

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).

Kristina Thompson
ANDERSON, DORN & RADER, LTD.

APN: 1420-07-715-012

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

April J. Stephens, Trustee
971 Parkview Drive
Carson City, NV 89705

AFFIDAVIT OF DEATH OF TRUSTEE

I, APRIL J. STEPHENS, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated October 9, 1998, MARJORIE JEAN BABCOCK executed the REVOCABLE LIVING TRUST OF MARJORIE JEAN BABCOCK (the "Trust").

(2) MARJORIE JEAN BABCOCK deceased on January 4, 2023, a resident of Carson City, Nevada. Attached hereto is a certified copy of the death certificate of said MARJORIE JEAN BABCOCK.

(3) Said trust appointed me to serve as sole Trustee upon the death or incapacity of MARJORIE JEAN BABCOCK.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

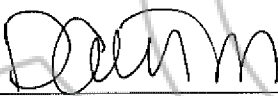
(8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Carson City, State of Nevada, on April 19, 2023.


APRIL J. STEPHENS, Trustee

STATE OF NEVADA)
COUNTY OF Carson City) ss:

Signed and sworn to (or affirmed) before me on April 19, 2023, by APRIL J. STEPHENS, Trustee.


Notary Public

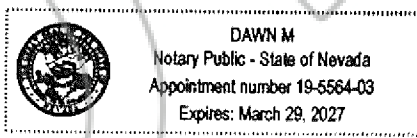


EXHIBIT "A"

Legal Description:

All the real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 16 in Block S, as set forth on the Final Map of Sunridge Heights, Phase 6A & 8A, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 1, 1995, Book 595, Page 1, as Document No. 361213 and by Certificate of Amendment recorded May 17, 1995 in Book 595, Page 2588, Document No. 362268, and re-recorded August 10, 1995 in Book 895, Page 1500, Document No. 368005, and by Certificate of Amendment recorded August 7, 1995, Book 895, Page 816, Document No. 367680.

APN: 1420-07-715-012

Property Address: 971 Parkview Drive, Carson City, Nevada 89705

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4327381

CERTIFICATE OF DEATH

2023000799
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

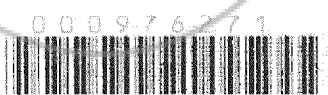
CERTIFIER

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) Marjorie Jean BABCOCK		2. DATE OF DEATH (Mo/Day/Year) January 04, 2023		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Carson Nursing and Rehabilitation		3a. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Assisted Living Facility	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 98	
9a. STATE OF BIRTH (If not US/CA, name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 5805		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 971 Parkview Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) September 17, 1924	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lee KING			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mable A CLARK		
18a. INFORMANT - NAME (Type or Print) April STEPHENS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 971 Parkview Dr Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BETHANY J RASMUSSEN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED JORGE SANTIBANEZ MD					
21b. DATE SIGNED (Mo/Day/Yr) January 18, 2023		21c. HOUR OF DEATH 07:00			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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)				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) Jorge Santibanez MD 3050 Ormsby Blvd Carson City, NV 89703	
23b. LICENSE NUMBER 13739				24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 19, 2023				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiorespiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Congestive Heart Failure Coronary Artery Disease				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: **1/20/2023**

STATE REGISTRAR

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

