

APN: 1420-29-812-032



00164929202309938970040044

SHAWNYNE GARREN, RECORDER

Recording Requested By:

HERITAGE LAW

1625 Highway 88, Suite 304

Minden, Nevada 89423

Mail Future Tax Statements To:

JOYCE E. MULLEN and

GARY G. MULLEN, Co-Trustees

1145 North Fork Trail

Minden, NV 89423

The undersigned hereby affirms that the document
Submitted for recording DOES contain personal information
as required by law: Affidavit of Death – NRS 440.380(1)(A) &
NRS 40.525(5)

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

JOYCE E. MULLEN, 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 GERALD G. MULLEN, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as GERALD G. MULLEN, Settlor of the *Gerald and Joyce E. Mullen Revocable Trust dated November 29, 1898, as restated, and any amendments thereto*, and named as one of the grantees in that certain Grant, Bargain, Sale Deed executed on May 6, 2004, by JERRY G. MULLEN and JOYCE E. MULLEN, husband and wife as joint tenants, and recorded on May 7, 2004, as Document No. 0612508 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 1145 North Fork Trail, Minden, Douglas County, Nevada, and more precisely described as:

Lot 30, in Block C, as set forth on Final Subdivision Map, Planned Development PD 02-01 for NORTH FORK TRAILS, filed in the office of the County Recorder of Douglas County on October 20, 2003, in Book 1003, Page 9460, as Document No. 594029.

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant, Bargain, Sale Deed recorded as Document No. 0612508 of Official Records of Douglas County, State of Nevada, on May 7, 2004.

Accordingly, JOYCE E. MULLEN and GARY G. MULLEN shall forthwith serve as Trustees of the *Gerald and Joyce Mullen Revocable Trust, dated November 28, 1989, as restated, and any amendments thereto*. JOYCE E. MULLEN is the surviving Grantor and Trustee, and GARY G. MULLEN was appointed Co-Trustee of the trust on February 18, 2022.

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


Dated: February 4, 2023.



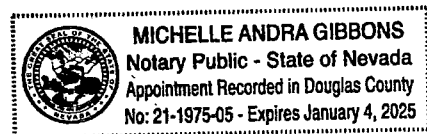
JOYCE E. MULLEN

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On February 4, 2023, before me a notary public, personally appeared JOYCE E. MULLEN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.



Notary Public



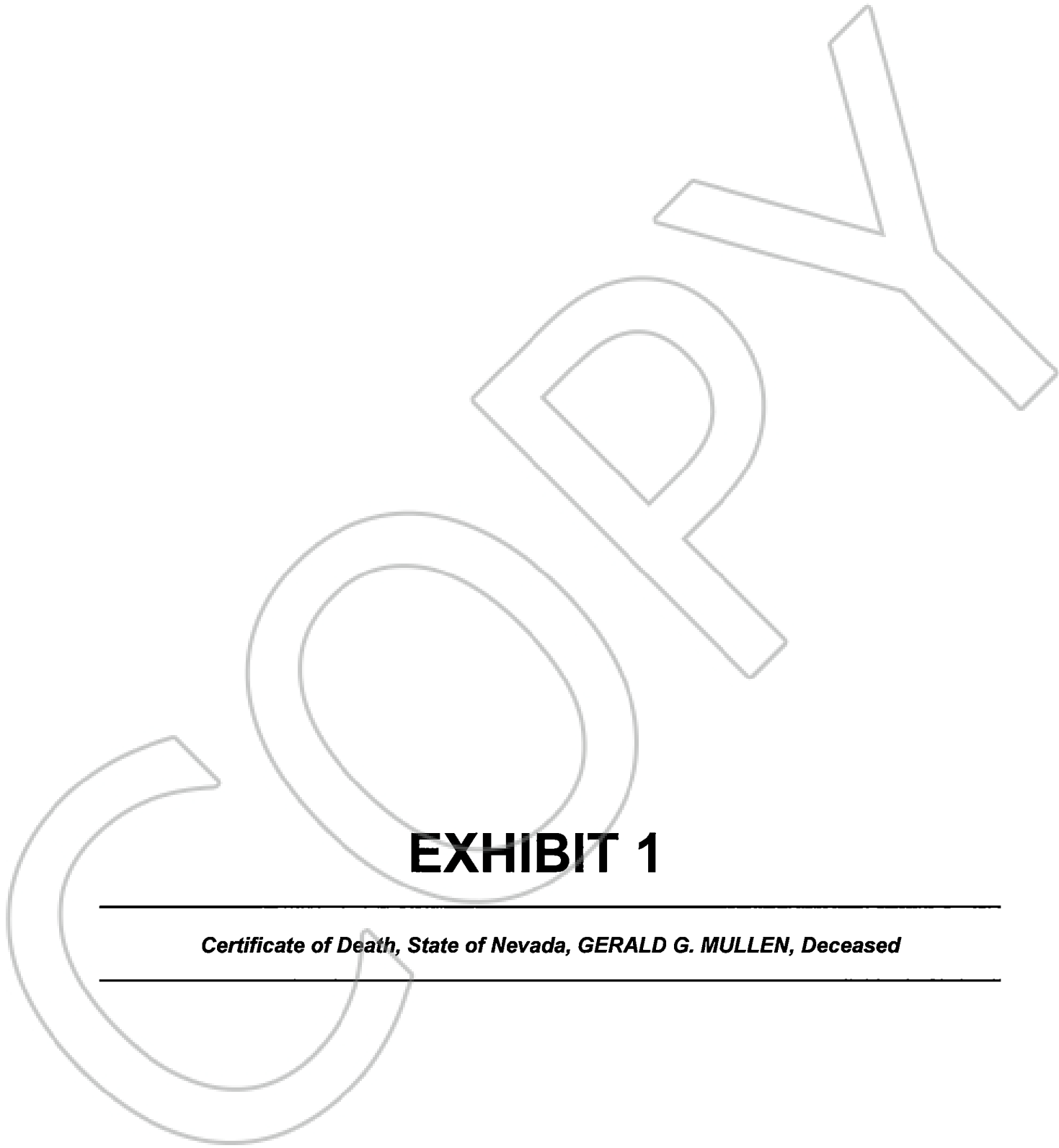


EXHIBIT 1

Certificate of Death, State of Nevada, GERALD G. MULLEN, Deceased

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4331357

CERTIFICATE OF DEATH

2023001818
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) Gerald Gordon MULLEN		2. DATE OF DEATH (Mo/Day/Year) January 26, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1145 North Fork Trail		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 95	
8. DATE OF BIRTH (Mo/Day/Yr) April 26, 1927		9a. STATE OF BIRTH (If not US/CA, name country) Wisconsin		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) Joyce Elaine ROSSOW	
13. SOCIAL SECURITY NUMBER [REDACTED] 1650		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1145 North Fork Trail		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Gordon Grant MULLEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Theda Lorraine GILMER		
18a. INFORMANT- NAME (Type or Print) Joyce Elaine MULLEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1145 North Fork Trail Minden, Nevada 89423			
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) BETHANY J RASHUSSEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Creations 1575 N Lompa Ln Carson City NV 89701	
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) B A BOTTENBERG DO 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) January 31, 2023		21c. HOUR OF DEATH 23:57		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) B A Bottenberg DO 4095 North Carson Street Carson City, NV 89706			
23b. LICENSE NUMBER DO674		24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 31, 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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Hyperlipidemia DUE TO, OR AS A CONSEQUENCE OF: (d) Unknown Etiology			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hypertension, Unspecified Dementia, Atrial Fibrillation.				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

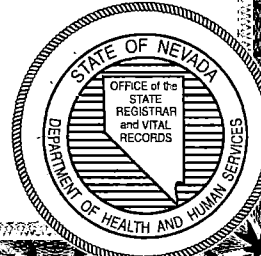
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

2/9/2023

DATE ISSUED:

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

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE