APN: 1318-24-710-018

DOUGLAS COUNTY, NV

2023-995899

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04/25/2023 08:08 AM

MAUPIN, COX & LEGOY

**Electronic Recording Requested By:** 

Maupin, Cox & LeGoy 4785 Caughlin Parkway Reno, NV 89519

Mail Tax Statements To:

Dan R. Swilley PO Box 4611 Zephyr Cove, NV 89449

SHAWNYNE GARREN,	RECORDER
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STATE OF NEVADA ) ) ss COUNTY OF WASHOE )

Danny Ray Swilley, of legal age, being first duly sworn, deposes and says:

- 1. That John Howland Simonds, Jr., the decedent mentioned in the attached certified copy of the Certificate of Death, who died on February 12, 2023, is the same person as John H. Simonds, Jr., Trustee of The JHS Real Property Trust Agreement dated June 30, 2005, as amended and restated in its entirety on January 15, 2015.
- 2. At the time of the decedent's death, the decedent was the record owner, as Trustee, of the real property commonly known as 233 Highlands Drive, Zephyr Cove, Nevada, which property is described in a Tax Sale Quitclaim Deed signed on April 24, 2018 by Kathy Lewis, Douglas County Clerk-Treasurer, and conveyed to **The JHS Real Property Trust, John H. Simonds Jr., Trustee**, as Grantee, recorded as Document No. 2018-913396 on April 24, 2018, in the Official Records of Douglas County. The legal description of said property is as described in Exhibit "A" attached hereto and incorporate herein.
- 3. I, **Danny Ray Swilley**, am the Successor Trustee under **The JHS Real Property Trust**, which was in effect at the time of the death of the decedent mentioned in paragraph 1 above, and which has not been revoked, and I hereby consent to act as such.
- 4. There are no federal estate taxes due as a result of the death of the decedent mentioned in the above.

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

DATED this 24th day of April, 2023.

**JHS Real Property Trust** 

Danny Ray Swilley, Successor Trustee

STATE OF NEVADA ) ss COUNTY OF WASHOE )

Subscribed and sworn to (or affirmed) before me on the 24<sup>th</sup> 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 Welssu Der

MELISSA A. DAVIS

Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 12-7095-2 - Expires February 17, 2024

### **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°03'36" East along said boundary 178.00 feet to the West Comer common to Lots 29 and 30; thence North 72°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°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°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.

# **COUNTY OF RIVERSIDE**

RIVERSIDE, CALIFORNIA

	3052023033307 STATE FILE NUMBER	CERTIFIC STATI USE BLACK WK DIKLY / NO E VS	ATE OF DE.	ATH r alterations	en e	320233300		
_	1, NAME OF DECEDENT - FIRST. (Given) JOHN	2. MIODLE HOWLAND	71 (85 306)	3. LAST (Fe	mily) NDS, JR	COOKE REGISTRAÇÃO	a NOMBER	
VAL DAT	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)	44.4	14 DATE OF 11/27/	BIRTH mm/dd/ccyy 1951	5, AGE Yrs. Fi	INDER ONE YEAR INTO INTO INTO INTO INTO INTO INTO INTO	FUNDER 2 HOURS 6. SEX	
DECEDENT'S PERSON	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY 0.106	F*************************************		2. MARITAL STATUS/SRE MARRIED	44 Level 131 Level	DATE OF DEATH mm/s 2/12/2023	Weeyy 8 HOUR (24 Hours)	
EDENT'S	15. EDUCATION - Highest Level/Degree   14/15. WAS DECEDENT HISPANICATINO(A)/SPANISHT (F) yes, say wordsheet on back)   16. DECEDENT'S RACE - Up to 3 races may be liketed (see worksheet in back)   VES   X NO   CAUCASIAN							
DEC	MANAGER  18. KIND OF BUSINESS OF WOUSTRY (e.g., e) occey store, road constructor  MANAGER  FEDERAL GOVERNMENT				ore, road construction.	employment agency, et	:) 19. YEARS IN OCCUPATIO	
. 8	20. DECEDENT'S RESIDENCE (Street and number, or location) 225 HIGHLANDS DRIVE							
USUAL	21. CITY 22. COUNTY/PROVINCE 23. ZIF CODE 24. YEARS IN COUNT			YEARS IN COUNTY	25. STATE/FOREIGN	COUNTRY		
INFOR-	25. INFORMANTS NAME, RELATIONSHIP  27. INFORMANTS N							
SPOUSE/SRDP AND R	26. NAME OF SURVIVING SPOUSE/SRDP'-FIRST	29, AIOOLE RAY		SWILLEY	VIE)			
	31. NAME OF FATHER/PARENT-FIRST	32 MIDDLE HOWLAND	IDDLE 33:LAST			34. BIRTH STATE		
	35. NAME OF MOTHER/PARENT-FIRST.  PATRICIA	38 MIDDLE	TOWN SE	37. LAST (BIRTH NAI	VE)	2	MA 36. BIRTH STATE	
AB R	39. DISPOSITION DATE mm/od/copy 40. PLACE OF FINAL DISPO	TIOTILE STON RESIDENCE C S DRIVE, STATEL	F DANNY	SPENCER RAY SWILL	Y		CT	
DIRECTOR.	41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF	EMBALMER	449		- Harris	43, UCENSE NUMBER	
FUNERAL LOCAL F	CREMATE/TRANSIT/RESIDENCE NOT EMBALMED  46. IJCEMBE HUMBER 16. SIGNATURE OF LOCAL REGISTRAN FD2058 GEOFFREY LEUNG, M.D.,			AR	47. DATE mm/dd/ccyy			
	DESERT REGIONAL MEDICAL CENT	FD2058 ER	102 35 44	OSPITAL, SPECIFY OF	IE 103, IF OTH	ER THAN HOSPITAL, S	Connectoral Connectoral	
PLACE OF DEATH	102 COUNTY 105 FACILITY ADDRESS OF LOCATION WHERE FOUND (Street and number of location)  RIVERSIDE 1150 N INDIAN CANYON DR			]IVA     Hosses	spice   Nursing   Decidents   Other			
	107. CAUSE OF DEATH Enter the chair, of evenis - pie as Cardia: arrass, respiratory en	bases, injuries or complications the est, or ventricular floritation without shi	it directly caused death owing the stickeyy. OO	DO NOT enter terroral NOT ABBREVATE.	events such	707	108. DEATH REPORTED TO CORONERS	
	IMMEDIATE CAUSE A MULTIPLE BLUNT FOR (Final disease or condition resulting) in death)	CE INJURIES					X YES NO 2023-01298	
Ē.	(8) Sequentiats, list conditions, if any leading to cause (c)			Part of the second seco		(81)	109 BIOPSY PERFORMED?  YES X NO	
OF DEATH	on One A. Enter UNDERLYING CAUSE (disease or Industrial				1.22	(CI)	110. AUTOPSY PERFORMED? YES X NO	
CALISE	individual the events (D) resulting in death) LAST					(17)	111. USED IN DETERMINING GAUSE? YES NO	
	1.2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107  NONE  119, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1122 (If yes, list type of operation and date.)							
	NO SECTION OF THE PARTY OF THE		/ /	1 2/1/200			CEDENT PREGNANT IN LAST YEAR? YES X NO UNIK	
ICATION	114. LICERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCUPRED AT THE MOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.  Decedent Attended Since Decedent List Spen Africa.				. 90 11 02 Cont. 07 00 17 Cont. 07 00 17	118. LICENSE NUMBE	R 117. DATE mm/dd/ccyy	
CERTIF		), TYPE ATTENDING PHYSICIAN'S	200000 2000000 2000000	DRESS, ZIP CODE				
	118.1 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, A MANNER OF DEATH Network X Accident Homicide	Suicide Pending investigation	STATED.  Could not be determined	120 INJURED AT		121. HUURY DATE m 02/10/2023	122. HOUR (24 Hours)	
SE ONLY	123. PLACE OF INJURY (e.g., home; construction site, wooded sree, etc.)  STREET AND/OR HIGHWAY							
CORONER'S USE ONLY	124 DESCRIBE HOW NUMY OCCUBIRD Events which results in sychy BICYCLIST HIT BY SEDAN.							
CORO	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							
	128 SKINATURE OF CORONER / DEPUTY CORONER ANGELA MENDOZA	<b>E</b> €20 127. DATE	mm/dd/ccyy	128, TYPE NAME, TIT	LE OF CORONER / D	EPUTY CORONER IEP CORON		
STAT			I NO BALLE POLITICIO DE LA COMPOSITACIONES.	ilin ili ili ili ili ili ili ili ili ili		FAX AUTH#	CENSUS TRACT	
-	CERTIFIED COF	Y OF VITAL RE	CORD		a managa wangan tangga 198	in ( <b>alb</b> ei santa aria) bili	Wileta John	

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.

Rolling K.

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

DATE ISSUED **Feb 21,2023**Dr. Geoffrey Leting, 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.



