

APN: 1220-16-610-005

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

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



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, 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 950 Morningstar Court, Gardnerville (APN 1220-16-610-005) in the State of Nevada, County of Douglas, more precisely described as:

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

Lot 441, as shown on the Map of Resubdivision of Lots 91 A&B, 92 A&B, 93 through 96 and 221 through 232, GARDNERVILLE RANCHOS UNIT NO. 2, according to the map thereof, filed on July 10, 1967, in Book 1 of Maps, Document No. 37049, in the office of the County Recorder of Douglas County, State of Nevada.

(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 983851)

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 Terry B. Hansen, 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under the above-referenced Trust, which was in effect at the time of Terry B. Hansen's death, and the Trust has not been revoked.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



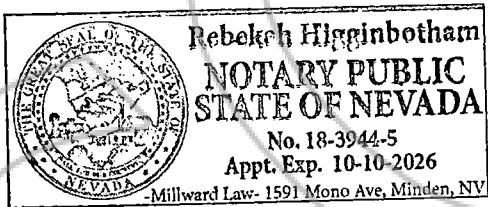
Stacy Drinkwine, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on September 26, 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. 4365373

CERTIFICATE OF DEATH

2023013436
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) Terry Bernard HANSEN		2. DATE OF DEATH (Mo/Day/Year) June 19, 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 and number) 950 Morningstar Ct		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 65		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) July 17, 1957		9a. STATE OF BIRTH (If not US/CA, name country) California			
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Stacy Ann KNEPPER		13. SOCIAL SECURITY NUMBER 1812		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) MAIL CARRIER (POSTAL)	
14b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 950 Morningstar Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) James Bernard HANSEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna Lee DOWNEY		
18a. INFORMANT- NAME (Type or Print) Stacy Ann HANSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 950 Morningstar Ct Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		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) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place 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) REED DOPF 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) June 21, 2023		21c. HOUR OF DEATH 09:10		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) WESLEY T STOREY SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 21, 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) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Malignant, Metastatic Lung Carcinoma DUE TO, OR AS A CONSEQUENCE OF: (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) 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	



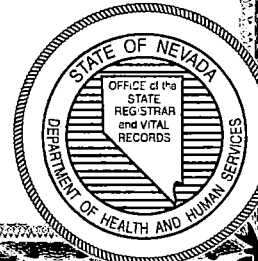
CERTIFIED COPY OF VITAL RECORDS

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: 6/22/2023

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

Cody D. Storey
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE