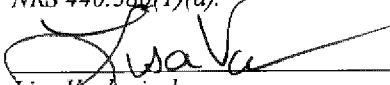


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



Lisa Vaclavicek

APN: 1121-35-002-047

RECORDING REQUESTED BY:

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:

MARY B. FOWLES, Trustee
2939 Devenpeck Drive
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF TRUSTEE

I, MARY B. FOWLES, 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 May 13, 2004, JOSEPH N. FOWLES and MARY B. FOWLES executed the JOSEPH & MARY FOWLES LIVING TRUST ("Trust").

(2) Said trust appointed me to serve as sole Trustee upon the death or incapacity of JOSEPH N. FOWLES.

(3) JOSEPH N. FOWLES deceased on April 3, 2023 at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "B" is a certified copy of the death certificate of said JOSEPH N. FOWLES.

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

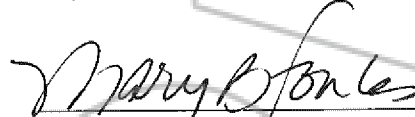
(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(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.

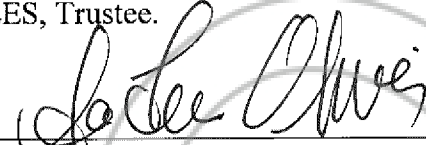
Executed on this 31st day of May, 2023, at Reno, Nevada.



MARY B. FOWLES, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

SUBSCRIBED AND SWORN TO before me 31st day of May, 2023, by MARY B. FOWLES, Trustee.



Notary Public

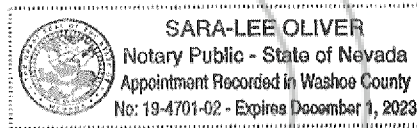


EXHIBIT "A"

Legal Description:

BEING A PORTION OF THE SOUTHEAST ¼ OF SECTION 35, TOWNSHIP 11 NORTH, RANGE 21 EAST, M.D.B. AND M., FURTHER DESCRIBED AS FOLLOWS:

PARCEL A OF PARCEL MAP NO. 2 FOR DON E. MEIER AND GAIL A. MEIER, RECORDED JUNE 13, 1979, IN BOOK 679, PAGE 939, AS DOCUMENT NO. 33464, DOUGLAS COUNTY OFFICIAL RECORDS.

Per NRS 111.312- The Legal Description above appeared previously in that Grant, Bargain, Sale Deed recorded on November 12, 2021, as Document No. 2021-976888 in Douglas County Records, Douglas County, Nevada.

APN: 1121-35-002-047

Property Address: 2939 Devenpeck Drive, Gardnerville, NV 89410

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

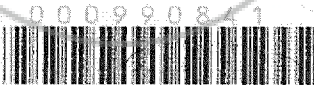
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4343126

CERTIFICATE OF DEATH

2023007638
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Joseph Nathan FOWLES		2. DATE OF DEATH (Mo/Day/Year) April 03, 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) 2939 Devenpeck Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) August 11, 1949		9a. STATE OF BIRTH (if not US/CA name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Mary Bernadette NEFSTAD	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████ 2038		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) FIRE CAPTAIN		14b. KIND OF BUSINESS OR INDUSTRY FIRE DEPARTMENT	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 2939 Devenpeck Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Reed FOWLES	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Norrine JADWIN		18a. INFORMANT- NAME (Type or Print) Mary Bernadette FOWLES		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2939 Devenpeck Drive Gardnerville, Nevada 89410	
TRADE CALL	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) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JEFFREY BASA MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) April 10, 2023		21c. HOUR OF DEATH 08:02	
	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)	
REGISTRAR	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) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706		23b. LICENSE NUMBER 8079		24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 11, 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) Pancreatic Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 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	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN		
28j. STATE		28k. STATE		28l. STATE		



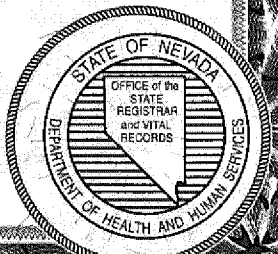
CERTIFIED COPY OF VITAL RECORDS

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: **4/12/2023**

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

Lucy Skyles
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE