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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

A.P.N.: 1320-33-815-008

Recording Requested By:)
JODI ODETTE STOVALL, Trustee)
1378 Granborough Drive)
Gardnerville, NV 89410)

When Recorded Mail to:)
JODI ODETTE STOVALL, Trustee)
1378 Granborough Drive)
Gardnerville, NV 89410)

Mail Tax Statements to:)
JODI ODETTE STOVALL, Trustee)
1378 Granborough Drive)
Gardnerville, NV 89410)

AFFIDAVIT – DEATH OF CO-TRUSTEE

I, JODI ODETTE STOVALL, of legal age, being first duly sworn, declare under penalty of perjury that:

THELMA G. DUNLAP, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as THELMA G. DUNLAP named as Trustee in the Declaration of Trust executed on May 17, 2018, by THELMA G. DUNLAP, acting as the sole Grantor, and THELMA G. DUNLAP and JODI O. STOVALL, acting as the Trustees.

THELMA G. DUNLAP, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person THELMA G. DUNLAP, Co-Trustee of THE DUNLAP FAMILY TRUST, Dated May 17, 2018, named as one of the parties (transferee) in that certain deed dated May 17, 2018, recorded on May 21, 2018, as Document No. 2018-914543 in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 40 in Block D, as set forth on Final Subdivision Map No. 1006-10 for CHICHESTER ESTATES, PHASE 10, filed in the Office of the County Recorder of Douglas County, Nevada, on

April 25, 2002, in Book 402 of Official Records, Page 7623, as Document No. 540511.

Subject to Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any. TOGETHER with all and singular the tenements, hereditaments and appurtenances now of record, if any.

THELMA G. DUNLAP, the deceased Co-Trustee, died on April 8, 2023, as shown in the attached certified copy of Certificate of Death.

Pursuant to the terms of THE DUNLAP FAMILY TRUST, dated May 17, 2018, specifically Article VII(B), the present sole Trustee of the Trust is JODI ODETTE STOVALL.

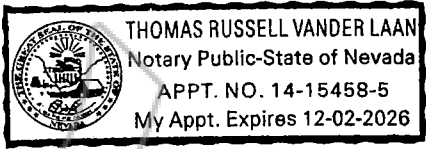
The Affiant, JODI ODETTE STOVALL, is the daughter of the deceased Co-Trustee and the sole surviving Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such.

Executed on this April 20, 2023, in Douglas County, State of Nevada.


JODI ODETTE STOVALL
Trustee of THE DUNLAP FAMILY TRUST, dated May 17, 2018

STATE OF NEVADA)
): ss
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on this April 20, 2023, by JODI ODETTE STOVALL.





NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4343904

CERTIFICATE OF DEATH

2023007918
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) Thelma Grace DUNLAP		2. DATE OF DEATH (Mo/Day/Year) April 08, 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) 1378 Granborough Drive		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) 95		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) January 03, 1928		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 11		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████-0977		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1378 Granborough Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Abner Carson SAUER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel Grace CRAWLEY		18a. INFORMANT- NAME (Type or Print) Jodi Odette STOVALL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1378 Granborough Drive Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY Fitz-Henry'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) MARJORIE UHALDE 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) April 11, 2023		21c. HOUR OF DEATH 04:42		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Marjorie Uhalde MD 1625 E Prater Way Sparks, NV 89434			
23b. LICENSE NUMBER 4427		24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 13, 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) Nontraumatic Subarachnoid Hemorrhage		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Hypertension		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) _____		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) _____		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. Hyperlipidemia, Osteoarthritis, Colon Cancer, Atrias Fibrillation, Gout		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

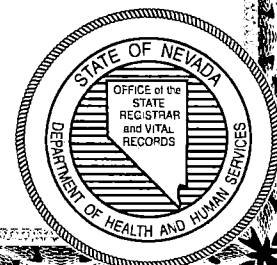
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **4/14/2023**

Jan Shughart

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