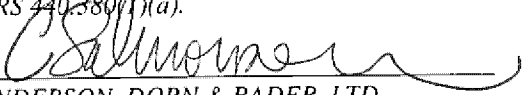


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 40.380(1)(a).


ANDERSON, DORN & RADER, LTD.

APN: 1320-33-810-046

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Ste. 860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Ste. 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

BETTY KINKEL, Trustee
KINKEL LIVING TRUST
1415 North Marion Russell Drive
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF TRUSTEE

I, BETTY KINKEL, 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 September 12, 2017, GERALD KINKEL and BETTY KINKEL executed the KINKEL LIVING TRUST (the "Trust").
- (2) GERALD KINKEL deceased on May 6, 2023, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the Death Certificate of GERALD KINKEL.
- (3) Said trust appointed me to serve as sole Trustee upon the death or incapacity of GERALD KINKEL.

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

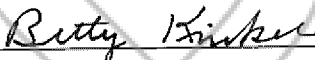
(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor 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.

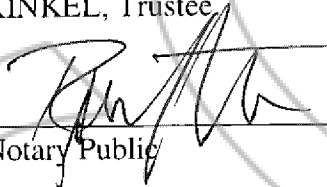
Executed on October 19, 2023, in Douglas County, State of Nevada.



BETTY KINKEL, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on October 19, 2023, by BETTY KINKEL, Trustee.



Notary Public

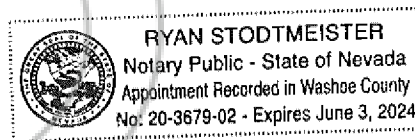


EXHIBIT "A"

Legal Description

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

LOT 97, BLOCK H AS SET FORTH ON FINAL SUBDIVISION MAP FSM-1006 OF CHICHESTER ESTATES PHASE 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 12, 1995, IN BOOK 995 AT PAGE 1407, AS DOCUMENT NO. 370215, AND BY CERTIFICATE OF AMENDMENT RECORDED MARCH 5, 1997, BOOK 397, PAGE 654 AS DOCUMENT NO. 407852.

APN: 1320-33-810-046

Property Address: 1415 N. Marion Russell Drive, Gardnerville, NV 89410

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

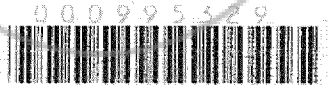
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4348591

CERTIFICATE OF DEATH

2023010193
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gerald Vernon KINKEL			2. DATE OF DEATH (Mo/Day/Year) May 06, 2023		3a. COUNTY OF DEATH Carson City									
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male								
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 04, 1945				
	9a. STATE OF BIRTH (If not US/CA, name country) Nevada		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) Betty Janice LAND						
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 9360			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SECURITY GUARD			14b. KIND OF BUSINESS OR INDUSTRY CASINO			Ever in US Armed Forces? No					
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1415 N Marion Russell Dr.			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Arthur KINKEL					17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel SCHLAPKOHL									
	18a. INFORMANT- NAME (Type or Print) Betty Janice KINKEL					18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1415 N Marion Russell Dr. Gardnerville, Nevada 89410									
DISPOSITION	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							
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER FD661		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706								
TRADE CALL	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) TATJANA DELEMUS 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) May 09, 2023			21c. HOUR OF DEATH 09:10									22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) Tatjana Delemus MD 1600 Medical Parkway Carson City, NV 89703							23b. LICENSE NUMBER 13163								
REGISTRAR	24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 10, 2023			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>							
	CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))											Interval between onset and death		
PART I (a) Cardiopulmonary Arrest											Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:											Interval between onset and death				
(b) Acute Respiratory Failure											Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:											Interval between onset and death				
(c) Left Emphyema											Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:											Interval between onset and death				
(d) Pneumonia											Interval between onset and death				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Congestive Heart Failure; Ischemic Cardiomyopathy; Coronary Artery Disease; Paroxysmal Atrial Fibrillation; Chronic Kidney Disease; Bilateral Lower Extremity Lymphedema											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			



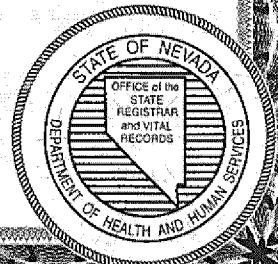
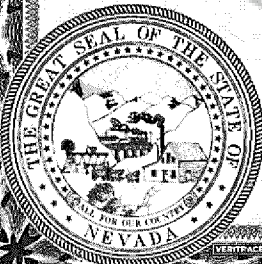
CERTIFIED COPY OF VITAL RECORDS

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.

Cody D. Shingy
STATE REGISTRAR

DATE ISSUED: **5/11/2023**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE