

APN# 1220-03-210-058



00169597202309978550030031

SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Mark Berry

Address: 1339 Mountain Ash Way

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Mark Berry

Address: 1339 Mountain Ash Way

City/State/Zip: Gardnerville, NV 89410

Affidavit of 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

Mark Berry

Printed Name

This document is being (re-)recorded to correct document # 2022-995290, and is correcting the Affidavit of Death of Joint Tenant which should be Affidavit of Death of Trustee instead

Recording requested by:

Mark Berry

And when recorded, mail to:  
Mark Berry  
1339 Mountain Ash Way  
Gardnerville, NV 89410

APN: 1220-03-210-058

For recorder's use

### AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada

)  
) ss.  
)

County of Douglas

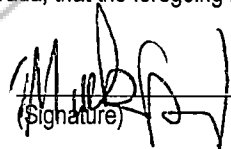
Mark Berry, of legal age, being first duly sworn, deposes and says:

1. Kelli N. McHenry, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Kelli N. McHenry named as Trustee in the Declaration of Trust dated February 8, 2022, and executed by Mark A. Berry and Kelli N. McHenry as Settlers and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1339 Mountain Ash Way, Gardnerville, NV 89410, which property is described in a Deed which was executed by Mark Berry and Kelli McHenry, husband and wife as joint tenants with right of survivorship, as Grantor(s) on February 14, 2022, and recorded as Document No.2022-981124, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  

Lot 45, Block 1, as set forth on Final Subdivision Map LDA 01-047, Planned Unit Development for ARBOR GARDENS, PHASE 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada on October 18, 2002, Book 1002, Page 8115, as Document No. 555262, and by Certificate of Amendment recorded February 20, 2003, in Book 0203, at Page 7818, as Document No. 567590, and September 28, 2004 in Book 904, at Page 11209, as Document No. 625221.
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

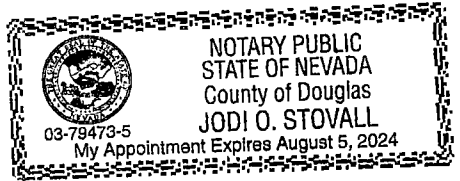
Dated 6-23-23

  
(Signature)  
Mark Berry

State of Nevada  
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 23 day of June, 2023, by Mark Berry, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Jodi O. Stovall



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4335580

**CERTIFICATE OF DEATH**

**2023003783**  
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)<br><b>Kelli N MCHENRY</b>   |   | 2. DATE OF DEATH (Mo/Day/Year)<br><b>February 21, 2023</b>  |   | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>  |   | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)<br><b>1339 Mountain Ash Way</b>                  |   | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)<br><b>Home</b> |  |
| 5. RACE (Specify)<br><b>White</b>  |   | 6. Hispanic Origin? Specify No - Non-Hispanic   | 7a. AGE-Last birthday (Years)<br><b>51</b>  | 7b. UNDER 1 YEAR<br>MOS    DAYS   | 7c. UNDER 1 DAY<br>HOURS    MINS   |
| 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>Alabama</b>  |   | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   | 10. EDUCATION<br><b>18</b>  | 11. MARITAL STATUS (Specify)<br><b>Married</b>                                    | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Mark Allen BERRY</b> |
| 13. SOCIAL SECURITY NUMBER<br><b>[REDACTED]-8947</b>   |   | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)<br><b>SCHOOL TEACHER</b>  |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>SCHOOLS</b>                               | Ever in US Armed Forces? <b>No</b>   |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>  | 15b. COUNTY<br><b>Douglas</b>   | 15c. CITY, TOWN OR LOCATION<br><b>Gardnerville</b>  | 15d. STREET AND NUMBER<br><b>1339 Mountain Ash Way</b>  |   | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>                                  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>JB THOMPSON</b>  |   |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Shiela CALLOWAY</b>   |   |  |
| 18a. INFORMANT- NAME (Type or Print)<br><b>Mark Allen BERRY</b>  |   | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1339 Mountain Ash Way Gardnerville, Nevada 89410</b> |   |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>  |   | 19b. CEMETERY OR CREMATORY - NAME<br><b>Eastside Memorial Park</b>  |   | 19c. LOCATION City or Town State<br><b>Minden Nevada 89423</b>                    |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>LYLE P MEYER</b><br>SIGNATURE AUTHENTICATED   |   | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD854</b>  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Eastside Memorial Park Funerals &amp; Cremations</b><br><b>1600 Buckeye Rd Minden NV 89423</b>                              |   |  |
| TRADE CALL - NAME AND ADDRESS  |   |   |   |   |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br><b>REED DOPF MD</b><br>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)<br><b>February 23, 2023</b>   |   | 21c. HOUR OF DEATH<br><b>09:13</b>  |   | 22b. DATE SIGNED (Mo/Day/Yr)  |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |   |   | 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)<br><b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b> |   |   |   | 23b. LICENSE NUMBER<br><b>13920</b>   |  |
| 24a. REGISTRAR (Signature)<br><b>MARLI MORAIGNE REINHEIMER</b><br>SIGNATURE AUTHENTICATED  |   | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>February 23, 2023</b>   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br><b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>  |   |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)   |   |   |   | Interval between onset and death  |  |
| PART I<br>(a) <b>Respiratory Arrest</b><br>DUE TO, OR AS A CONSEQUENCE OF:   |   |   |   | Interval between onset and death  |  |
| (b) <b>Acute Respiratory Failure</b><br>DUE TO, OR AS A CONSEQUENCE OF:  |   |   |   | Interval between onset and death  |  |
| (c) <b>Malignant, Metastatic Carcinoma Of Undetermined Primary</b><br>DUE TO, OR AS A CONSEQUENCE OF:  |   |   |   | Interval between onset and death  |  |
| (d)  |   |   |   | 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)<br><b>No</b>                                      | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>                          |
| 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

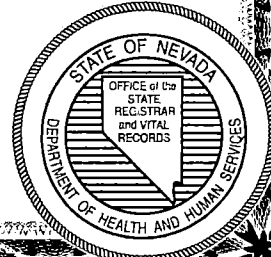
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**6/13/2023**

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

*Codey Thirney*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE