2023-995863

KAREN L. GARRISON

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SHAWNYNE GARREN, RECORDER

APN #: 1420-07-410-013 RECORDING REQUESTED AND RETURN TO: Lifeline Estate Services, Inc. 3708 Lakeside Dr. STE 202 Reno, NV 89509

MAILTAX STATEMENTS TO: Karen L. Garrison, Successor Trustee PO Box 1072 Gardnerville, NV 89410

AFFIDAVIT REGARDING DEATH OF INITIAL TRUSTEE(S) AND ASSUMPTION OF TRUSTEESHIP BY SUCCESSOR TRUSTEE

The following described real estate in Douglas County, State of Nevada:

Lot 22, Block C, as shown on the map of VISTA GRANDE SUBDIVISION, UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues, and profits thereof.

The undersigned, KAREN L. GARRISON, hereby declares that, BETTY A, MESSIER, died on March 20, 2023, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as BETTY A. MESSIER, named as one of the initial Trustee in that certain Declaration of Trust titled the BETTY A. MESSIER TRUST DATED JUNE 23, 1995, AS RESTATED.

Declarants further declare she is the Successor Trustee named in the Declaration of trust and that she hereby assumes the position of Sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 24th day of Opril	, 20 <u>, 23</u>	_, in the City of Munclen
County of Jouglas State of Devada		•

VERIFICATION

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

	KAREN L. GARRISON, Successor Trustee of the BETTY A. MESSIER TRUST DATED JUNE 23, 1995, AS RESTATED
STATE OF NULLA)
COUNTY OF DOUGLAS) SS:

Personally came before me this day of day of 2013, the above named KAREN L. GARRISON, to me-known to be the people who executed the foregoing instrument and acknowledged the same. Notary Public County, NUY RALL 28/2025 VALERIE STRAW Ovugla6
My Commission Notary Public - State of Nevada Appointment Recorded in Douglas County No: 08-7375-5 - Expires January 28, 2025



DEPARTM

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Walled Marie London Marie Land Control	10000000000000000000000000000000000000		^ ₹
FNT OF LIFE LTH AND HILLIAM OFFICE		E	新展
ENT OF HEALTH AND HUMAN SERVICES			
SION OF PUBLIC AND BEHAVIORAL HEALTH			
VITAL STATISTICS			() ()
1	1		

CASE FI	LE NO. 4340566		CERTIFICATE	OF DEATH	Γ_	202300	6570	
TYPE OR	M 05051000 WWW.				ı	STATE FILE N		
PRINT IN PERMANENT	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)				2. DATE OF DEATH (Mo/D	ay/Year) 3a. CO	UNTY OF DEATH	1
DI ACK INK	Betty A		MESSIE		March 20, 202	23	Douglas	
		N OF DEATH 3c. HOSF	PITAL OR OTHER INSTITUTION -	Name(If not either, give	street ar 3e.lf Hosp. or Inst	indicate DOA, OP/Er	ner. Rm. 4. S	EX
DECEDENT	Gardnerville		1370 Muir E		Inpatient(Specify)	Home'	\	Female
	5. RACE (Specify)		Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR 7c. U	NDER 1 DAY 8. DAT	E OF BIRTH (Mc	/Day/Yr)
		hite	• •	90	MOS DAYS HOU		ecember 28,	1932
IF DEATH OCCURRED IN INSTITUTION SEE	9a. STATE OF BIRTH (If not US	CA, 9b. CITIZEN O	F WHAT COUNTRY 10.EDUCAT	ION 11. MARITAL STATU	S (Specify) 12. SURVIVING	SPOUSE'S NAME (Last r	ame prior to first ma	miage)
TOURDBOOK	name country) Saskatchev	vari Unite	ed States 12 CCUPATION (Give Kind of Work I			2		
REGARDING COMPLETION OF	-4271	I Ha. USUAL U	CUSTOMER SERV	-	14b. KIND OF BUSINES		Ever in US	
RESIDENCE ITEMS	15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LO	100	REET AND NUMBER	RNMENT	Forces?	
ــــــــــــــــــــــــــــــــــــــ	Nevada	Douglas	Gardnerv		74		LIMITS (Spe	cify Yes
	16. FATHER/PARENT - NAME		i Galdheiv		Muir Drive ARENT - NAME (First Mid	Idla Last Cuffin		Yes
PARENTS		Aldo WOLLEN	- The state of the	III. MOTHEROP		POLSFUT		. 1
	18a, INFORMANT- NAME (Type	or Print)	18b. MAILING ADD	RESS (Street or R.	F.D. No, City or Town, State			<u> </u>
		BARRISON		P.O. Box	1072 Gardnerville, N			
			y) 19b, CEMETERY OR CREMA	TORY - NAME	19c,		or Town State	
DISPOSITION	Cremat		76.	s Sierra Cremato		Carson City	Nevada 8970)6
	20a, FUNERAL DIRECTOR - SIG			DIRECTOF 20c. NAM	E AND ADDRESS OF FAC			
		N THOMAS	LICENSE NUM	76.		nerals and Crema		,
TRADE CALL	TRADE CALL - NAME AND ADD	URE AUTHENTICAT	ED		1521 Church Stre	eet Gardnerville	NV 89410	
TO IDE OALL	7 Ode Telbaharia		at the time, date and place and d	ue - 22a On the	basis of examination and/or in	notication is an adais	a dooth as a seed	
	물 및 to the cause(s) stated.(Signal	gnature & Title)	IGNATURE AUTHENTICATE		late and place and due to the o	ause(s) stated (Signat	ture & Title)	
CERTIFIER	21b. DATE SIGNED (Mo.	NITA SCHWAR	HOUR OF DEATH					
OLKIII ILK	March 24, 2023	Cay/11)	02:08	E 220. DATE	SIGNED (Mo/Day/Yr)	22c. HOUR C	OF DEATH	
	இ 21d. NAME OF ATTEND	NG PHYSICIAN IF OTH		at the time, of 22b. DATE	NOUNCED DEAD (Mo/Day/	Yr) 22e, PRONC	UNCED DEAD A	T (Hour)
	은병 (Type or Print)			I - 1				(
	23a. NAME AND ADDRESS OF	CERTIFIER (PHYSICIA	N, ATTENDING PHYSICIAN, MED	ICAL EXAMINER, OR	CORONER) (Type or Print)	, 23b, LICE	NSE NUMBER	
	24a. REGISTRAR (Signature)		710 W. Washington St. C				9114	
REGISTRAR	24a. NEGISTRAN (Signature)		DON SPANGLER	24b, DATE RECEIVE (Mo/Day/Yr)	·	4c, DEATH DUE TO C		DISEASE
CAUSE OF	25. IMMEDIATE CAUSE		UTHENTICATED CAUSE PER LINE FOR (a), (b), A		arch 29, 2023	YES	ио 🛚	
CAUSE OF		Atherosclerosi	S	ND (C).)		Interv	al between onset	and death
DEATH		S A CONSEQUENCE O					-11-1	
CONDITIONS IF	_(b) Unknown			/ /		interv	al between onset	and death
ANY WHICH GAVE RISE TO IMMEDIATE	(0)	S A CONSEQUENCE C	E:	-/-/-		i	al between onset	
	(c)	1		/ -/		; interv	ai Delweeri Criset	and death
STATING THE'> UNDERLYING CAUSE LAST	DUE TO, OR A	S A CONSEQUENCE O	FI.			Interv	al between onset	and death
CAUSE LAST	(d)	1			•	į		
/ /	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specifiz, WAS CASE Indicated in Part 1.) 27. WAS CASE INC. The Underlying Cause given in Part 1.							
	(d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specific Property of No) No 128. ACC., SUICIDE, ROM, UNDET. 128b. DATE OF INJURY (MorDay/YO) 128b. HOUR OF INJURY 128d. DESCRIBE HOWINJURY OCCUPAGE.						CORONER No)	
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	286. DATE OF INJURY (M	o/Day/Yr) 28c. HOUR OF INJU	JRY 28d. DESCRIBE	OW INJURY OCCURRED	110		NO.
\ \	C.T. E.Ditto Integor, (opedity)	ſ						1
1 1	28e. INJURY AT WORK (Specify	DRI DI ACE OF IN III	Y- At home, farm, street, factory,	-ffice 1994 1994=15	N 0707			
	Yes of No)	building, etc. (Specify)	actione, laint, street, ractory,	office 28g. LOCATIO	N STREET OR R.F.D). No. CITY OR TO	NMM	STATE





CERTIFIED COPY OF VITAL RECORDS

STATE REGISTRAR

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:

3/31/2023

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

