

APN: 1320-33-715-018

Recorded at the Request of/Return to:
HERITAGE LAW
1625 State Route 88, Suite 304
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

Mail Future Tax Statements To:
MAJORIE S. SMITH, Trustee
1331 Granborough Drive
Gardnerville, NV 89410

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law.

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

MARJORIE S. SMITH, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That KENNETH E. SMITH, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit B** and incorporated herein by reference, is the same person as KENNETH E. SMITH, Settlor of the *K & M Smith – 1998 Trust, dated September 28, 1998*, and any amendments thereto, Grantee in that certain *Grant, Bargain, and Sale Deed* dated November 13, 2018, and recorded on November 13, 2018, as Document No. 2018-922034 of Official Records of Douglas County, State of Nevada, which deed pertains to real property commonly known as 1331 Granborough Drive, Gardnerville, Douglas County, State of Nevada, more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT “A” AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description previously appeared in *Grant, Bargain, and Sale Deed* recorded on November 13, 2018, as Document No. 2018-922034.

MARJORIE S. SMITH shall forthwith serve as sole Trustee of the *K & M Smith - 1998 Trust, dated September 28, 1998*, and any amendments thereto.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

This deed was prepared without the benefit of a title search and the description of the property was furnished by the party(ies). The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

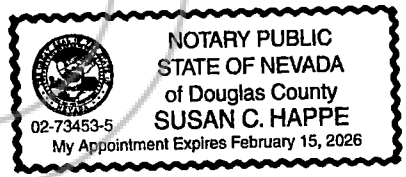
Dated: November 30, 2023.

Marjorie S. Smith
MARJORIE S. SMITH, Grantor, Surviving Spouse, and sole Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me, a Notary Public, on the 30th day of November, 2023, by MARJORIE S. SMITH, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Susan C. Happe
Notary Public



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**EXHIBIT "A"
LEGAL DESCRIPTION**

LOT 26, IN BLOCK H, AS SHOWN ON THE FINAL SUBDIVISION MAP #1006-7 OF CHICHESTER ESTATES PHASE 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON OCTOBER 13, 2000, IN BOOK 1000, PAGE 2398, AS DOCUMENT NO. 501336.

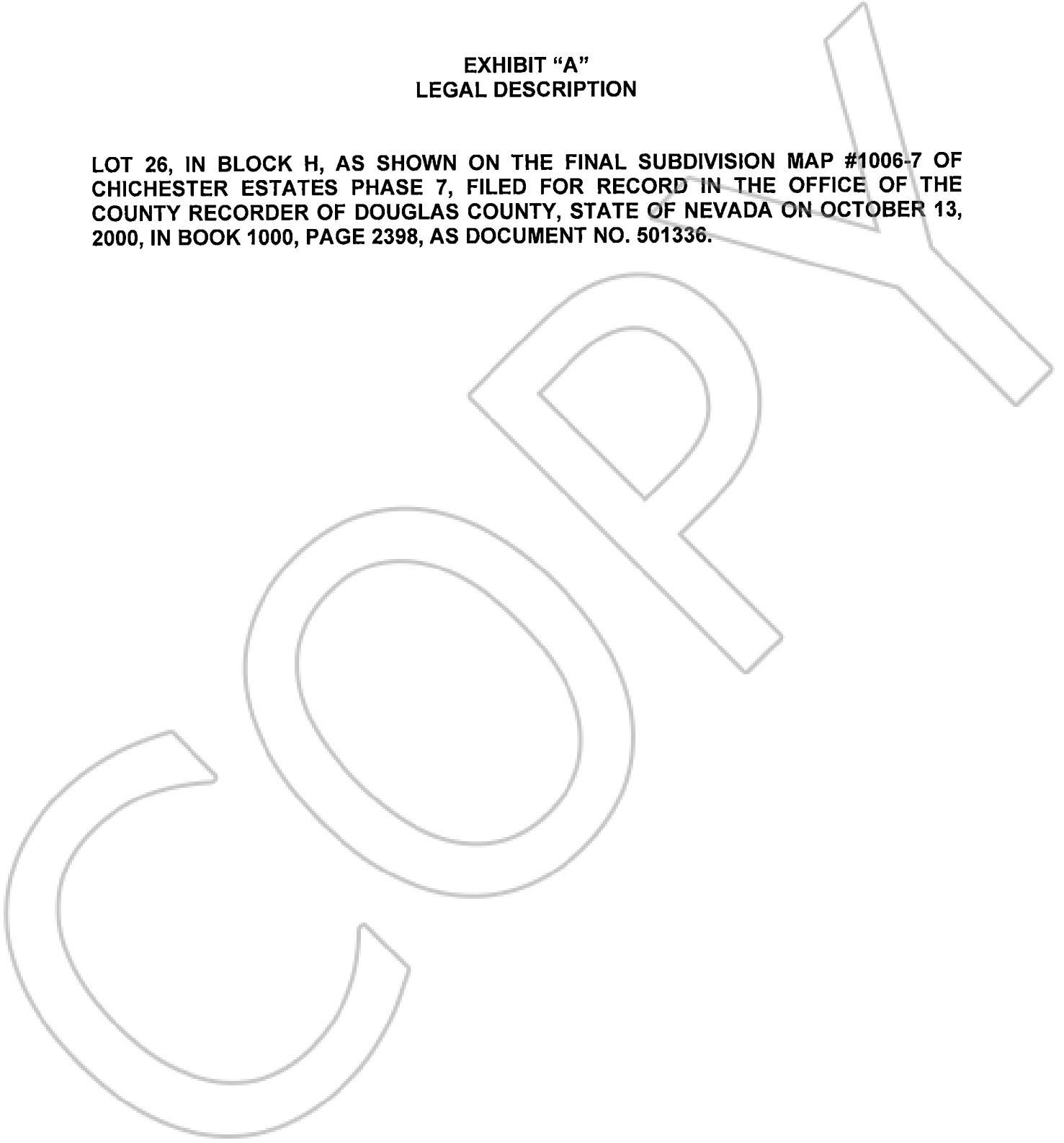


EXHIBIT B

K & M Smith – 1998 Trust, dated September 28, 1998

Deceased Grantor: KENNETH E. SMITH

Date of Death: August 3, 2021

Nevada Certificate of Death, KENNETH E. SMITH

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4228172

CERTIFICATE OF DEATH

2021019016
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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) Kenneth Eugene SMITH		2. DATE OF DEATH (Mo/Day/Year) August 03, 2021		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) 1331 Granborough Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient((Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS DAYS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 29, 1934		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) Marjorie ULLRICH	
13. SOCIAL SECURITY NUMBER ██████████-2881		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of POLICE OFFICER		14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1331 Granborough Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) William L SMITH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret LEWIS		
18a. INFORMANT- NAME (Type or Print) Marjorie SMITH			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1331 Granborough Dr Gardnerville, Nevada 89410		
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) DENICE PORTILLO SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) SIGNATURE AUTHENTICATED DOUGLAS VACEK DO			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) August 05, 2021		21c. HOUR OF DEATH 10:55		22b. DATE SIGNED (Mo/Day/Yr)	
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) Douglas Vacek DO 850 6th Street Lovelock, NV 89419				23b. LICENSE NUMBER 1125	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 13, 2021		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				Interval between onset and death	
(a) Cardiac Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Atherosclerotic Cardiovascular Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension				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 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	



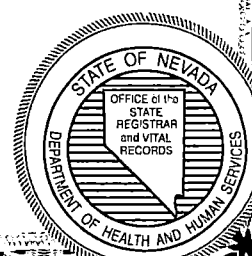
CERTIFIED COPY OF VITAL RECORDS

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: **8/31/2021**

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

Janey Gray
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE