

APN: 1220-16-710-016

**RECORDING REQUESTED BY and
AFTER RECORDING**

MAIL THIS AFFIDAVIT TO:

J. D. Sullivan, Esq.
SULLIVAN LAW
1625 State Route 88, Ste. 401
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

MAIL TAX STATEMENTS TO:

Ray Allen Love, Trustee
1314 Muir Drive
Gardnerville, NV 89460

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

**AFFIDAVIT OF DEATH
of Original and Successor Trustees, Declination of Successor Trustee,
and Assumption by Successor Trustee**

RAY ALLEN LOVE, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to the LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST DATED FEBRUARY 4, 2003, also known as the ETHEL MAYNARD SURVIVOR'S TRUST DATED FEBRUARY 4, 2003 amended and restated March 22, 2010, (the "Trust") under a revocable trust agreement executed by ETHEL M. MAYNARD as Grantor and Trustee.
2. The terms of Trust empower JOHN F. LOVE to act as the 1st Successor Trustee for the Trust in the event of the resignation, incapacitation, or death of ETHEL M. MAYNARD. The named 2nd Successor Trustee for the Trust is DONALD L. MAYNARD, sometimes erroneously referred to as DONALD L. MAYNARD II, and the named 3rd Successor Trustee is RAY ALLEN LOVE.
3. I, RAY ALLEN LOVE, declare under penalty of perjury that, pursuant to the attached Certificate of Death, ETHEL M. MAYNARD, also known as ETHEL MAE MAYNARD, the original Grantor and Trustee of the Trust, died on February 10, 2021 in Gardnerville, Douglas County, Nevada. Pursuant to the attached Certificate of Death, the 1st Successor Trustee JOHN F. LOVE, also known as JOHN FRANKLIN LOVE, died on August 03, 2023, in Gardnerville, Douglas County, Nevada. Pursuant to the attached Declination of Successor Trustee, the 2nd Successor Trustee DONALD L. MAYNARD has declined the position of becoming Trustee. Therefore, as the 3rd Successor Trustee named, I hereby affirm my incumbency as Successor Trustee, and declare my intention to act as the current Trustee of the LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST, or otherwise known as the ETHEL MAYNARD SURVIVOR'S TRUST.

4. ETHEL M. MAYNARD is the named Co-Trustee and Grantee with her late husband LESLIE J. MAYNARD, in that certain Grant Deed, granting to LESLIE J. MAYNARD and ETHEL M. MAYNARD, Trustee, and subsequent Trustees of the LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST, all right, title and interest in the following identified real property:

APN:1220-16-710-016

Commonly Known As:1314 Muir Drive, Gardnerville, Nevada 89460

Recorded On:February 6, 2003

As Document Number:0566336

In Book:0203

On Page:.....01684

Official Records of:.....Douglas County, Nevada

Legal Description:.....Lot 16, in Book A as shown on the Map of Gardnerville Ranchos Unit No. 4, filed in the Office of the County Recorder of Douglas County, State of Nevada, on April 10, 1967, in Map Book 1, Document No. 35914.

5. After LESLIE J. MAYNARD's death on September 1, 2003, the Affidavit by Surviving Co-Trustee was filed in the Office of the County Recorder of Douglas County, State of Nevada, on September 24, 2004, in Book 0904, Pages 10084- 10086, as Document No. 0625025.

6. The assets held under Trust are to be held under the following title:

RAY ALLEN LOVE, Trustee of the
LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST
dated February 4, 2003

7. The Trust has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
8. I hereby declare my authority to act as the authorized successor Trustee and the current Trustee. As the Trustee, I have all Trustee powers to sell, encumber, retain, or otherwise manage all property belonging to the LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST, also known as the ETHEL MAYNARD SURVIVOR'S TRUST, including, but not limited to, the above-described real property, including any portion thereof.
9. I make this affirmation under penalty of perjury on December 12, 2023.



RAY ALLEN LOVE, Trustee
of the LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST
also known as the ETHEL MAYNARD SURVIVOR'S TRUST

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

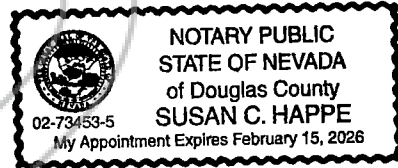
State of Nevada)

County of Douglas)

Subscribed and sworn to (or affirmed) before me on December 12, 2023 by RAY ALLEN LOVE, proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

Witness my hand and official seal.

Susan C. Happe
Notary Public, Susan C. Happe



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4197016

CERTIFICATE OF DEATH

2021004690
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

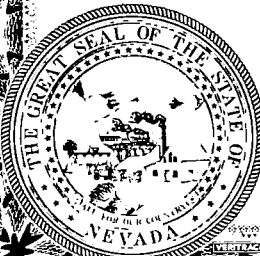
CERTIFIER

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) Ethel Mae MAYNARD		2. DATE OF DEATH (Mo/Day/Year) February 10, 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 ar number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 93		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 12, 1927		9a. STATE OF BIRTH (If not US/CA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 8		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-4454		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HAIRDRESSER		14b. KIND OF BUSINESS OR INDUSTRY BEAUTY SHOP	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1314 Muir Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Cruso R KENNISON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Naomi MCDOWELL		
18a. INFORMANT- NAME (Type or Print) John LOVE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1314 Muir Dr Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILIP R MAYFIELD SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) TREVOR PHAN 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) February 22, 2021		21c. HOUR OF DEATH 21:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Trevor Phan MD 1107 Highway 395 Gardnerville, NV 89410			
23b. LICENSE NUMBER 12765		24a. REGISTRAR (Signature) CELESTE RAMIREZ MUNOZ SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 22, 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					
(a) Type II Non ST Elevation Myocardial Infarction					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Renal Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Severe Sepsis					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Small Bowel Obstruction					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Dementia, Hypertension				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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	



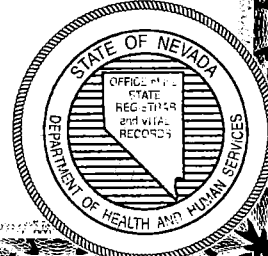
CERTIFIED COPY OF VITAL RECORDS

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 P. Phinney
STATE REGISTRAR

DATE ISSUED: 10/10/2023

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4363665

CERTIFICATE OF DEATH

2023017323
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) John Franklin LOVE		2. DATE OF DEATH (Mo/Day/Year) August 03, 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 number) 1314 Muir Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 75	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 11	11. MARITAL STATUS (Specify) Divorced	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER ██████████6486		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY STONEMASONRY	15. Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1314 Muir Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Grover Ray LOVE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel May MAYNARD		
18a. INFORMANT- NAME (Type or Print) Ray Allen LOVE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1314 Muir Drive Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943	20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706		
TRADE CALL - NAME AND ADDRESS					
21a. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DENVER J MILLER MD SIGNATURE AUTHENTICATED			22a. To Be Completed by CORONER'S OFFICE 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 10, 2023		21c. HOUR OF DEATH 18:25	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) Denver J Miller MD 5538 Longley Lane Reno, NV 89511				23b. LICENSE NUMBER 7330	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 10, 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					Interval between onset and death
(a) Acute Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:					Minutes
(b) Hypoxia DUE TO, OR AS A CONSEQUENCE OF:					Minutes
(c) Unknown Severe Protein-Calorie Malnutrition DUE TO, OR AS A CONSEQUENCE OF:					Months
(d) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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

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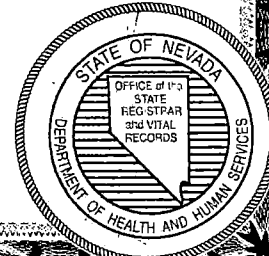
8/11/2023

DATE ISSUED:

Cody D. Storey

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

**DECLINATION OF
DONALD L. MAYNARD AS SUCCESSOR TRUSTEE OF THE
LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST,
ALSO KNOWN AS THE ETHEL MAYNARD SURVIVOR'S TRUST**

On the date set forth below, I, DONALD L. MAYNARD, sometimes erroneously referred to as DONALD L. MAYNARD II, as the 2nd named Successor Trustee, decline to serve as Trustee of the LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST dated February 4, 2003, also known as the ETHEL MAYNARD SURVIVOR'S TRUST dated February 4, 2003 amended and restated March 22, 2010, (the "Trust").

In accordance with the terms of the Trust, upon the deaths of ETHEL M. MAYNARD, Trustee, and JOHN F. LOVE, the 1st named Successor Trustee of the Trust, and my declination to serve as Trustee, my brother RAY ALLEN LOVE as the 3rd named Successor Trustee becomes the current Trustee of the Trust.

I hereby affirm that I executed this document and decline to serve for reasons of my convenience and preference. I execute this document retaining full confidence in the competence of RAY ALLEN LOVE to act as the current Trustee of the Trust.

IN WITNESS WHEREOF, this Declination shall bind RAY ALLEN LOVE as the remaining Successor Trustee and now the current Trustee of the LESLIE J. MAYNARD & ETHEL M. MAYNARD FAMILY TRUST, also known as the ETHEL MAYNARD SURVIVOR'S TRUST.

.Dated 12/3/2023 Successor Trustee:

Donald L. Maynard II
DONALD L. MAYNARD
Erroneously referred to sometimes as Donald L. Maynard II