

APN: 1220-15-310-012



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SHAWNYNE GARREN, RECORDER

**RECORDING REQUESTED BY and
AFTER RECORDING**

MAIL THIS AFFIDAVIT TO:

Merrill A. Hanson, Esq.
SULLIVAN LAW
1625 State Route 88, Suite 401
Minden, NV 89423

MAIL TAX STATEMENTS TO:

George Hallifax, Trustee
PO Box 6940
Gardnerville, NV 89460-4615

I the undersigned hereby affirm that this document submitted for recording **contains** the social security number of a person or persons as required by law. *[Per NRS 440.380(1)(a) and 40.525(5)]*

AFFIDAVIT OF DEATH OF TRUSTEE

GEORGE S. HALLIFAX, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death refers to J.A. Farnham Trust dated 11-24-2012, (the "Trust") under a revocable trust agreement executed by JAMES A. FARNHAM as the Grantor.
2. The original Grantor and Trustee of the Trust was JAMES A. FARNHAM.
3. JAMES A. FARNHAM died on April 4, 2023.
4. In accordance with the terms of the Trust, I, GEORGE S. HALLIFAX, am the same George Hallifax named in the Trust, and I am empowered to act as sole Trustee for the Trust after the death of James A. Farnham. I hereby affirm my incumbency as successor Trustee, and declare my intention to act as the current sole Trustee of the Trust.
5. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death is the same person as James A. Farnham referenced herein.
6. JAMES A. FARNHAM is the named Trustee and Grantee in that certain Grant Deed, granting to JAMES A. FARNHAM Trustee, of the J. A. Farnham Trust dated November 24, 2021, all right, title and interest in the following identified real property:

APN:..... 1220-015-310-012

Commonly Known As:..... 1430 Muir Drive, Gardnerville, NV 89460

Recorded On: 12/02/2021

As Document Number:..... 2021-977924


Official Records of:..... Douglas County, Nevada

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Legal Description: Lot 8, Block J, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on April 10, 1967, as Document No. 35914

- 7. The assets held under this Trust are to be held under the following title:
George S. Hallifax, Trustee of the J.A. Farnham Trust dated November 24, 2021
- 8. The Trust has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 9. I hereby declare my authority to act as the authorized Trustee and the current sole Trustee. As the sole Trustee, I have all Trustee powers to sell, encumber, retain, or otherwise manage all property belonging to the Trust, including, but not limited to, the above-described real property, including any portion thereof.
- 10. I make this affirmation under penalty of perjury on MAY 9 , 2023.

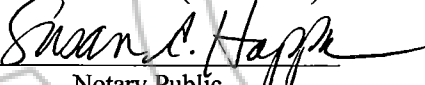


GEORGE S. HALLIFAX, Trustee
J. A. Farnham Trust dated November 24, 2021

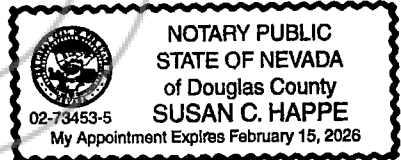
JURAT

State of Nevada)
County of Douglas)

Signed and sworn to (or affirmed) before me on MAY 9 , 2023, by George S. Hallifax.



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4343032

CERTIFICATE OF DEATH

2023007506
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) James Arthur FARNHAM | | 2. DATE OF DEATH (Mo/Day/Year) April 04, 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 number) Carson Valley Medical Center | | 3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient | |
| 4. SEX Male | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 82 | | 7b. UNDER 1 YEAR MOS | | 7c. UNDER 1 DAY HOURS | |
| 7d. UNDER 1 DAY MIN | | 8. DATE OF BIRTH (Mo/Day/Yr) January 14, 1941 | | 9a. STATE OF BIRTH (if not US/CA, name country) Iowa | |
| 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 14 | | 11. MARITAL STATUS (Specify) Never Married | |
| 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | | 13. SOCIAL SECURITY NUMBER ██████████-9497 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Operating Engineer | |
| 14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION | | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | |
| 15c. CITY, TOWN OR LOCATION Gardnerville | | 15d. STREET AND NUMBER 1430 Muir Drive | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald FARNHAM | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel CARRINGTON | | |
| 18a. INFORMANT- NAME (Type or Print) George HALLIFAX | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 6940 Gardnerville, Nevada 89460 | | |
| 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) PHILIP R MAYFIELD SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD887 | | 20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BETHANY L ADAMS APRN SIGNATURE AUTHENTICATED | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) April 09, 2023 | | 21c. HOUR OF DEATH 15:06 | | 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) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22b. DATE SIGNED (Mo/Day/Yr) | | 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) Bethany L Adams APRN 1155 Mill Street Reno, NV 89502 | |
| 23b. LICENSE NUMBER APRN828531 | | 24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 10, 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 (a) Carbon dioxide narcosis DUE TO, OR AS A CONSEQUENCE OF: (b) acute on chronic respiratory failure DUE TO, OR AS A CONSEQUENCE OF: (c) Chronic obstructive pulmonary disease DUE TO, OR AS A CONSEQUENCE OF: (d) smoking | | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | | | 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 | |



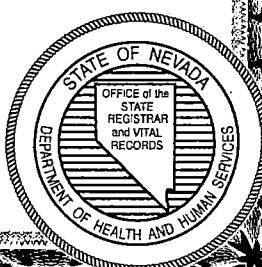
CERTIFIED COPY OF VITAL RECORDS

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.
4/14/2023

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