

APN: 1321-32-002-035



SHAWNYNE GARREN, RECORDER

Recorded at the Request of:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, Nevada 89423

Mail Future Tax Statements To:
CATHERINE L. STANFORD, Trustee
1465 Calle Pequeno
Gardnerville, NV 89410

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law.

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

CATHERINE L. STANFORD, 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 JACK R. WYLE, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit B** and incorporated herein by reference, is the same person as JACK R. WYLE, Settlor of the *Jack R. Wyle and Mary L. Wyle Revocable Trust, dated May 19, 1993*, and any amendments thereto, Grantee in that certain *Individual Grant Deed* dated February 3, 1994, and recorded on March 1, 1994, as Document No. 1994-331289, of Official Records of Douglas County, State of Nevada, which deed pertains to real property commonly known as 1465 Calle Pequeno, Gardnerville, Douglas County, State of Nevada, more precisely described as:

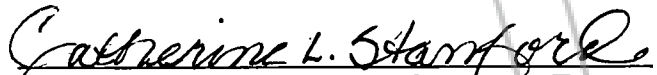
SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description previously appeared in *Individual Grant Deed* recorded on March 1, 1994, as Document No. 1994-331289.

CATHERINE L. STANFORD shall forthwith serve as sole Trustee of the *Jack R. Wyle and Mary L. Wyle Revocable Trust, dated May 19, 1993*, and any amendments thereto.

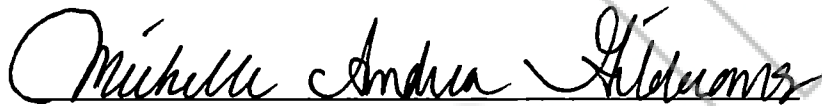
I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

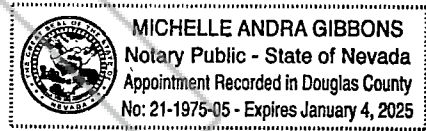
Dated: March 7, 2023.


CATHERINE L. STANFORD, Successor Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On March 7, 2023, before me, a Notary Public, personally appeared CATHERINE L. STANFORD, personally know to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is subscribed to this instrument, and acknowledged that she executed it.


Notary Public



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**EXHIBIT "A"
LEGAL DESCRIPTION**

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Parcel A, as set forth on the Parcel Map of Charles D. Jones, being a portion of the Northeast quarter of the Southwest quarter of Section 32, Township 13 North, Range 21 East, M.D.B. & M., recorded April 18, 1978, in Book 478, Page 1020, Document No. 19736, Official Records of Douglas County, State of Nevada.

RESERVING THEREFROM non-exclusive easements for roadway and utility purposes 25 feet in width lying parallel and adjacent to the North and West boundaries of said Parcel A and as set forth on said Map.

EXHIBIT B

Jack R. Wyle and Mary L. Wyle Revocable Trust
Grantor: JACK R. WYLE
Date of Death: December 13, 2022

Nevada Certificate of Death, Jack R. Wyle

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4323017

CERTIFICATE OF DEATH

2022029407
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) Jack Riggs WYLE		2. DATE OF DEATH (Mo/Day/Year) December 13, 2022		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) 1465 Calle Paqueno		3a. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 97		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) July 08, 1925		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]-0975		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of CONSTRUCTION CONTRACTOR)		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1465 Calle Paqueno		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jacques WYLE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Catherine RIGGS		
18a. INFORMANT- NAME (Type or Print) Catherine STANFORD			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1446 Calle Paqueno Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Creations 1600 Buckeye Rd Minden NV 89423	
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) ADAM WINDSOR			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) ADAM WINDSOR		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) February 15, 2023	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) December 13, 2022		22c. HOUR OF DEATH 09:45	
22e. PRONOUNCED DEAD AT (Hour) 09:45		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Adam Windsor P O Box 218 Minden, NV 89423			
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 15, 2023	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				23b. LICENSE NUMBER 446	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Gunshot Wound Of The Head					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
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) Yes	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) December 13, 2022		28c. HOUR OF INJURY 0932	
28d. DESCRIBE HOW INJURY OCCURRED Self Inflicted Gunshot To The Head					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Residence		28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE 1465 Calle Paqueno Gardnerville Nevada	



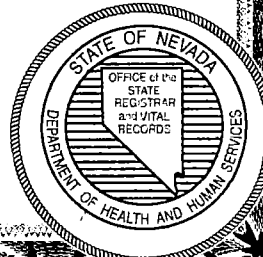
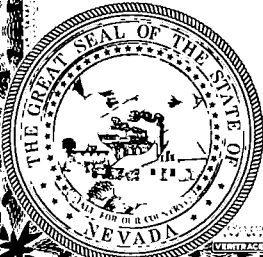
CERTIFIED COPY OF VITAL RECORDS

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