

APN# 1420-34-110-002

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: The Armstrong Family Revocable Trust dated April 17, 2020

Address: 6771 Bonillo Dr

City/State/Zip: LAS VEGAS NV 89103

AFFIDAVIT DEATH OF TRUSTEE

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

E.TOBIAS

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
The Armstrong Family Revocable
Trust

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-34-110-002

File No.: 143-2660855 (et)

Affidavit - Death of Trustee

State of NV)
County of DOUGLAS)ss.
)

Raymond E. Longcrier and Natasha A. Avila ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Claire Marie Armstrong** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **August 31, 2021** at **Minden, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **April 17, 2020** executed by **Claire M. Armstrong and Phillip Garland Armstrong** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **April 17, 2020** which was recorded as Instrument No. **2020-944860** in Book **N/A**, Page **N/A**, of Official Records of **DOUGLAS** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 3-2-23

DECLARANT:

Raymond E. Longcrist
Raymond E. Longcrist

DECLARANT:

Natasha A. Avila

State of _____)
County of _____)ss
_____)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County _____ and State _____, this _____ day of _____, 20____ by _____, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature _____

My Commission Expires: _____

Notary Name: _____ Notary Phone: _____

Notary Registration Number: _____ County of Principal Place of Business _____

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 California
County of San Joaquin

Subscribed and sworn to (or affirmed) before me on this 2nd
day of March, 2023, by Raymond E. Longcrier

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in black ink that reads "J. Womack". The signature is written in a cursive style and is positioned over a horizontal line.

Dated: 3/3/23

DECLARANT:

Raymond E. Longcrier

DECLARANT:

Natasha A.
Natasha A. Avila

State of Nevada)
County of Clark)ss

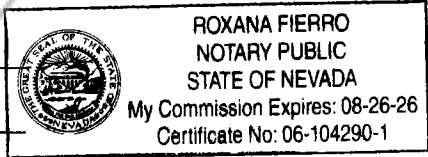
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Clark and State Nevada, this 3 day of March, 2023 by Natasha A. Avila, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature [Handwritten Signature]

My Commission Expires: 8-26-26

This area for official notarial seal



Notary Name: Roxana Fierro Notary Phone: 702-576-1282
Notary Registration Number: 06-104290-1 County of Principal Place of Business Clark

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

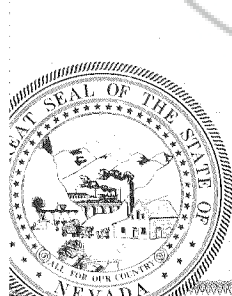
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4233998

CERTIFICATE OF DEATH

2021021438
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Claire Marie ARMSTRONG		2. DATE OF DEATH (Mo/Day/Year) August 31, 2021		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 2753 Clapham Ln		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEASED	4. SEX Female		5. RACE (Specify) White		6. DATE OF BIRTH (Mo/Day/Yr) July 08, 1952	
	6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS DAYS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) New Hampshire		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Philip G ARMSTRONG			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████ 9034		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) QUALITY ASSURANCE		14b. KIND OF BUSINESS OR INDUSTRY ELECTRONICS	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
PARENTS	15d. STREET AND NUMBER 2753 Clapham Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Alphonse COTE	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Aline		18a. INFORMANT- NAME (Type or Print) Philip G ARMSTRONG			
DISPOSITION	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2753 Clapham Ln Minden, Nevada 89423				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial	
	19b. CEMETERY OR CREMATORY - NAME Glen Oaks Memorial Park		19c. LOCATION City or Town State Chico California 95928			
GRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENICE PORTILLO		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	20d. SIGNATURE AUTHENTICATED					
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) B A BOTTENBERG DO					
	21b. DATE SIGNED (Mo/Day/Yr) September 07, 2021		21c. HOUR OF DEATH 14:59		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)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) B A Bottenberg DO 550 W Washington #1 Carson City, NV 89706				23b. LICENSE NUMBER DO674	
	24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 07, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Adenocarcinoma Of The Duodenum With Metastasis To The Abdomen				Interval between onset and death	
	(b) Unknown Etiology				Interval between onset and death	
(c) 				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: **9/7/2021**

Lucy Shugart
STATE REGISTRAR

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

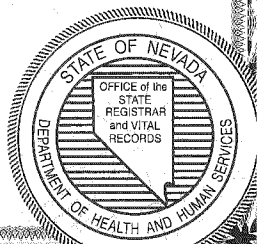


EXHIBIT 'A'

LOT 2 IN BLOCK A OF MOUNTAIN VIEW ESTATES UNIT 4, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON APRIL 13, 1990 IN BOOK 490, PAGE 1894 AS DOCUMENT NO. 223927 OF OFFICIAL RECORDS.

