



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

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.

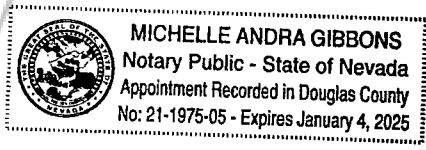
Dated: January 9, 2024.

Jacquelyn A. Redditt  
JACQUELYN A. REDDITT, Grantor, Surviving Spouse, and sole Trustee

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS    )

Subscribed and sworn to (or affirmed) before me, a Notary Public, on the 9<sup>th</sup> day of January, 2024, by JACQUELYN A. REDDITT, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Michelle Andra Gibbons  
Notary Public

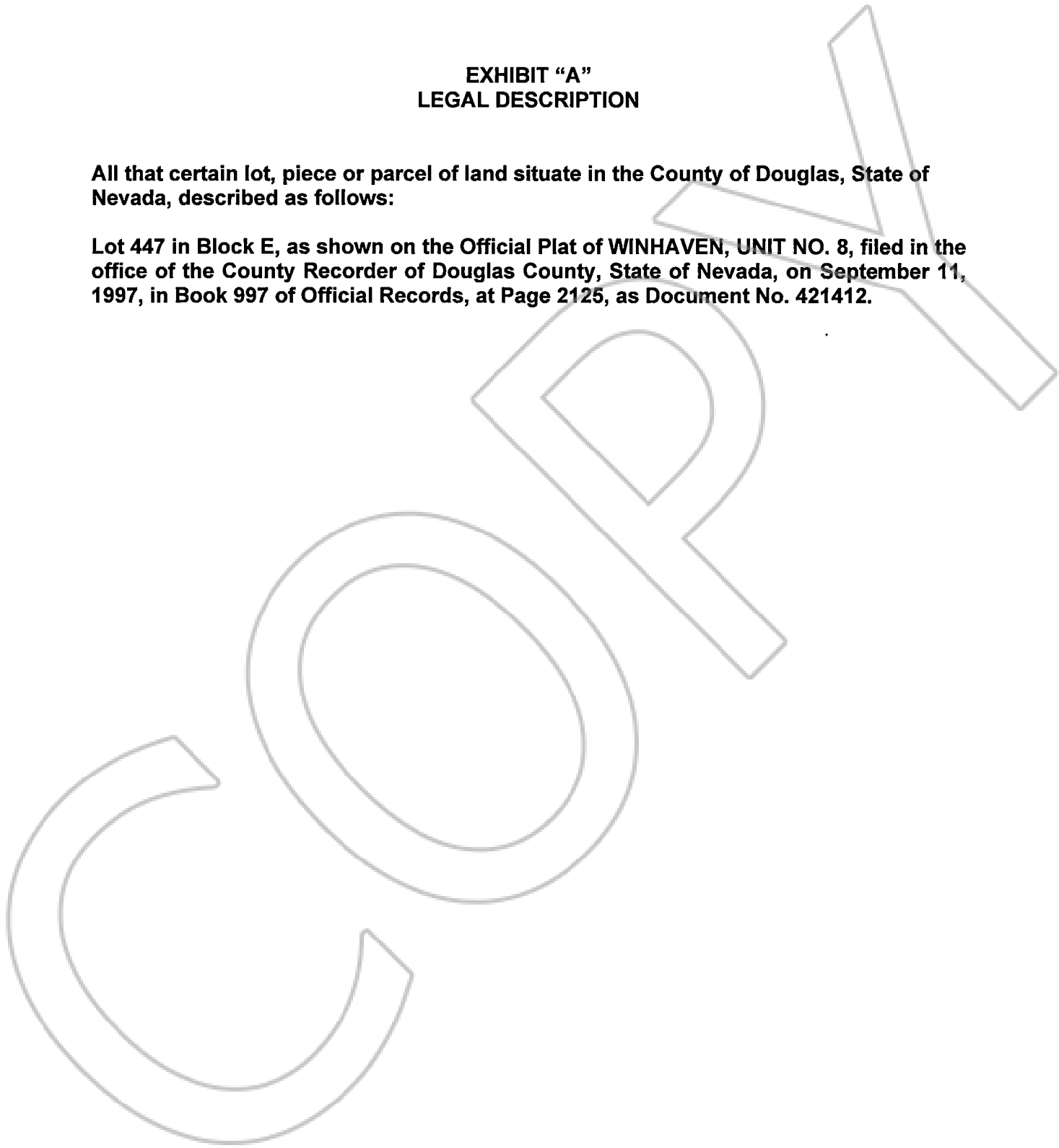


**APN: 1320-29-110-034**

**EXHIBIT "A"  
LEGAL DESCRIPTION**

**All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:**

**Lot 447 in Block E, as shown on the Official Plat of WINHAVEN, UNIT NO. 8, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 11, 1997, in Book 997 of Official Records, at Page 2125, as Document No. 421412.**



# EXHIBIT B

*J.R. Trust*

Deceased Grantor: ROBERT E. REDDITT

Date of Death: October 4, 2023

---

*Nevada Certificate of Death, ROBERT E. REDDITT*

---

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

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

CASE FILE NO. 4373749

**CERTIFICATE OF DEATH**

2023021682  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Robert Edward REDDITT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 04, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street ar number) <b>1347 E. Marion Russell Drive</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emar. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>71</b>	
	7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>		7d. UNDER 1 DAY <b>HOURS</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>February 11, 1952</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Alabama</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
	10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Jacquelyn A OLSON</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>6565</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Computer Scientist</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Government</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1347 E. Marion Russell Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edward Robert REDDITT</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Martha Elnor HERRINGTON</b>		18a. INFORMANT- NAME (Type or Print) <b>Jacquelyn A REDDITT</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1347 E. Marion Russell Drive Gardnerville, Nevada 89410</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Bartlett Cemetery</b>		19c. LOCATION City or Town State <b>Bartlett Nebraska 68622</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TED G WILLIAMS</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD898</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City Nv 89703</b>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED NITA SCHWARTZ MD</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>October 05, 2023</b>		21c. HOUR OF DEATH <b>11:44</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) <b>Nita Schwartz MD 710 W Washington Street Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 05, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) <b>Cerebral Infarction</b>		Interval between onset and death		26. AUTOPSY (Specify Yes or No) <b>No</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST	(b) <b>Essential Hypertension</b>		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
	(c) <b>Diabetes mellitis, Hyperlipidemia, Remote Brain Injury</b>		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>NATURAL</b>	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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		28h. LOCATION		28i. LOCATION		



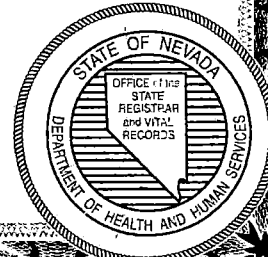
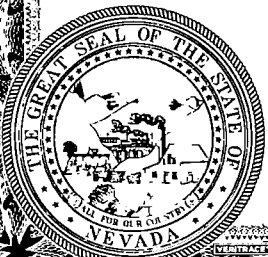
CERTIFIED COPY OF VITAL RECORDS

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: **10/9/2023**

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

*Cody L. Shingy*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE