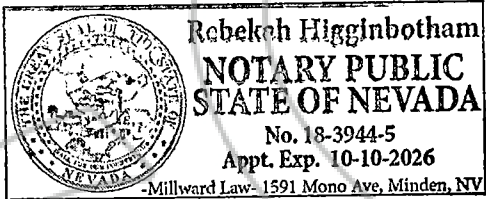
Date: September 26, 2023

  
Stacy Drinkwine, Affiant

State of Nevada )  
Douglas County )

This instrument was signed and sworn to before me, a Notary Public, on September 26<sup>th</sup>, 2023, by Stacy Drinkwine.

  
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. 4355373

**CERTIFICATE OF DEATH**

2023013436  
STATE FILE NUMBER

<b>TYPE OR PRINT IN PERMANENT BLACK INK</b>	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Terry Bernard HANSEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 19, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>950 Morningstar Ct</b>		3e. If Hosp or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
<b>DECEDENT</b>	7a. AGE-Last birthday (Years) <b>65</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
	8. DATE OF BIRTH (Mo/Day/Yr) <b>July 17, 1957</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Stacy Ann KNEPPER</b>	
<b>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	13. SOCIAL SECURITY NUMBER <b>██████-██-1812</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>MAIL CARRIER (POSTAL)</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>GOVERNMENT</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
	15d. STREET AND NUMBER <b>950 Morningstar Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
<b>PARENTS</b>	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James Bernard HANSEN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Anna Lee DOWNEY</b>		
	18a. INFORMANT- NAME (Type or Print) <b>Stacy Ann HANSEN</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>950 Morningstar Ct Gardnerville, Nevada 89460</b>		
<b>DISPOSITION</b>	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden NV 89423</b>	
<b>TRADE CALL</b>	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) <b>REED DOPF MD</b> <b>SIGNATURE AUTHENTICATED</b>			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)		
<b>CERTIFIER</b>	21b. DATE SIGNED (Mo/Day/Yr) <b>June 21, 2023</b>		21c. HOUR OF DEATH <b>09:10</b>		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)	
<b>REGISTRAR</b>	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>13920</b>	
	24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 21, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>CAUSE OF DEATH</b>	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
	PART I					
	(a) <b>Respiratory Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) <b>Acute Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) <b>Malignant, Metastatic Lung Carcinoma</b> 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 1.					26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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		28h. CITY OR TOWN STATE		



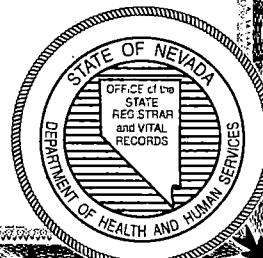
CERTIFIED COPY OF VITAL RECORDS

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: **6/22/2023**

*Cody J. Phinney*  
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