

APN: 1319-03-311-013



SHAWNYNE GARREN, RECORDER

WHEN RECORDED RETURN TO:
JOEL W. LOCKE, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702

MAIL TAX STATEMENTS TO:
VICKIE VAN METER, Trustee
84 Arndell Way
Sparks, NV 89431

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 NEVADA)
 : ss
CARSON CITY)

VICKIE VAN METER, being first duly sworn, deposes and says:

1. That THE JOHN L. POWERS, JR. TRUST was created on March 23, 2023, by JOHN L. POWERS, JR. as Grantor and as Trustee.
2. That Grantor and Trustee, JOHN L. POWERS, JR., died on May 9, 2023, and a certified copy of his death certificate is attached hereto.
3. That said Trust is the owner of all that certain parcel of real property located in Douglas County, State of Nevada, and more particularly described as follows:

LOT 75 OF BLOCK B AS SAID LOT AND BLOCK ARE SET FORTH ON THE FINAL MAP OF GENOA LAKES PHASE 3, UNIT 1, A PLANNED UNIT DEVELOPMENT, RECORDED JANUARY 13, 1995, IN BLOOK 195 OF OFFICIAL RECORDS OF PAGE 1900, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 354349.

(Pursuant to NRS 111.312 this legal description was previously recorded on December 13, 2013, as Document Number 0835472).

4. That due to the passing of JOHN L. POWERS, JR., the currently acting Trustee of THE JOHN L. POWERS, JR. TRUST, is VICKIE VAN METER.

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

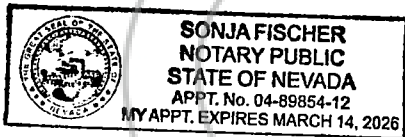
Further, Affiant sayeth naught.

DATED on July 25th, 2023


VICKIE VAN METER, Trustee

STATE OF NEVADA)
 : ss.
CARSON CITY)

On July 25, 2023, personally appeared before me, a notary public, VICKIE VAN METER, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.




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. 4349160

CERTIFICATE OF DEATH

2023010724
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) John Lawrence POWERS II		2. DATE OF DEATH (Mo/Day/Year) May 09, 2023		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/ Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
9a. STATE OF BIRTH (If not US/CA, name country) United States		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) November 14, 1938	
13. SOCIAL SECURITY NUMBER 0150		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY ENGINEERING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 2457 Genoa Highlands Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John J POWERS			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT- NAME (Type or Print) Vickie VANMETER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 84 Arndell Way Sparks, Nevada 89431			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Wilton's Carson Gardens		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JEFFREY M BAUGHN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD993		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) STEPHEN T HEWITT DO 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) May 16, 2023		21c. HOUR OF DEATH 21:40		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. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)		22f. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER DO1107	
24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 16, 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) Cardiopulmonary Arrest				Interval between onset and death Mins	
DUE TO, OR AS A CONSEQUENCE OF: (b) Adenocarcinoma Of The Rectum				Interval between onset and death Mos	
DUE TO, OR AS A CONSEQUENCE OF: (c) Acute Metabolic Encephalopathy				Interval between onset and death Days	
DUE TO, OR AS A CONSEQUENCE OF: (d) Non ST Elevation Myocardial Infarction				Interval between onset and death Days	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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	



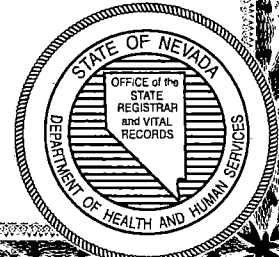
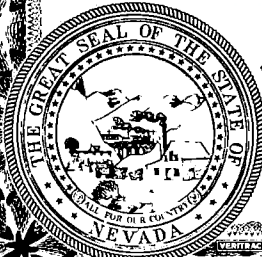
CERTIFIED COPY OF VITAL RECORDS

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.

Cody H. Phinney
STATE REGISTRAR

DATE ISSUED: **5/18/2023**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE