

APN: 1318-23-218-001

**RECORDING REQUESTED BY
AND RETURN TO:**

Morris Estate Planning Attorneys
3333 E. Serene Ave., Ste. 200
Henderson, NV 89074

**MAIL FUTURE TAX
STATEMENTS TO:**

Ms. Barbara D. Falvey
1551 Ala Wao Blvd., #3401
Honolulu, HI 96815

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)

) ss.

COUNTY OF CLARK)

BARBARA D. FALVEY, being first duly sworn, deposes and says:

1. That RAYMOND P. FALVEY and BARBARA D. FALVEY created the FALVEY FAMILY TRUST, dated November 24, 2004, as amended or restated, wherein RAYMOND P. FALVEY and BARBARA D. FALVEY were designated as the original Trustees.

2. That RAYMOND P. FALVEY died on October 11, 2022, and is the identical person named as RAYMOND PATRICK FALVEY on the certified copy of the Death Certificate, which is attached hereto and by this reference incorporated herein.

3. That BARBARA D. FALVEY is named in said Trust as the sole Trustee of the Trust; and hereby files this Affidavit and accepts the Trusteeship of the FALVEY FAMILY TRUST, dated November 24, 2004, as amended or restated.

4. That this Affidavit of Death of Trustee is applicable to the following parcel of real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

LOT 53-A, AS SHOWN ON THE MAP OF LAKE VILLAGE UNIT NO. 2-D, FILED IN THE OFFICE OF THE COUNTY RECORDER ON JUNE 5, 1972, AS DOCUMENT 59803, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

Dated February 1, 2023.



BARBARA D. FALVEY

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

Subscribed and sworn to (or affirmed) before me on February 1, 2023 by
BARBARA D. FALVEY.



NOTARY PUBLIC



AMBER D. ARMSTRONG
Notary Public State of Nevada
No. 15-2641-1
My Appt. Exp. July 20, 2023

Notary Stamp

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

Items 27a, 31 completed per supplemental 11-14-2022 c1c

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. **2022-13083**

10/18/2022

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RABBIT SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §39-2011C AND §39-714 IDAHO CODE

Local Reg No

<p>DECEDECENT</p> <p>TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN.</p> <p>FOR INSTRUCTIONS SEE HANDBOOKS</p>	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) RAYMOND PATRICK FALVEY		2. SEX MALE	3. SOCIAL SECURITY NUMBER ██████-██-6510		
	4a. AGE-Last Birthday 67 (Years)		4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo/Day/Yr) 08/03/1955	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) SAN FRANCISCO, CALIFORNIA		7a. RESIDENCE - STATE OR FOREIGN COUNTRY HAWAII			
	7b. COUNTY HONOLULU		7c. CITY OR TOWN HONOLULU			
	7d. STREET AND NUMBER 1551 ALA WAI BLVD		7e. APT. NO.	7f. ZIP CODE 96815	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>PARENTS</p> <p>COMPLETE/Verify and File Within 5 Days of Death</p>	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) BARBARA DERGE			
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) RAYMOND FALVEY		11b. BIRTHPLACE (State, Territory, or Foreign Country) NEVADA	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) BEVERLY CALLAHAN		12b. BIRTHPLACE (State, Territory, or Foreign Country) CALIFORNIA			
	13a. INFORMANT'S NAME (Type or print) BARBARA FALVEY		13b. RELATIONSHIP TO DECEDENT SPOUSE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1551 ALA WAI BLVD, APT. 3402 HONOLULU, HI 96815	
	14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery) ASPEN HILL CEMETERY JACKSON, WYOMING 83001		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY COLTRIN MORTUARY 2100 FIRST STREET IDAHO FALLS, IDAHO 83401	
<p>DISPOSITION</p> <p>PLACE OF DEATH</p> <p>DATE OF DEATH</p> <p>CAUSE OF DEATH</p>	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DOUG COLTRIN		17b. LICENSE NUMBER (Of licensee) M1021	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		20. FACILITY NAME (If facility, give street and number) 201 STATE LINE RD. FREEDOM, ID 83210	
	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE BONNEVILLE		22. COUNTY OF DEATH BONNEVILLE		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 10, 2022	
	24. TIME OF DEATH (24hr) Estimated 21:00 - 23:00		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 11, 2022		26. TIME PRONOUNCED DEAD (24hr) 14:28	
	27. CAUSE OF DEATH PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT abbreviate. Enter only one cause or a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) PENDING ACUTE MYOCARDIAL INFARCTION		27a. APPROXIMATE TIME INTERVAL MINUTES		27b. APPROXIMATE TIME INTERVAL MINUTES	
28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
31. DATE OF INJURY (Mo/Day/Yr) (Spell month)		32. TIME OF INJURY (24hr)		33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		
34. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____		35. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		36. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable		38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		
39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s)/manner stated.		39b. LICENSE NUMBER		39c. DATE SIGNED 10 / 17 / 2022 MM DD YYYY		
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) RICK D. TAYLOR, 605 N CAPITAL AVENUE IDAHO FALLS, ID 83402		40a. REGISTRAR'S SIGNATURE <i>James B. Galtte</i>		40b. DATE SIGNED 10 / 18 / 2022 MM DD YYYY		

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

NOVEMBER 16, 2022

DATE ISSUED:

James B. Galtte

JAMES B. ANDELOTTE
STATE REGISTRAR

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

Rev 11/23/21

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

