

Assessor's Parcel Number: 1220-17-515-016

Recording Requested by:
Nancy Rey Jackson, Ltd.
1133 Lost River Lane
Gardnerville, NV 89460



SHAWNYNE GARREN, RECORDER

Mail Documents and Tax Statements to:

Thomas Davis
104 Copper Creek Drive
Folsom, CA 95630

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 239B.030(4))
(State specific law):
NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT - DEATH OF TRUSTOR

I, CATHERINE DAVIS, of legal age, being first duly sworn, deposes and says:

1. BARTON G. ANDREWS and MARJORIE ANN ANDREWS, the decedents mentioned in the attached certified Certificates of Death, are the same persons as Barton G. Andrews and Marjorie Ann Andrews, Trustees of The Andrews Family Trust dated September 14, 1995.

2. Marjorie Ann Andrews passed away on October 21, 2022. Barton G. Andrews passed away on November 1, 2022.

3. I am one of the successor Co-Trustees of the Trust. There are three named successor trustees. Any of us is able to act alone with the knowledge of the other two. The other co-trustees, Steven William Andrews and Thomas Barton Andrews have notice of this Affidavit.

4. At the time of the decedents' deaths, they were the record owners, as Trustees, by way of that certain Grant, Bargain and Sale Deed executed by Barton and Marjorie Andrews, Grantors, recorded on November 26, 2022, as Document Number 0559059, Official Records, Douglas County, Nevada, concerning the real property commonly known as 1219 Keepsake Circle, Gardnerville, 89460 and more particularly described as:

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

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Legal Description

LOT 186, IN BLOCK A, OF PLEASANTVIEW, PHASE 9 MAP NO. 00-027 ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 17, 2001, IN BOOK 0901, PAGE 3761 AS DOCUMENT NO. 522892.

Source of information above: Grant, Bargain and Sale Deed recorded November 26, 2002, as Document No. 0559059, Official Records, Douglas County, Nevada.

4. I am one of the named Successor Co-Trustees of the Trust, which was in effect at the time of the death of the decedents, and which has not been revoked. I hereby consent to act as such along with my siblings Steven and Thomas Andrews.

5. The subject property belongs to The Andrews Family Trust dated September 14, 1995.

6. There is no federal estate tax as the result of the death of the decedents.

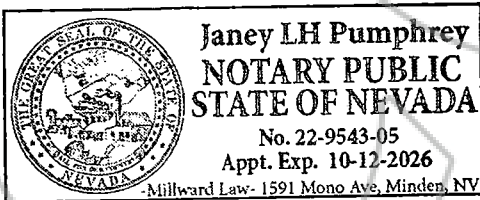
7. There was no probate proceeding relative to the estate of Marjorie and Barton Andrews.

Dated: June 06, 2023.

Catherine Louise Davis
CATHERINE LOUISE DAVIS,
Successor Co-Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on June 06, 2023, by Catherine Louise Davis.



Janey LH Pumphrey
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. 4312738

CERTIFICATE OF DEATH

2022025251
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Marjorie Ann ANDREWS		2. DATE OF DEATH (Mo/Day/Year) October 21, 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) Carson Valley Medical Center		3a. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 90		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) September 02, 1932		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barton Guy ANDREWS	
PARENTS	13. SOCIAL SECURITY NUMBER ██████-2431		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 Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1219 Keepsake Cir		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Elmo LOMBARDI	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Regina BELKA		18a. INFORMANT- NAME (Type or Print) Barton Guy ANDREWS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 1315 Minden, Nevada 89423	
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) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		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) CHRISTINE A OBREGON APRN 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) October 26, 2022		21c. HOUR OF DEATH 00:45		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Christine A Obregon APRN 13945 S Virginia Street Reno, NV 89511		23b. LICENSE NUMBER APRN842495		24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 27, 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	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiopulmonary Arrest		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Cardiogenic Shock		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	(c) Acute Hypoxic Respiratory Failure		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
(d) Congestive Heart Failure Exacerbation		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Atrial Fibrillation, Severe Mitral Regurgitation, Severe Aortic Regurgitation		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		



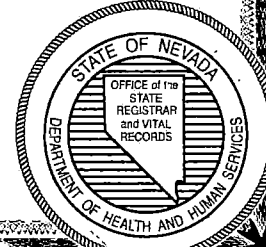
CERTIFIED COPY OF VITAL RECORDS

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: 11/23/2022

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

Scott Spangler
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4314724

CERTIFICATE OF DEATH

2022026709
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Barton Guy ANDREWS		2. DATE OF DEATH (Mo/Day/Year) November 01, 2022		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 Tahoe Care Center		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Nursing Home	
	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 91	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 16, 1931	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
	13. SOCIAL SECURITY NUMBER ████████-3148		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
	15d. STREET AND NUMBER 1219 Keepsake Cir		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Guy William ANDREWS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois Anna OWENS		
DISPOSITION	18a. INFORMANT- NAME (Type or Print) Catherine DAVIS		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1307 Cedar Creek Cir Gardnerville, Nevada 89460			
	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) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
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) MARK D CANTY 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) November 14, 2022		21c. HOUR OF DEATH 07:04		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)	
	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		22f. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Mark D Canty MD 1495 Mill Street Reno, NV 89502				23b. LICENSE NUMBER 15475	
	24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 15, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I					
	(a) Bilateral Viral Pneumonia					
	DUE TO, OR AS A CONSEQUENCE OF:					
(b) Covid 19 Viral Illness						
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. Fracture Of Femur Due To Ground Level Fall						
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		



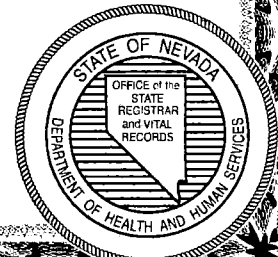
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