

APN: 1221-19-002-020



SHAWNYNE GARRIN, RECORDER

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

Mail Future Tax Statements To:
MICHAEL P. PIORIER, Trustee
2009 Palomino Lane
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)

MICHAEL P. PIORIER, 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 his own personal knowledge:

That FRANCIS JOSEPH MURRAY, 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 FRANCIS JOSEPH MURRAY, Settlor of the *Francis Joseph Murray Revocable Living Trust, dated October 12, 2021*, and any amendments thereto, Grantee in that certain *Nevada Quit Claim Deed* dated April 4, 2022, and recorded on April 5, 2022, as Document No. 2022-983358 of Official Records of Douglas County, State of Nevada, which deed pertains to real property commonly known as 2009 Palomino Lane, 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 *Nevada Quit Claim Deed* recorded on April 5, 2022, as Document No. 2022-983358.

MICHAEL P. PIORIER shall forthwith serve as sole Trustee of the *Francis Joseph Murray Revocable Living Trust, dated October 12, 2021*, and any amendments thereto.

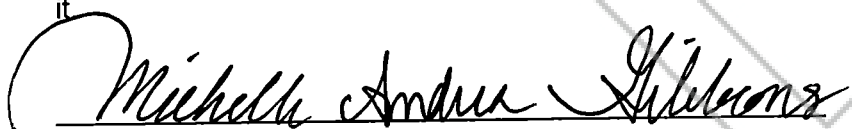
I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.


Dated: April 20, 2023.


MICHAEL P. PIORIER, Successor Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On April 20, 2023, before me, a Notary Public, personally appeared MICHAEL P. PIORIER, 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

 MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025

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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:

Situate in the Southwest $\frac{1}{4}$ of Section 19 of the Southeast $\frac{1}{4}$ of Section 24, Township 12 North, Range 21 East, more particularly described as follows:

Parcel 1 as set forth on Parcel Map #LDA 99-005 for Thompson Family Trust filed for record in the Office of the Douglas County Recorder on August 10, 1999, in Book 999, Page 1715, as Document No. 476276, Official Records.

EXHIBIT B

*Francis Joseph Murray Revocable Living Trust U/D/T 10/21/2021,
and any amendments thereto*
Grantor: FRANCIS JOSEPH MURRAY
Date of Death: March 27, 2023

Nevada Certificate of Death, FRANCIS JOSEPH MURRAY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4341184

CERTIFICATE OF DEATH

2023006585
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) Francis Joseph MURRAY Sr			2. DATE OF DEATH (Mo/Day/Year) March 27, 2023			3a. COUNTY OF DEATH Douglas																	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 2009 Palomino Lane			3e. 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) 92			7b. UNDER 1 YEAR MOS			7c. UNDER 1 DAY DAYS			7d. UNDER 1 HOUR HOURS			7e. UNDER 1 MIN MIN			8. DATE OF BIRTH (Mo/Day/Yr) September 21, 1930		
9a. STATE OF BIRTH (If not US/CA, name country) Nebraska			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARITAL STATUS (Specify) Married			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Faith Jolene ROGERS											
13. SOCIAL SECURITY NUMBER ██████-2920			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)						14b. KIND OF BUSINESS OR INDUSTRY ENGINEER			14c. TECHNICAL SERVICES			Ever in US Armed Forces? Yes								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 2009 Palomino Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes											
16. FATHER/PARENT - NAME (First Middle Last Suffix) William E MURRAY						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Agnes H GARDNER																	
18a. INFORMANT- NAME (Type or Print) Faith Jolene MURRAY						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2009 Palomino Lane Gardnerville, Nevada 89410																	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial						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) NORMA M FINKES SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE NUMBER FD967			20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place 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) ILEANA C DEFTU 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) March 28, 2023						21c. HOUR OF DEATH 06:13			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH											
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)														
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ileana C Deftu MD 235 West 6th Street Reno, NV 89503									23b. LICENSE NUMBER 12431														
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 29, 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									Interval between onset and death														
(a) Emphysema DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death														
(b) Chronic Kidney Disease DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death														
(c) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF:									Interval between onset and death														
(d) Hypertension DUE TO, OR AS A CONSEQUENCE OF:									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. Unknown Etiology									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

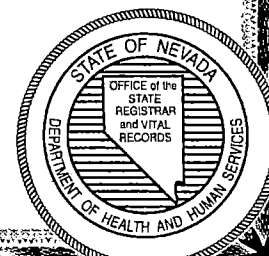
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

4/3/2023

DATE ISSUED:

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