

APN: 1420-08-212-018

WHEN RECORDED RETURN TO:
KYLE A. WINTER, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



SHAWNYNE GARREN, RECORDER

MAIL TAX STATEMENTS TO:
BETSY JEFFERY
16523 Monteviejo Street
Fontana, CA 92336

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA)
 : ss
COUNTY OF *Los Angeles*

BETSY JEFFERY, being first duly sworn, deposes and says:

1. That the GERALD GENE WEBSTER AND BRENDA JUNE WEBSTER FAMILY TRUST was established on or about June 20, 1994, amended and restated in its entirety on or about February 16, 2010, amended thereafter by First Amendment on July 14, 2020 and by Second Amendment on April 6, 2021.
2. That GERALD GENE WEBSTER and BRENDA JUNE WEBSTER were the Grantors and original Trustees of said Trust.
3. That BRENDA JUNE WEBSTER died on July 11, 2005, and a certified copy of her death certificate was recorded on May 19, 2009 as Document Number 2009-743481.
4. That GERALD GENE WEBSTER died on May 25, 2023, and a certified copy of his death certificate issued by the State of Nevada is attached hereto as EXHIBIT A.
5. That due to the passing of GERALD GENE WEBSTER, the currently acting Trustee of the GERALD GENE WEBSTER AND BRENDA JUNE WEBSTER FAMILY TRUST is BETSY JEFFERY.

6. That pursuant to that Quitclaim Deed recorded on March 15, 2010, as Document Number 0760139, official records of Douglas County, Nevada, said Trust is the owner of all that real property situate in Carson City, County of Douglas, State of Nevada, more particularly described as follows:

Lot 20 in Block 1, as shown on the amended map of Sunridgeheights, Phase 5B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 22, 1995, in Book 205, Page 3219 as document no. 356642.

(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada, on March 15, 2010, as Document Number 0760139).

7. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

Further, Affiant sayeth naught.

DATED this 21st day of JUNE, 2023.


BETSY JEFFERY, Trustee

A notary public or other officer completing this certificate verifies only the identify of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
 : SS
COUNTY OF *Los Angeles*)

On *June 21, 2023*, before me, *Chase A. Keegan* *(Notary Public)*, personally appeared BETSY JEFFERY, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *[Handwritten Signature]* (Seal)

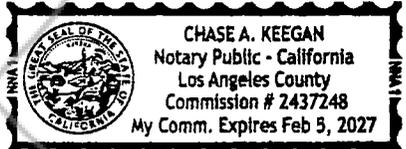


EXHIBIT A

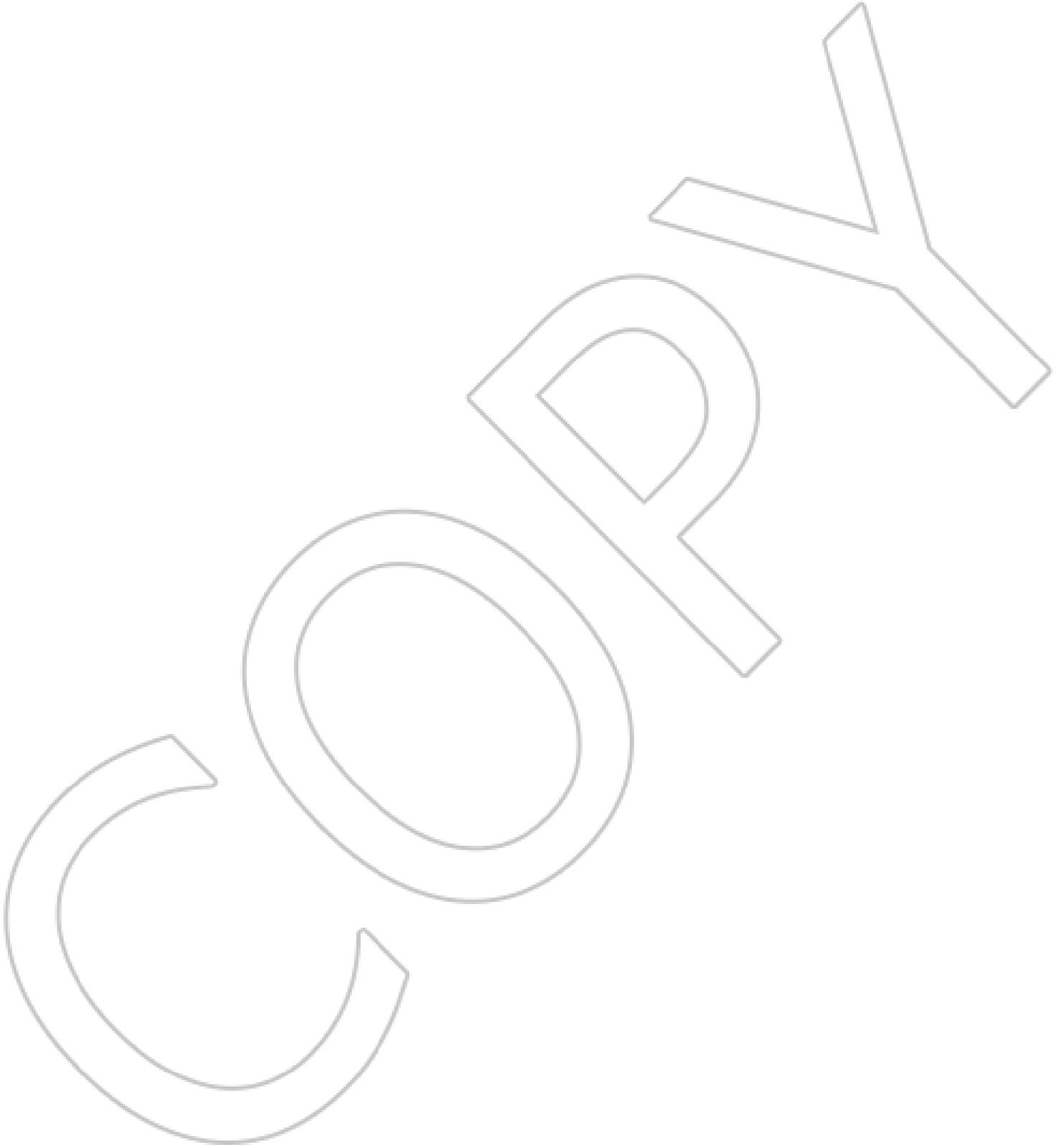


EXHIBIT A

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4351663

CERTIFICATE OF DEATH

2023011988
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) Gerald Gene WEBSTER | | 2. DATE OF DEATH (Mo/Day/Year) May 25, 2023 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) 1031 Sunburst Drive | | 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) 84 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) February 26, 1939 | | 9a. STATE OF BIRTH (if not US/CA, name country) Texas | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 20 | | 11. MARITAL STATUS (Specify) Widowed | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | |
| 13. SOCIAL SECURITY NUMBER ██████████4037 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TEACHER | | 14b. KIND OF BUSINESS OR INDUSTRY EDUCATION | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Carson City | |
| 15d. STREET AND NUMBER 1031 Sunburst Drive | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Lou Edward WEBSTER | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bessie STRAND | | |
| 18a. INFORMANT- NAME (Type or Print) Betsy JEFFERY | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16523 Monteviejo St Fontana, California 92336 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Entombment | | 19b. CEMETERY OR CREMATORY - NAME Walton's Carson Gardens | | 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 | |
| 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 | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) June 01, 2023 | | 21c. HOUR OF DEATH 08:30 | | 22b. DATE SIGNED (Mo/Day/Yr) June 01, 2023 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH 08:30 | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) May 25, 2023 | |
| 22e. PRONOUNCED DEAD AT (Hour) 08:30 | | 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) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED | | | |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 01, 2023 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) PART I (a) Cardio Respiratory Arrest 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) _____ | | | | 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 | |



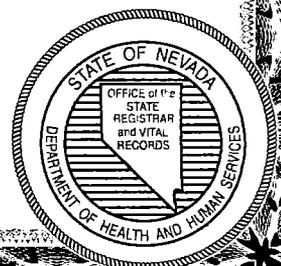
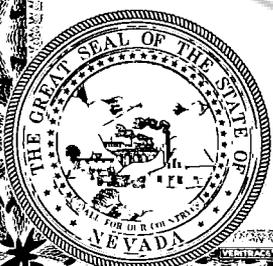
CERTIFIED COPY OF VITAL RECORDS

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: 6/6/2023

Cody D. Higgins
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