

APN: 1320-30-211-042



SHAWNYNE GARREN, RECORDER

Recorded at the Request of/Return To:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, NV 89423

Mail Future Tax Statements To:
CYNTHIA J. MORGAN, Trustee
2891 San Juan Circle
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 OF IRREVOCABLE TRUST

STATE OF NEVADA)
): ss.
COUNTY OF DOUGLAS)

CYNTHIA J. MORGAN, 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 MARY ANNE TOPPING, 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 persons as MARY ANNE TOPPING, Settlor of the *MAT0532 Irrevocable Trust, dated December 30, 2015*, and named as Grantor in that certain *Quitclaim Deed* executed on December 30, 2015, by MARY ANNE TOPPING, and recorded on January 6, 2016, as Document No. 2016-874960 of Official Records of Douglas County, State of Nevada, which *Quitclaim Deed* pertains to property situated at 1740 Cedarwood Drive, Minden, County of Douglas, State of Nevada, and more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"
AND INCORPORATED BY REFERENCE**

Pursuant to NRS 111.312, the above legal description was previously recorded in the *Quitclaim Deed* recorded as Document No. 2016-874960 of Official Records of Douglas County, State of Nevada, on January 6, 2016.

This deed was prepared without the benefit of a title search and the description of the property was furnished by the party(ies). The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

CYNTHIA J. MORGAN shall forthwith serve as Successor Trustee of MAT0532 Irrevocable Trust, dated December 30, 2015, 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: April 12, 2023.

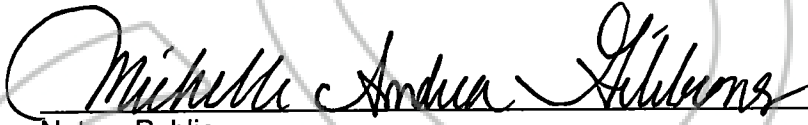
*MAT0532 Irrevocable Trust, dated
December 30, 2015*



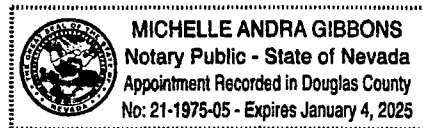
CYNTHIA J. MORGAN, Successor Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On April 12, 2023, before me, a Notary Public, personally appeared CYNTHIA J. MORGAN, 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.



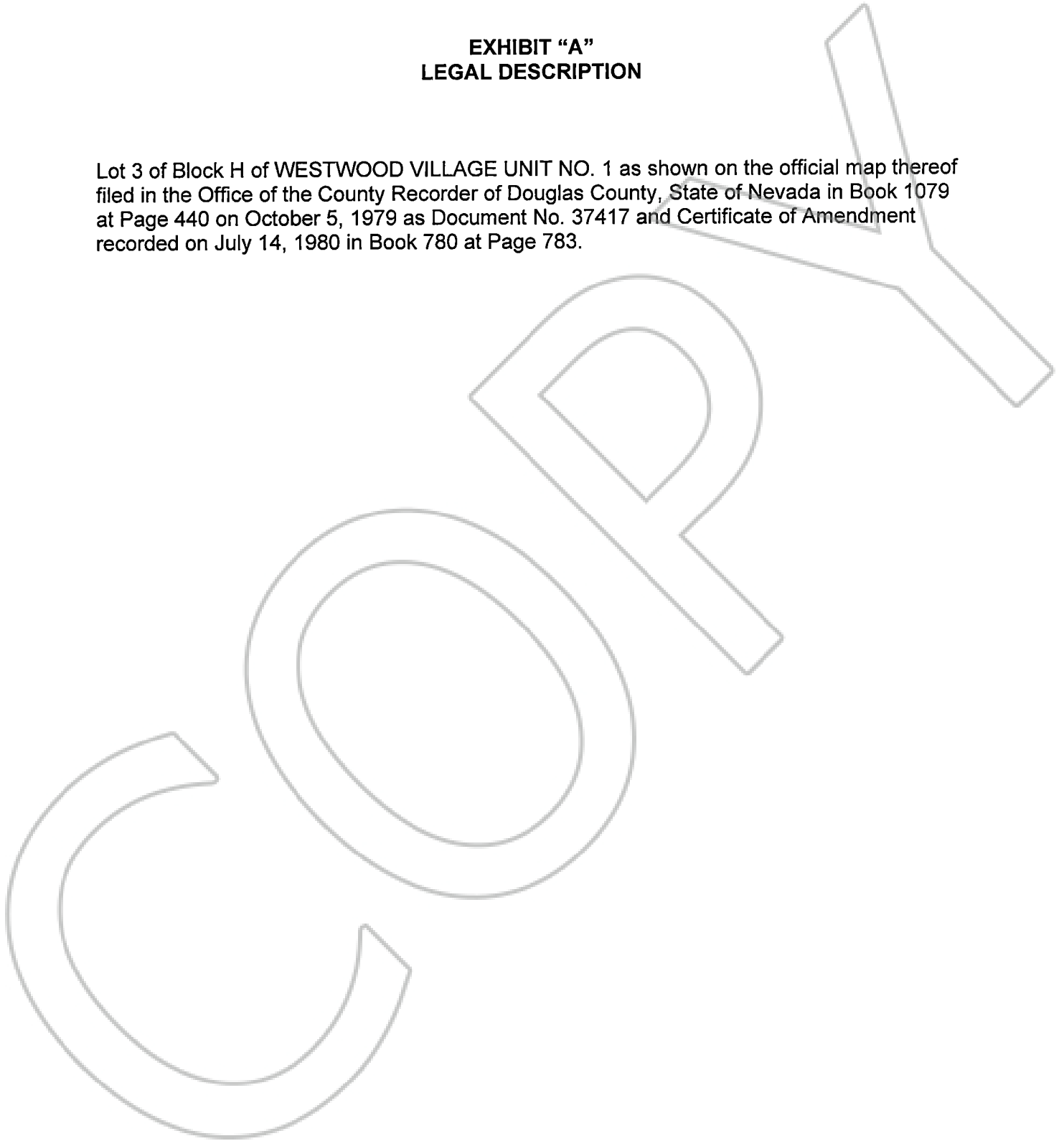
Notary Public



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**EXHIBIT "A"
LEGAL DESCRIPTION**

Lot 3 of Block H of WESTWOOD VILLAGE UNIT NO. 1 as shown on the official map thereof filed in the Office of the County Recorder of Douglas County, State of Nevada in Book 1079 at Page 440 on October 5, 1979 as Document No. 37417 and Certificate of Amendment recorded on July 14, 1980 in Book 780 at Page 783.



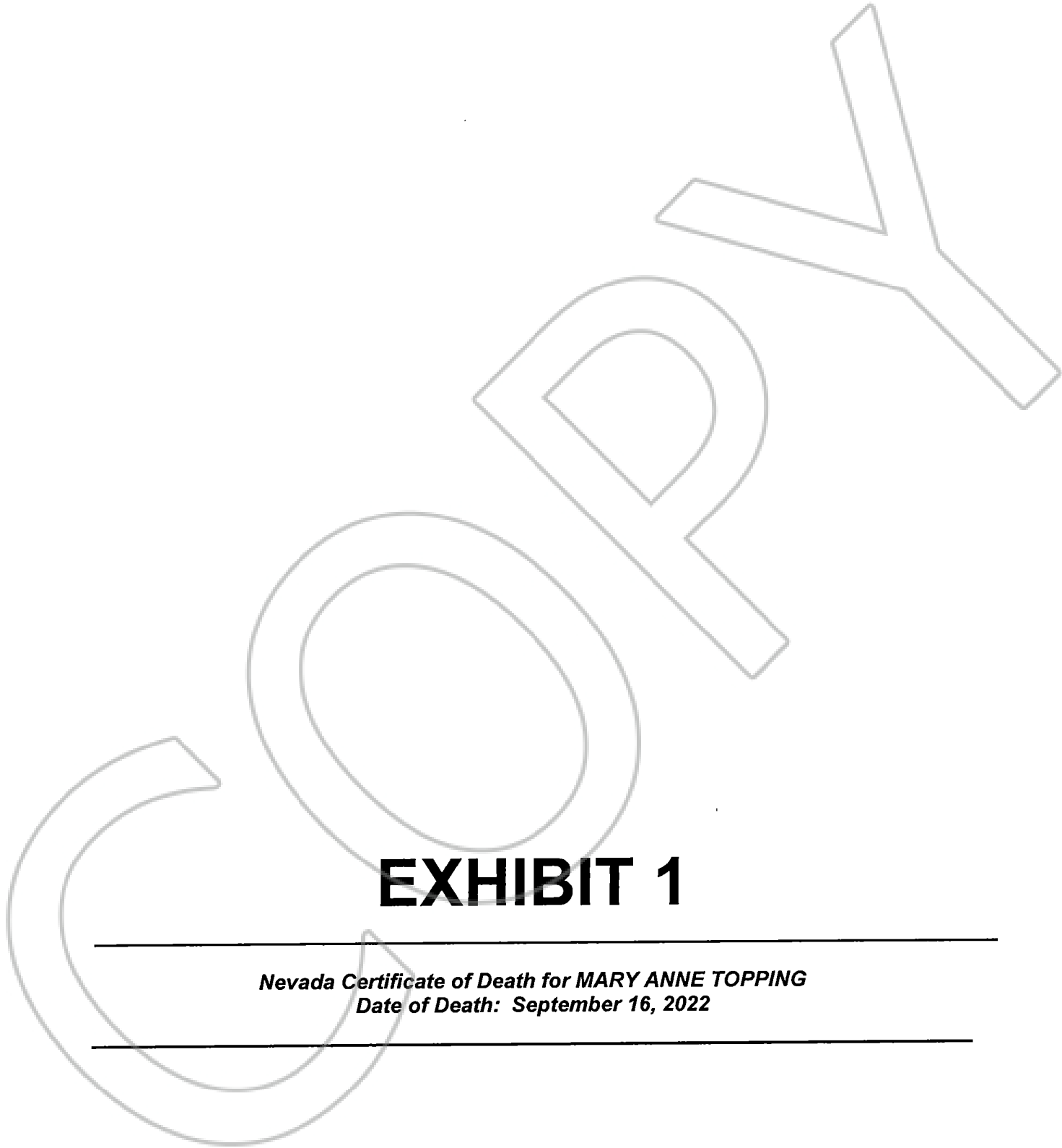


EXHIBIT 1

*Nevada Certificate of Death for MARY ANNE TOPPING
Date of Death: September 16, 2022*

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4335297

CERTIFICATE OF DEATH

2023003570
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) Mary Anne TOPPING		2. DATE OF DEATH (Mo/Day/Year) February 20, 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 number) 1740 Cedarwood Dr		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) 90		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) May 02, 1932		9a. STATE OF BIRTH (If not US/CA, name country) New York		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 ██████████-6319		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SECRETARY		14b. KIND OF BUSINESS OR INDUSTRY National Guard	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1740 Cedarwood Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph C LEROCQUE	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Harriet HENZLER		18a. INFORMANT - NAME (Type or Print) Cindy MORGAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2891 San Juan Cir Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME El Camino Memorial Park		19c. LOCATION City or Town State San Diego California 92121	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
TRADE CALL - NAME AND ADDRESS El Camino Memoria Park 55600 Carroll Canyon Rd San Diego CA 92121					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOFF 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 21, 2023		21c. HOUR OF DEATH 09:03		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)	
22a. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Doff MD 907 Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 22, 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) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Acute On Chronic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Chronic Obstructive Lung Disease DUE TO, OR AS A CONSEQUENCE OF: (d) Etiology Is Not Specified				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	



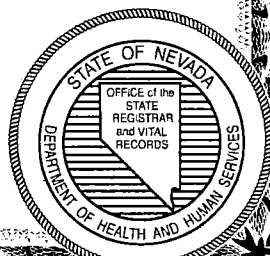
CERTIFIED COPY OF VITAL RECORDS

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.
2/23/2023

DATE ISSUED:

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