

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

DATED this 24th day of April, 2023.

JHS Real Property Trust

By *Danny Ray Swilley*
Danny Ray Swilley, Successor Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

Subscribed and sworn to (or affirmed) before me on the 24th day of April, 2023, by **Danny Ray Swilley** who proved to me on the basis of satisfactory evidence to the person who appeared before me.

WITNESS my hand and official seal.

Signature *Melissa Davis*

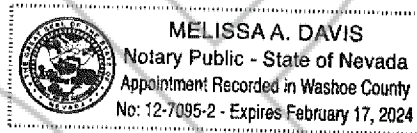


EXHIBIT "A"

LEGAL DESCRIPTION

Parcel 1:

The Westerly portion of Lot 29, as shown on the map of KINGSBURY HIGHLANDS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on December 26, 1961, Document No. 19280 described as follows:

Beginning at the most Southerly corner of said Lot 29; said point being on the most Westerly boundary of said subdivision and the corner common to both Lots 29 and 28; thence North $00^{\circ}03'36''$ East along said boundary 178.00 feet to the West Comer common to Lots 29 and 30; thence North $72^{\circ}20'44''$ East 100.00 feet to the Northwest corner of that property deeded to Jack Oxborrow in Document 62639, in Book 1172 as Page 198 of Official Records of Douglas County, Nevada; thence South $21^{\circ}06'58''$ East along said property line 148.45 feet to the Southwest corner of said property, said point being North line of Lot 28; thence South $64^{\circ}52'46''$ West a distance of 164.52 feet to the point of beginning.

Parcel 2:

Together with a non-exclusive right away for roadway purposes 10.0 feet in width, over the Northerly 10 feet of Lot 4 in Block A, as said lot and block are shown on the map of Kingsbury Highlands, filed in the office of the County Recorder of Douglas County on November 21, 1960, Document No. 16916, Official Records of Douglas County, State of Nevada.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

3052023033007 **CERTIFICATE OF DEATH** 3202333002105

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) JOHN		3. LAST (Family) SIMONDS, JR	
2. MIDDLE HOWLAND		4. DATE OF BIRTH mm/dd/yyyy 11/27/1951	
AKA, ALSO KNOWN AS— Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs: 71	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 02/12/2023	
9. BIRTH STATE/FOREIGN COUNTRY MA		10. SOCIAL SECURITY NUMBER 0106	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at time of death) MARRIED	
13. EDUCATION—Highest Level/Degree (see worksheet on back) MASTER'S		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED MANAGER		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FEDERAL GOVERNMENT	
19. YEARS IN OCCUPATION 20		20. DECEDENT'S RESIDENCE (Street and number or location) 225 HIGHLANDS DRIVE	
21. CITY STATELINE		22. COUNTY/PROVINCE DOUGLAS	
23. ZIP CODE 89449		24. YEARS IN COUNTY 20	
25. STATE/FOREIGN COUNTRY NV		26. INFORMANT'S NAME, RELATIONSHIP DANNY RAY SWILLEY, SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number or total route number, city or town, state and zip) 225 HIGHLANDS DRIVE, STATELINE, NV 89449		28. NAME OF SURVIVING SPOUSE/SRDP—FIRST DANNY	
29. MIDDLE RAY		30. LAST (BIRTH NAME) SWILLEY	
31. NAME OF FATHER/PARENT—FIRST JOHN		32. MIDDLE HOWLAND	
33. LAST SIMONDS		34. BIRTH STATE MA	
35. NAME OF MOTHER/PARENT—FIRST PATRICIA		36. MIDDLE TUTTLE	
37. LAST (BIRTH NAME) SPENCER		38. BIRTH STATE CT	
39. DISPOSITION DATE mm/dd/yyyy 02/17/2023		40. PLACE OF FINAL DISPOSITION RESIDENCE OF DANNY RAY SWILLEY 225 HIGHLANDS DRIVE, STATELINE, NV 89449	
41. TYPE OF DISPOSITION(S) CREMATE/TRANSIT/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT ROSE MORTUARY & CREMATORY	
45. LICENSE NUMBER -		46. LICENSE NUMBER FD2058	
47. DATE mm/dd/yyyy 02/17/2023		48. SIGNATURE OF LOCAL REGISTRAR GEOFFREY LEUNG, M.D., ED. M.	
101. PLACE OF DEATH DESERT REGIONAL MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ERYOP <input type="checkbox"/> OCA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ILTC <input type="checkbox"/> Home <input type="checkbox"/> Other		104. COUNTY RIVERSIDE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1150 N INDIAN CANYON DR		106. CITY PALM SPRINGS	
107. CAUSE OF DEATH Enter the chain of events—disease, injury, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator flotation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) MULTIPLE BLUNT FORCE INJURIES		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. (B) _____ (C) _____ (D) _____		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH; BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since _____ Decedent Last Seen Alive _____ (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]	
116. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		117. LICENSE NUMBER -	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS; ZIP CODE		119. DATE mm/dd/yyyy 02/17/2023	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 02/10/2023	
122. HOUR (24 Hour) 1500		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) STREET AND/OR HIGHWAY	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) BICYCLIST HIT BY SEDAN.		125. LOCATION OF INJURY (Street and number or location, and city, and zip) ROADWAY WESTBOUND GERALD FORD DRIVE, 197 FT WEST OF INVERNESS DR, RANCHO MIRAGE, CA 92270	
126. SIGNATURE OF CORONER / DEPUTY CORONER ANGELA MENDOZA		127. DATE mm/dd/yyyy 02/17/2023	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ANGELA MENDOZA, DEP CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ANGELA MENDOZA, DEP CORONER	
STATE REGISTRAR	A	B	C
D	E	FAX AUTH.#	CENSUS TRACT

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }
 COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

* 002177652 *

DATE ISSUED **Feb 21, 2023**

Dr. Geoffrey Leung, M.D., Ed.M., County Health Officer
 RIVERSIDE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

