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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

**A.P.N.: 1320-33-817-014**

**Recording Requested By:** )  
JOEL BYRON WALL )  
P.O. Box 246 )  
Wellington, NV 89444 )

**When Recorded Mail to:** )  
JOEL BYRON WALL )  
P.O. Box 246 )  
Wellington, NV 89444 )

**Mail Tax Statements to:** )  
JOEL BYRON WALL )  
P.O. Box 246 )  
Wellington, NV 89444 )

### **AFFIDAVIT – DEATH OF TRUSTEE**

I, JOEL BYRON WALL, of legal age, being first duly sworn, declare under penalty of perjury that:

JILL WALL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JILL WALL named as Co-Trustee in the Declaration of Trust executed on May 11, 2004, by Phillip Wall and Jill Wall as Grantors.

Phillip Wall died on February 17, 2020, and Affidavit of his death was recorded on July 28, 2020, as Document No. 2020-949818.

JILL WALL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JILL WALL, named as one of the parties in that certain deed dated September 24, 2004, and executed by Phillip Wall and Jill Wall, husband and wife (Grantors) to PHILLIP WALL and JILL WALL, Trustees of the WALL FAMILY REVOCABLE TRUST OF MAY 11, 2004 (Grantees), recorded on September 27, 2004, as Document No. 0625099, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 14, in Block D, as shown on the Final Map# 1006-12 of Chichester Estate, Phase 12, recorded January 8, 2004, in Book 0104, of Official records, at Page 2012, Document No. 601490, Douglas County, Nevada.

Subject to:

- 1. All general and special taxes for the current fiscal year.
- 2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

JILL WALL, the deceased Trustee, died on January 20, 2023, as shown in the attached certified copy of Certificate of Death.

The Affiant is the son of the deceased Trustee and now the sole Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such and now holds title as JOEL BYRON WALL, Trustee, or his successors in Trust, under THE WALL FAMILY REVOCABLE LIVING TRUST, dated May 11, 2004.

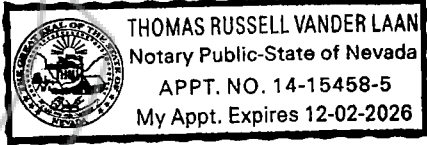
Executed on this July 11, 2023, in Douglas County, State of Nevada.

*Joel B Wall*  
 \_\_\_\_\_  
 JOEL BYRON WALL

Trustee under THE WALL FAMILY REVOCABLE LIVING TRUST, dated May 11, 2004

STATE OF NEVADA            )  
   ): ss  
 COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this July 11, 2023, by JOEL BYRON WALL.



*[Signature]*  
 \_\_\_\_\_  
 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

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

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

CASE FILE NO. 4331492

**CERTIFICATE OF DEATH**

2023001975  
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>Jill WALL</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>January 20, 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>1370 Chichester Dr</b>   |  | 3e If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify)<br><b>Home</b>   |  |
| 4. SEX<br><b>Female</b>   |  | 5. RACE (Specify)<br><b>White</b>   |  | 6. Hispanic Origin? Specify<br><b>No - Non-Hispanic</b>  |  |
| 7a. AGE-Last birthday (Years)<br><b>79</b>  |  | 7b. UNDER 1 YEAR<br><b>MOS DAYS</b>   |  | 7c. UNDER 1 DAY<br><b>HOURS MINS</b>   |  |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>August 18, 1943</b>  |  | 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>New York</b>  |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |  |
| 10. EDUCATION<br><b>14</b>  |  | 11. MARITAL STATUS (Specify)<br><b>Widowed</b>  |  | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)  |  |
| 13. SOCIAL SECURITY NUMBER<br><b>7574</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)<br><b>CASHIER</b>   |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>CASINO</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>1370 Chichester Dr</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |  | Ever in US Armed Forces? <b>No</b>   |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Jack CHAISON</b>  |  |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Shirley WARD</b> |  |  |
| 18a. INFORMANT- NAME (Type or Print)<br><b>Joel WALL</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1370 Chichester Dr Gardnerville, Nevada 89410</b>  |  |  |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</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><b>SIGNATURE AUTHENTICATED</b>   |  | 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>NITA SCHWARTZ MD</b><br><b>SIGNATURE AUTHENTICATED</b>        |  | 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 01, 2023</b>  |  | 21c. HOUR OF DEATH<br><b>12:04</b>  |  | 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. PRONOUNCED DEAD AT (Hour)  |  | 22e. PRONOUNCED DEAD AT (Hour)  |  |  |  |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>            |  |   |  | 23b. LICENSE NUMBER<br><b>9114</b>   |  |
| 24a. REGISTRAR (Signature)<br><b>SCOTT SHELDON SPANGLER</b><br><b>SIGNATURE AUTHENTICATED</b>   |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>February 02, 2023</b>   |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br><b>YES</b> <input type="checkbox"/> <b>NO</b> <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) <b>Cerebral Atherosclerosis</b><br>DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  | /  |  |
| (b) _____<br>DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  | Interval between onset and death   |  |
| (c) _____<br>DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  | Interval between onset and death   |  |
| (d) _____<br>DUE TO, OR AS A CONSEQUENCE OF:  |  |   |  | Interval between onset and death   |  |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not reculing in the underlying cause given in Part I.<br><b>Atnal Fibrillation Hypertension, Diabetes Mellitus Type 2</b> |  |   |  | 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  |  |



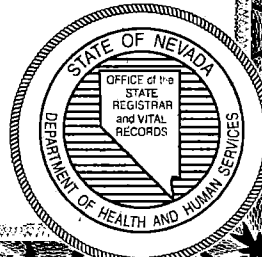
**CERTIFIED COPY OF VITAL RECORDS**

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.

*Scott Spangler*  
STATE REGISTRAR

DATE ISSUED: **2/7/2023**

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



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**