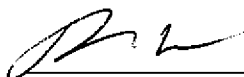


I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.
Witness my hand and official seal this 9th day of AUGUST, 2023.


PAULA CROUT

STATE OF NEVADA
COUNTY OF WASHOE

Signed and sworn (or affirmed) before me on this 11th day of August, 2023, by PAULA CROUT



Signature of notarial officer

My Commission Expires: 09/11, 2026

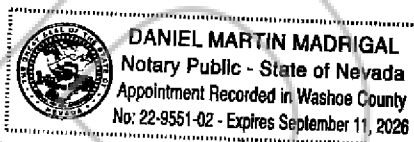
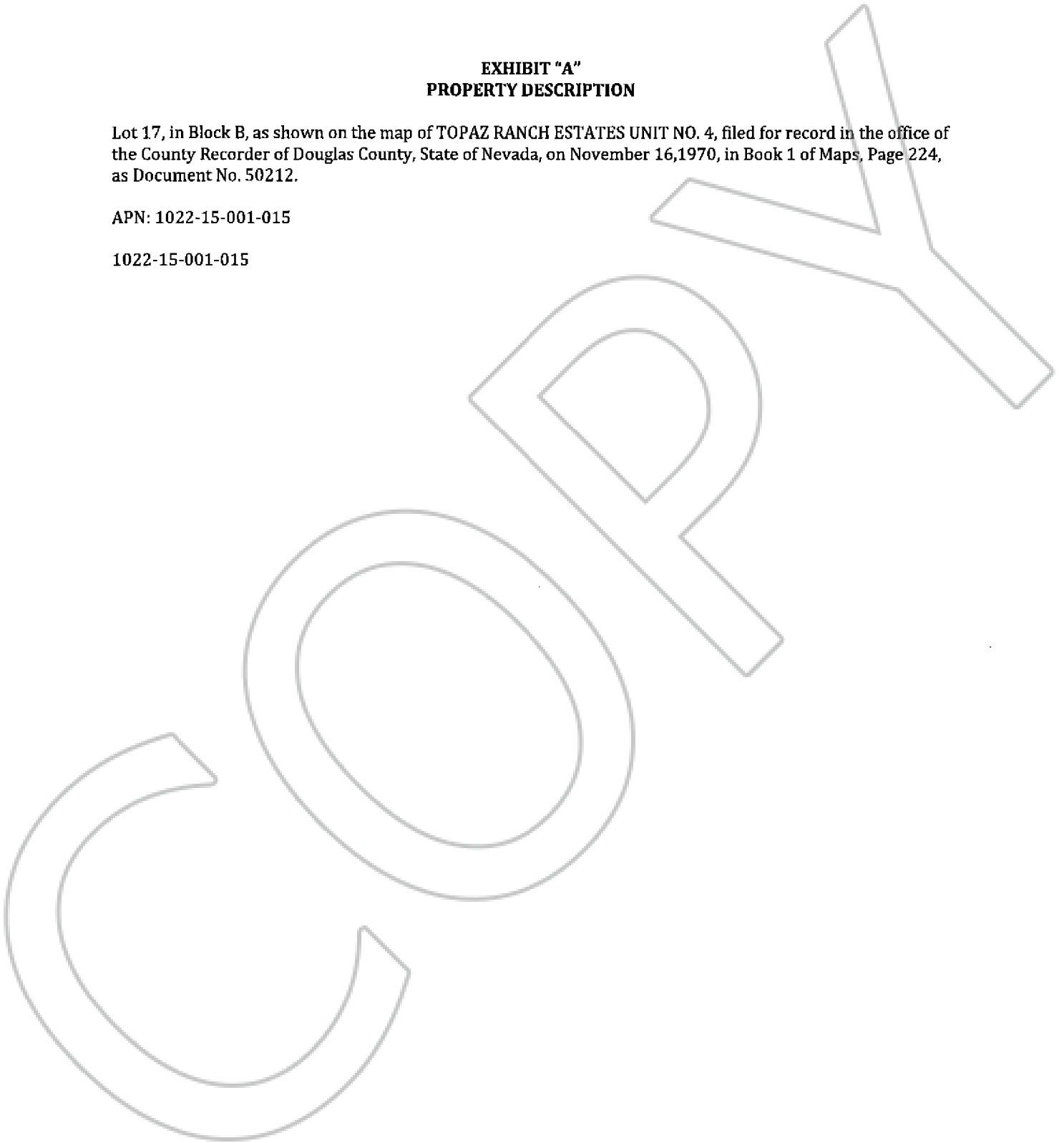


EXHIBIT "A"
PROPERTY DESCRIPTION

Lot 17, in Block B, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

APN: 1022-15-001-015

1022-15-001-015



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4322417

CERTIFICATE OF DEATH

2022029221
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) Charles Benton CROUT Jr		2. DATE OF DEATH (Mo/Day/Year) December 10, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street address and number) 3904 Walker View Rd		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 68	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) October 07, 1954	
9a. STATE OF BIRTH (if not US/CA, name country) Maryland		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Paula WILSON			
13. SOCIAL SECURITY NUMBER 0901		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Musician		Music		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3904 Walker View Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First, Middle, Last Suffix) Charles Benton CROUT Sr			17. MOTHER/PARENT - NAME (First, Middle, Last Suffix) Margaret SEEBERGER		
18a. INFORMANT - NAME (Type or Print) Paula CROUT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3904 Walker View Rd Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd 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) RALPH D HERBIG 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) December 14, 2022		21c. HOUR OF DEATH 17:04		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ralph D Herbig DO 897 Ironwood Dr Minden, NV 89423			
23b. LICENSE NUMBER DO984		24a. REGISTRAR (Signature) SCOTT SHELTON SPANGLER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 14, 2022		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				Interval between onset and death	
(a) Hypoxic Encephalopathy				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Cardiopulmonary Arrest				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Cardiac Dysrhythmia				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Heart Disease				Years	
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

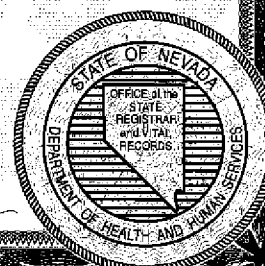
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

12/19/2022

DATE ISSUED:

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