

APN# 1220-16-115-002

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: The Walter and Diane Blizzard Trust Agreement

Address: 1640 Hayes St #4

City/State/Zip: San Francisco CA 94117

AFFIDAVIT DEATH OF TRUSTEE

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

E. TOBIAS

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Paula L. Blizzard

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-16-115-002

File No.: 143-2663998 (et)

Affidavit - Death of Trustee

State of

California

~~NV~~

County of

John Francisco)
~~DOUGLAS~~) ss.

Paula L. Blizzard ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Walter Eugene Blizzard** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **October 25, 2022** at **Gardnerville, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **July 14, 2005** executed by **Walter E. Blizzard and Diane E. Blizzard** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **QUITCLAIM DEED** dated **July 21, 2005** which was recorded as Instrument No. **0650265** in Book **0705**, Page **10476**, of Official Records of **DOUGLAS** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 5/30/23

DECLARANT:

[Handwritten Signature]

Paula L. Blizzard

State of California,
County of San Francisco^{SS}

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County San Mateo and State California this 30th day of May, 2023 by Paula L. Blizzard, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature *[Handwritten Signature]*
My Commission Expires: 8/27/2026



Notary Name: Angie M. Holmgren Notary Phone: 650-760-1573
Notary Registration Number: 2411942 County of Principal Place of Business: San Mateo

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4313479

CERTIFICATE OF DEATH

2022025354
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

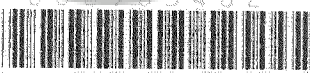
CERTIFIER

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) Walter Eugene BLIZZARD		2. DATE OF DEATH (Mo/Day/Year) October 25, 2022		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) 1210 Sorensen Court		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 06, 1936		9a. STATE OF BIRTH (If not US/CA, name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ████████-5797		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Computer Analyst		14b. KIND OF BUSINESS OR INDUSTRY Computers	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1210 Sorensen Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Paul E BLIZZARD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margorie Virginia HUNT		
18a. INFORMANT- NAME (Type or Print) Paula BLIZZARD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1640 Hayes Street # 4 San Francisco, California 94117			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory		19c. LOCATION City or Town State Fallon Nevada 89407	
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) REED DOPF MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) October 26, 2022		21c. HOUR OF DEATH 14:38			
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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 31, 2022		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) Respiratory Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Subdural Hematoma				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Trauma				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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

Scott Spangler

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

11/2/2022

DATE ISSUED:

STATE REGISTRAR

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

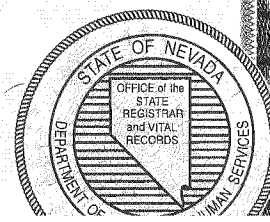
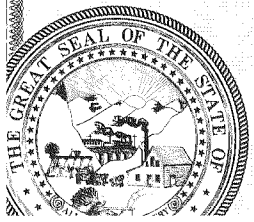


EXHIBIT 'A'

**LOT 104, BLOCK F, AS SHOWN ON THE FINAL MAP PLEASANTVIEW PHASE 5, FINAL
SUBDIVISION MAP NO. 1009-5, FILED FOR RECORD IN THE OFFICE OF THE COUNTY
RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 6, 1995, IN BOOK
1295, AT PAGE 788, AS FILE NO. 376390.**

