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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1320-33-714-031

Recording requested by: )  
Bradford Towle )  
1313 BROOKE WAY )  
GARDNERVILLE, NV 89410 )

When recorded mail to: )  
Bradford Towle )  
1313 BROOKE WAY )  
GARDNERVILLE, NV 89410 )

Mail tax statement to: )  
Bradford Towle )  
1313 BROOKE WAY )  
GARDNERVILLE, NV 89410 )

**AFFIDAVIT – DEATH OF CO-TRUSTEE**

I, BRADFORD ALLAN TOWLE, of legal age, being first duly sworn, declare under penalty of perjury that:

LYNN DEE TOWLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LYNN DEE TOWLE named as one of the parties (grantee) in that certain deed dated April 27, 2012, and executed by Bradford Allen Towle and Lynn Dee Towle, Husband and Wife as Joint Tenants (grantors) to Bradford Allen Towle and Lynn Dee Towle, Trustees of the Bradford Allen Towle and Lynn Dee Towle October 2009 Trust (grantees), recorded on May 3, 2012, as Document No. 801860 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 31, Block F, as set forth on Final Subdivision Map No. 1006-6 for CHICHESTER ESTATES, PHASE 6, filed in the office of the County Recorder of Douglas County, Nevada and recorded February 16, 2000 in Book 0200, Page 2552, as Document No. 486411,

Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Subject to:

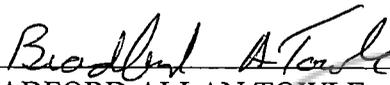
1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

LYNN DEE TOWLE, the deceased party, died on December 22, 2013, as shown in the attached certified copy of Certificate of Death.

Pursuant to the terms of the Trust, the present Trustee of the Trust is BRADFORD ALLAN TOWLE.

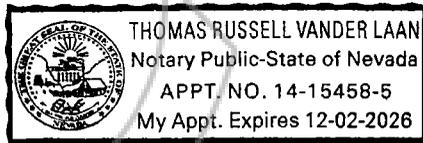
The Affiant is the Husband of the deceased Co-Trustee and now the sole Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such.

Executed on April 5, 2023, in the county of Douglas, state of Nevada.

  
 \_\_\_\_\_  
 BRADFORD ALLAN TOWLE  
 Trustee of the Bradford Allen Towle and Lynn Dee Towle October 2009 Trust

STATE OF NEVADA            )  
   ): ss  
 COUNTY OF DOUGLAS    )

Signed and sworn to (or affirmed) before me on this April 5, 2023, by BRADFORD ALLAN TOWLE.



  
 \_\_\_\_\_  
 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3749106

**CERTIFICATE OF DEATH**

2013022231  
STATE FILE NUMBER

|  |   |  |  |  |   |  |
|--|---|--|--|--|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK   | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Lynn Dee TOWLE</b>   |  | 2. DATE OF DEATH (Mo/Day/Yr)<br><b>December 22, 2013</b>   |  | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
|  | 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number)<br><b>Carson Valley Medical Center</b>   |  | 3e. If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient(Specify)<br><b>Emergency Room / Outpatient</b>                      |  |
| DECEDENT   | 4. SEX<br><b>Female</b>   |  | 7a. AGE-Last birthday (Years)<br><b>61</b>   |  | 7b. UNDER 1 YEAR<br>MOS   DAYS   HOURS   MINS   |  |
|  | 5. RACE (Specify)<br><b>White</b>   |  | 6. Hispanic Origin? Specify No - Non-Hispanic  |  | 7c. UNDER 1 DAY<br>HOURS   MINS   |  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>August 17, 1952</b>  |  | 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>California</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  |
|  | 10. EDUCATION<br><b>12</b>  |  | 11. MARITAL STATUS (Specify)<br><b>Married</b>   |  | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Bradford TOWLE</b>  |  |
| PARENTS  | 13. SOCIAL SECURITY NUMBER<br><b>██████████-2162</b>  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)<br><b>Assembler</b>  |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>GE Energy</b>   |  |
|  | 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b. COUNTY<br><b>Douglas</b>  |  | 15c. CITY, TOWN OR LOCATION<br><b>Gardnerville</b>  |  |
| DISPOSITION  | 15d. STREET AND NUMBER<br><b>1313 Brooke Way</b>  |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>  |  | Ever in US Armed Forces? <b>No</b>  |  |
|  | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>John HANSEN</b>   |  |  | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Violet OVERTON</b> |   |  |
| TRADE CALL   | 18a. INFORMANT - NAME (Type or Print)<br><b>Brad TOWLE</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1313 Brooke Way Gardnerville, Nevada 89410</b>  |  |   |  |
|  | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Genoa Cemetery</b>   |  | 19c. LOCATION City or Town State<br><b>Genoa Nevada</b>   |  |
| CERTIFIER  | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>CURT KOESTLER</b><br>SIGNATURE AUTHENTICATED   |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>823</b>   |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Walton's Funerals and Cremations</b><br><b>1521 Church Street Gardnerville NV 89410</b> |  |
|  | TRADE CALL - NAME AND ADDRESS   |  |  |  |   |  |
| REGISTRAR  | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title)<br><b>Kevin Karosich</b><br>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)<br><b>Kevin Karosich</b><br>SIGNATURE AUTHENTICATED |  |   |  |
|  | 21b. DATE SIGNED (Mo/Day/Yr)<br><b>March 27, 2014</b>   |  | 21c. HOUR OF DEATH<br><b>13:56</b>   |  | 22b. DATE SIGNED (Mo/Day/Yr)<br><b>December 22, 2013</b>  |  |
| CAUSE OF DEATH   | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  | 22c. HOUR OF DEATH<br><b>13:56</b>   |  | 22d. PRONOUNCED DEAD (Mo/Day/Yr)<br><b>December 22, 2013</b>  |  |
|  | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Sgt Kevin Karosich 1038 Buckeye Rd. Minden, NV 89423</b>    |  | 23b. LICENSE NUMBER<br><b>477</b>  |  |   |  |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST   | 24a. REGISTRAR (Signature)<br><b>NICOLE SHORE</b><br>SIGNATURE AUTHENTICATED  |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>March 31, 2014</b>   |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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   |   |  | Interval between onset and death   |  |   |  |
| (a) <b>Cardiomegaly</b>  |   |  | Interval between onset and death   |  |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |   |  | Interval between onset and death   |  |   |  |
| (b)  |   |  | Interval between onset and death   |  |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |   |  | Interval between onset and death   |  |   |  |
| (c)  |   |  | Interval between onset and death   |  |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |   |  | 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 I. |   |  |  | 26. AUTOPSY (Specify Yes or No)<br><b>Yes</b>                                |   |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b>   |   |  |  |  |   |  |
| 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: **2/6/2023**

*Nicole Shore*  
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