

APN: 1320-30-211-004



SHAWNYNE GARREN, RECORDER

Recorded at the Request of/Return to:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, NV 89423

Mail Future Tax Statements To:
SHARON ELIZABETH OWENS-AVEY, Trustee
PO Box 2470
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law.

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

SHARON ELIZABETH OWENS-AVEY, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That RENNY JOEL AVEY, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit B** and incorporated herein by reference, is the same person as RENNY JOEL AVEY, Settlor of the *Avey Family Trust, dated March 11, 2002*, and any amendments hereto, Grantee in that certain *Grant, Bargain and Sale Deed* dated September 21, 2022, and recorded on September 30, 2022, as Document No. 2022-990443, of Official Records of Douglas County, State of Nevada, which deed pertains to real property commonly known as 1726 Cedarwood Drive, Minden, Douglas County, State of Nevada, more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description previously appeared in *Grant, Bargain, and Sale Deed* recorded on September 30, 2022, as Document No. 2022-990443.

SHARON ELIZABETH OWENS-AVEY shall forthwith serve as sole Trustee of the *Avey Family Trust, dated March 11, 2002*, and any amendments thereto.

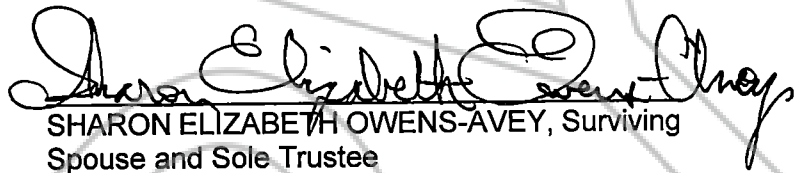
This deed was prepared without the benefit of a title search and the description of the property was furnished by the party(ies). The preparer of this deed assumes no liability

whatsoever either for the accuracy of the legal description or the status of the title to the property.

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

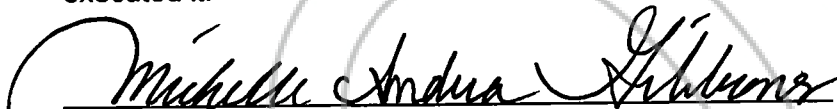
Dated: July 21, 2023.

Avey Family Trust, dated March 11, 2002, and any amendments thereto


SHARON ELIZABETH OWENS-AVEY, Surviving Spouse and Sole Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On July 21, 2023, before me, a Notary Public, personally appeared SHARON ELIZABETH OWENS-AVEY, personally know to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is subscribed to this instrument and acknowledged that she executed it.


Notary Public



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**EXHIBIT "A"
LEGAL DESCRIPTION**

LOT 6, IN BLOCK G, EXCEPT THEREFROM ALL THOSE PORTIONS OF SAID LOTS IN BLOCK "G", WHICH LIES WITHIN THE HIGH WATER MARK OF THE CARSON RIVER, AS IT NOW EXISTS, AS SHOWN ON THE OFFICIAL MAP OF WESTWOOD VILLAGE UNIT NO. 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON OCTOBER 5, 1979, IN BOOK 1079, PAGE 440, DOCUMENT NO. 37417, AND CERTIFICATE OF AMENDMENT RECORDED JULY 14, 1980, IN BOOK 780, PAGE 783, DOCUMENT NO. 46166, AND CERTIFICATE OF AMENDMENT RECORDED JANUARY 31, 1991, IN BOOK 191, PAGE 3820, DOCUMENT NO. 243938.



EXHIBIT B

Avey Family Trust
Grantor: RENNY JOEL AVEY
Date of Death: October 31, 2022

Certified Nevada Certificate of Death, RENNY JOEL AVEY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4314430

CERTIFICATE OF DEATH

2022025842
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) Renny Joel AVEY		2. DATE OF DEATH (Mo/Day/Year) October 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 ar number) 1726 Cedarwood 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) 75		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 20, 1947		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sharon Elizabeth OWENS	
13. SOCIAL SECURITY NUMBER 0820		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of PROFESSOR		14b. KIND OF BUSINESS OR INDUSTRY COLLEGE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1726 Cedarwood Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Clarence Edward AVEY Jr			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois lone KEELEY		
18a. INFORMANT- NAME (Type or Print) Sharon Elizabeth OWENS-AVEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1726 Cedarwood Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
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) REED DOPF 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 01, 2022		21c. HOUR OF DEATH 11:20		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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 03, 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					
(a) Respiratory Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Parkinson's Disease					
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 I. Coronary Heart Disease				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	



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.

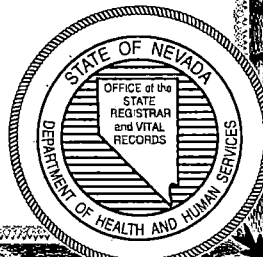
11/4/2022

DATE ISSUED:

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