

APN: 1320-33-230-010
WHEN RECORDED RETURN TO:
Mike Pavlakis, Esq.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702



MAIL TAX STATEMENTS TO:
David M. Valenzuela
5040 Hells Bells Road
Carson City, NV 89701

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss
CARSON CITY)

DAVID M. VALENZUELA, being first duly sworn, deposes and says:

1. That the LORRAINE L. VIGIL LIVING TRUST was established on September 25, 2001 by LORRAINE L. VIGIL, as Grantor and as Trustee.
2. That the Grantor, LORRAINE L. VIGIL, died on January 25, 2023, in Carson City, Nevada, and a certified copy of her Certificate of Death issued by the State of Nevada is marked EXHIBIT A, attached hereto and incorporated herein by this reference.
3. That due to the passing of the Grantor, the currently acting Trustee of the LORRAINE L. VIGIL LIVING TRUST is DAVID M. VALENZUELA.
4. That pursuant to that certain Grant, Bargain and Sale Deed recorded in the Official Records of Douglas County, State of Nevada, on April 11, 2019, as Document Number 2019-927725, said Trust is the owner of all that certain parcel of real property commonly known as 1237 Heybourne Road, Gardnerville, Douglas County, Nevada, more particularly described as follows:

Lot 121, of the Final Map Planned Unit Development PD 04-008
HEYBOURNE MEADOWS (fka The Ranch at Gardnerville) Phase IIE,
recorded July 24, 2018, as Document No. 2018-917168, Official Records,
Douglas County, Nevada

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5. That due to the passing of LORRAINE L. VIGIL, the LORRAINE L. VIGIL
LIVING TRUST is irrevocable.

6. That this affidavit is made and executed in accordance with the laws of the State of
Nevada.

7. That Affiant certifies and declares under penalty of perjury in accordance with the
laws of the State of Nevada that the foregoing is true and correct.

DATED this 6th day of March, 2023.

David M. Valenzuela
DAVID M. VALENZUELA

STATE OF NEVADA)
 : ss.
CARSON CITY)

On March 6, 2023, personally appeared before me, a notary
public, DAVID M. VALENZUELA, personally known (or proved) to me to be the person whose
name is subscribed to the foregoing instrument, who acknowledged to me that he executed the
foregoing instrument.

Lori I. Tonne
NOTARY PUBLIC

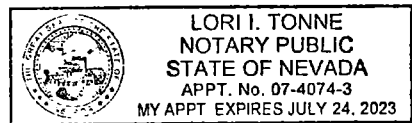


EXHIBIT A

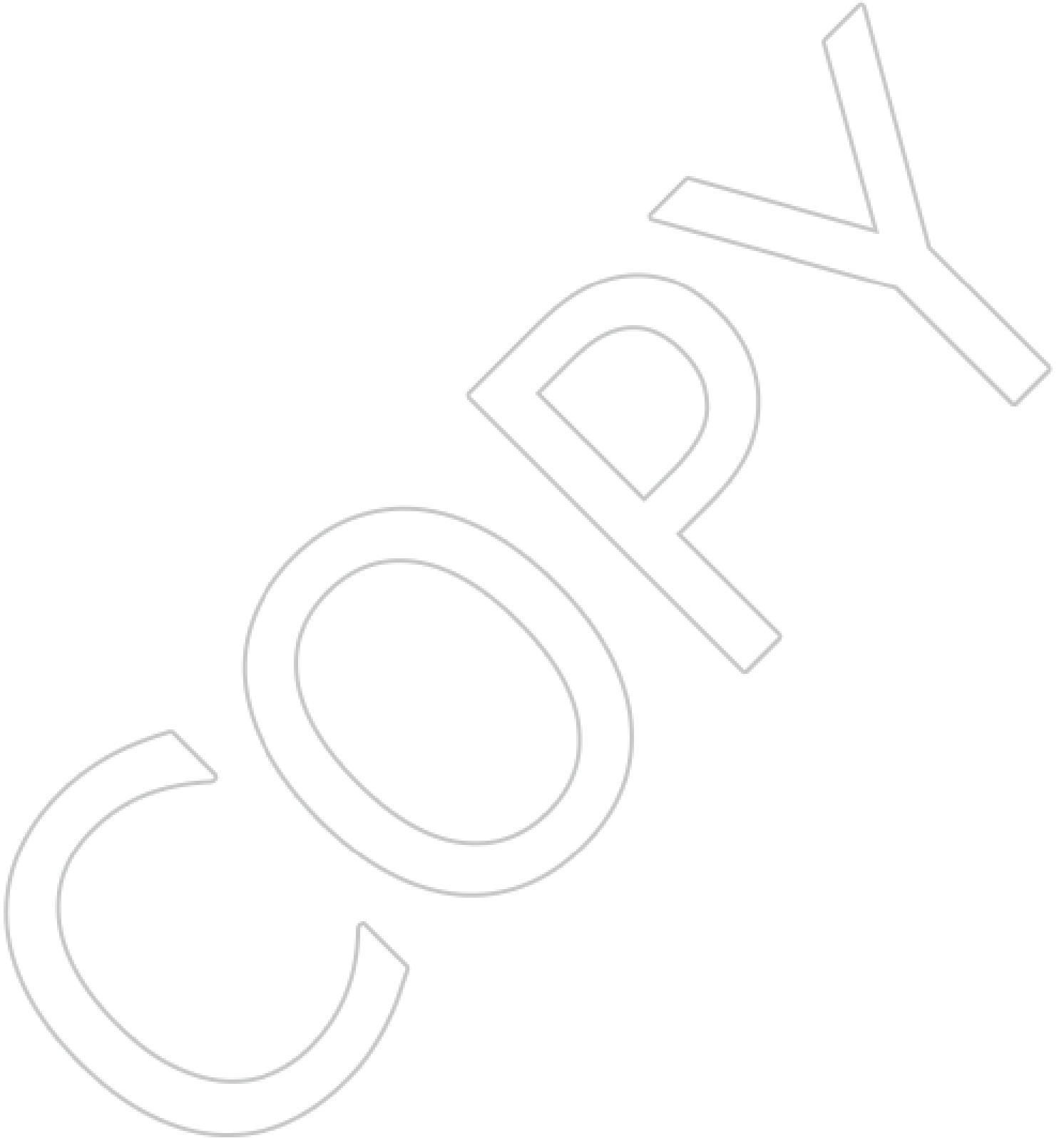


EXHIBIT A

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4330689

CERTIFICATE OF DEATH

2023002401
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,SUFF'X) Lorraine Lucille VIGIL		2. DATE OF DEATH (Mo/Day/Year) January 25, 2023		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 5040 Hells Bells Road		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 07, 1951		9a. STATE OF BIRTH (If not US,CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 6827		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SELF EMPLOYED		14b. KIND OF BUSINESS OR INDUSTRY Property Mangement	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 5040 Hells Bells Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Juan VIGIL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dora CHAVEZ		
18a. INFORMANT- NAME (Type or Print) DAVID MATTHEW VALENZUELA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5040 Hells Bells Road Carson City, Nevada 89701			
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) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr 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) NITA SCHWARTZ 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 03, 2023		21c. HOUR OF DEATH 07:18		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 08, 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) Breast Cancer With Metastasis DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (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	



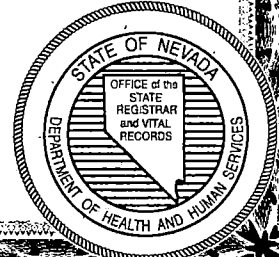
CERTIFIED COPY OF VITAL RECORDS

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: **2/21/2023**

Scott Spangler
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