

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)



00169896202309981130030032

SHAWNYNE GARREN, RECORDER

APN: 1420-28-701-003

After Recording, Return and Mail Tax Statements to:

ELIZABETH ANN HUCK
1350 Jackie Lane
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF TRUSTEE

ELIZABETH ANN HUCK, of legal age, being first duly sworn, deposes and says:

1. By instrument dated April 12, 2016, ARVIN PETER HUCK and ELIZABETH ANN HUCK executed the A & B HUCK TRUST.
2. Said Trust appointed me to serve as sole Trustee upon the death or incapacity of ARVIN PETER HUCK.
3. ARVIN PETER HUCK deceased on December 31, 2022, at Minden, Nevada a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said ARVIN PETER HUCK.
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 "B" attached and is commonly known as 1350 Jackie Lane, Minden, NV 89423.
6. I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the 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 Trustee.

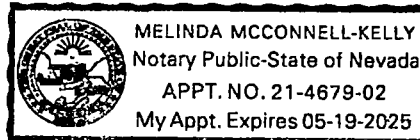
Executed this June 28, 2023, at Carson City, Nevada.

Elizabeth A Huck
ELIZABETH ANN HUCK, Trustee

State of Nevada)
CARSON CITY)

Subscribed and Sworn to before me on June 28, 2023, by ELIZABETH ANN HUCK, Trustee.

Melinda McConnell-Kelly
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. 4326262

CERTIFICATE OF DEATH

2022031469
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Arvin Peter HUCK		2. DATE OF DEATH (Mo/Day/Year) December 31, 2022		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 1350 Jackie Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5 RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 59	
	7b. UNDER 1 YEAR MUS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MIN MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) February 12, 1963		9a. STATE OF BIRTH (If not US/CA, name country) Montana			
	9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARITAL STATUS (Specify) Married	
PARENTS	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Elizabeth HARDESTY		13. SOCIAL SECURITY NUMBER ██████████4225			
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of ENGINEER		14b. KIND OF BUSINESS OR INDUSTRY Computer Science		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
DISPOSITION	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
	15d. STREET AND NUMBER 1350 Jackie Lane		16. FATHER/PARENT - NAME (First Middle Last Suffix) Ludwig HUCK			
TRADE CALL	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rose DECKER				18a. INFORMANT- NAME (Type or Print) Elizabeth HUCK	
	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1350 Jackie Lane Minden, Nevada 89423				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
CERTIFIER	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 Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706			
REGISTRAR	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) KEENAN K COPP 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) KEENAN K COPP SIGNATURE AUTHENTICATED		
CAUSE OF DEATH	21b. DATE SIGNED (Mo/Day/Yr) February 03, 2023		21c. HOUR OF DEATH 15:09		22b. DATE SIGNED (Mo/Day/Yr) February 03, 2023	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 15:09		22d. PRONOUNCED DEAD (Mo/Day/Yr) December 31, 2022	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Keenan K Copp 1038 Buckeye Rd Minden, NV 89423				23b. LICENSE NUMBER	
	24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 03, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) Atherosclerotic And Hypertensive Cardiovascular Disease				Interval between onset and death	
PART II	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)				26. AUTOPSY (Specify Yes or No) No		
27a. DATE OF INJURY (Mo/Day/Yr)		27b. HOUR OF INJURY		27c. DESCRIBE HOW INJURY OCCURRED		
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE		



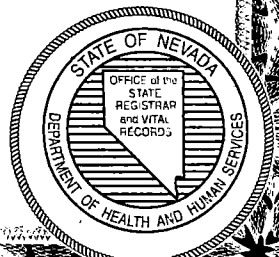
CERTIFIED COPY OF VITAL RECORDS

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: **2/7/2023**

Scott Spangler
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT B

A PARCEL OF LAND SITUATED IN AND BEING A PORTION OF EAST ½ OF THE NORTHEAST ¼ OF THE NORTHWEST ¼ OF THE SOUTHEAST ¼,, OF SECTION 28, IN TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.&M., DOUGLAS COUNTY, STATE OF NEVADA, DESCRIBED AS FOLLOWS TO WIT:

PARCEL NO. 4 AS SET FORTH ON THAT CERTAIN SURVEY PARCEL MAP #2 FOR BING CONSTRUCTION COMPANY FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JULY 21, 1989 IN BOOK 789 AT PAGE 2440 AS DOCUMENT NO. 207176.

IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED APRIL 19, 2016, AS FILE NO. 879589, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

APN: 1420-28-701-003