

APN: 1420-07-612-009

WHEN RECORDED RETURN TO:
KYLE A. WINTER, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



SHAWNYNE GARREN, RECORDER

MAIL TAX STATEMENTS TO:
Philip Stewart Shirley, Trustee
19355 Blythe Street
Reseda, CA 91335

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 TRUSTEES

PHILIP STEWART SHIRLEY, being first duly sworn, deposes and says:

1. That THE G & E SHIRLEY LIVING TRUST was established on December 18, 2005, amended by First Amendment on May 10, 2017, and by Second Amendment on January 4, 2021.
2. That GILBERT L. SHIRLEY and ESPERANZA SHIRLEY were the Grantors and original Trustees of said Trust.
3. That Grantor, ESPERANZA SHIRLEY, died on March 20, 2022, and a certified copy of her death certificate issued by the State of Nevada is attached hereto as EXHIBIT A.
4. That Grantor, GILBERT L. SHIRLEY, also known as GILBERT LEON SHIRLEY, died on July 20, 2023, and a certified copy of his death certificate issued by the State of Nevada is attached hereto as EXHIBIT B.
5. That due to the passing of ESPERANZA SHIRLEY and GILBERT L. SHIRLEY, THE G & E SHIRLEY LIVING TRUST is irrevocable.
6. That PHILIP STEWART SHIRLEY is the currently acting Trustee of THE G & E SHIRLEY LIVING TRUST.

7. That pursuant to that Grant, Bargain, Sale Deed recorded on December 29, 2005, as Document Number 0664577, Official Records of Douglas County, Nevada, said Trust is the owner of a fifty percent (50%) interest in and to that certain parcel of real property commonly known as 3532 Haystack Drive, more particularly described as follows:

Lot 5, in Block A, as shown on the Official Map of SUNRIDGE UNIT NO. 1 PHASE A for record in the Office of the County Recorder of Douglas County, Nevada, on December 15, 1982, in Book 1282, Page 999, as Document No. 74054.

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(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada, on December 29, 2005, as Document Number 0664577).

8. 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 this 19th day of September, 2023.



PHILIP STEWART SHIRLEY, Trustee

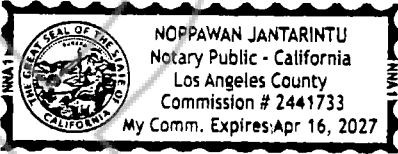
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
:)
COUNTY OF LOS ANGELES)

On September 19th, 2023, before me, Noppawan Jantarintu, Notary Public, personally appeared, Philip Stewart Shirley, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Ngan Ch (Seal)

EXHIBIT A

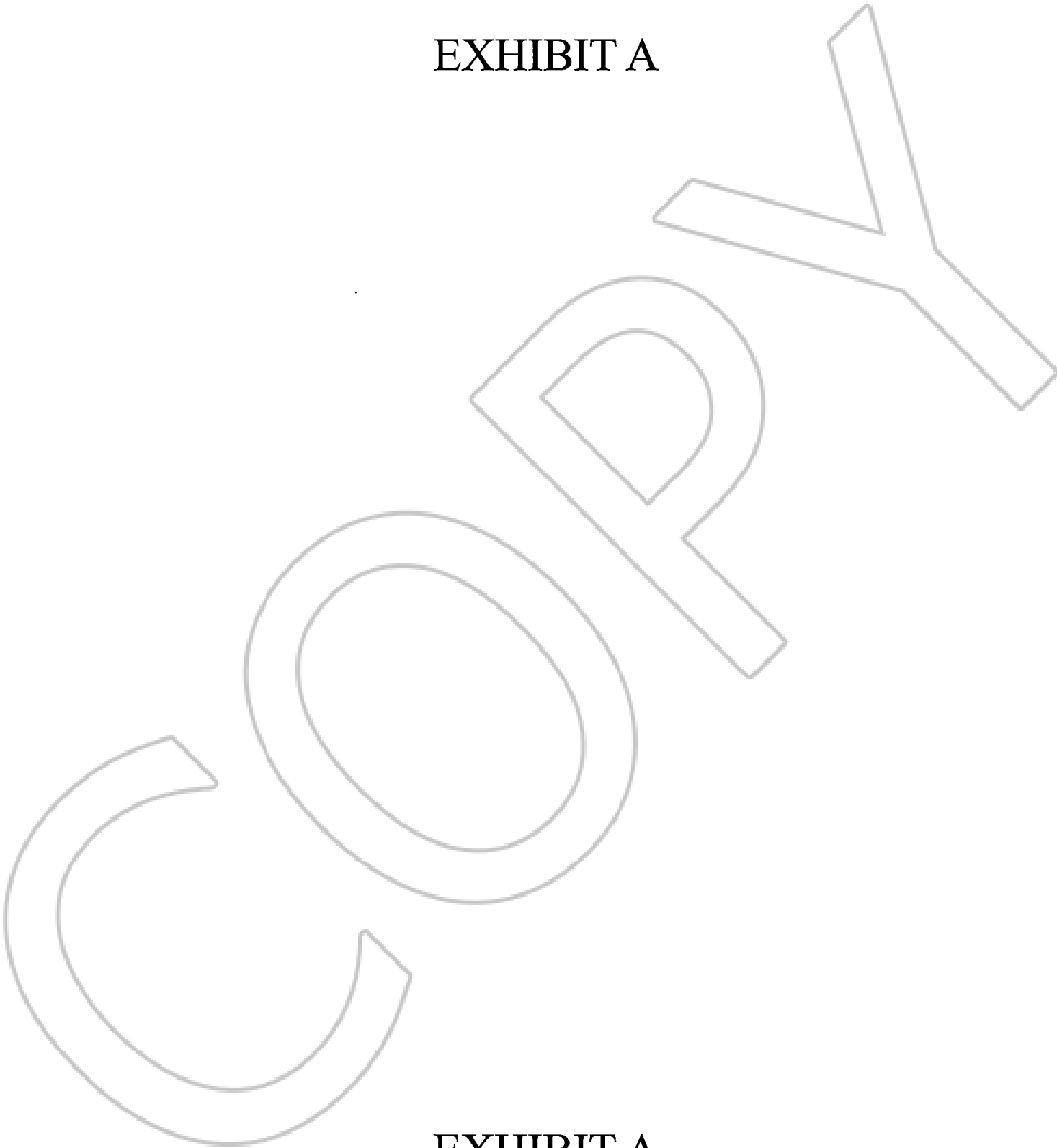


EXHIBIT A

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4274025

CERTIFICATE OF DEATH

2022007527
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) Esperanza SHIRLEY		2 DATE OF DEATH (Mo/Day/Year) March 20, 2022		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 address and telephone number) Skyline Assisted Living Facility		3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Assisted Living Facility	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 83	
7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS		8 DATE OF BIRTH (Mo/Day/Yr) September 12, 1938	
9a STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10.EDUCATION 12	
11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Gilbert Leon SHIRLEY			
13 SOCIAL SECURITY NUMBER 1868		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Housekeeper		14b KIND OF BUSINESS OR INDUSTRY HOTEL	
15a RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d STREET AND NUMBER 1303 Mountain Street		15e INSIDE CITY LIMITS (Specify Yes or No) Yes			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Nicholas RAMOS			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Armida ALVARADO		
18a INFORMANT- NAME (Type or Print) Gilbert Leon SHIRLEY		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1303 Mountain Street Carson City, Nevada 89706			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b FUNERAL DIRECTOR LICENSE NUMBER FD304		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) SIGNATURE AUTHENTICATED B A BOTTENBERG DO			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) March 21, 2022		21c HOUR OF DEATH 10:44			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e 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 A Bottenberg DO 4095 North Carson Street Carson City, NV 89706				23b LICENSE NUMBER DO674	
24a REGISTRAR (Signature) DARAN GRISSOM		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 22, 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) Alzheimer's Dementia				Interval between onset and death	
(b) Unknown Etiology				Interval between onset and death	
(c) Unknown Etiology				Interval between onset and death	
(d) Unknown Etiology				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 Hypertension, Hyperlipidemia, Type 2 Diabetes Mellitus				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.

DATE ISSUED: **4/7/2022**

[Signature]

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

EXHIBIT B

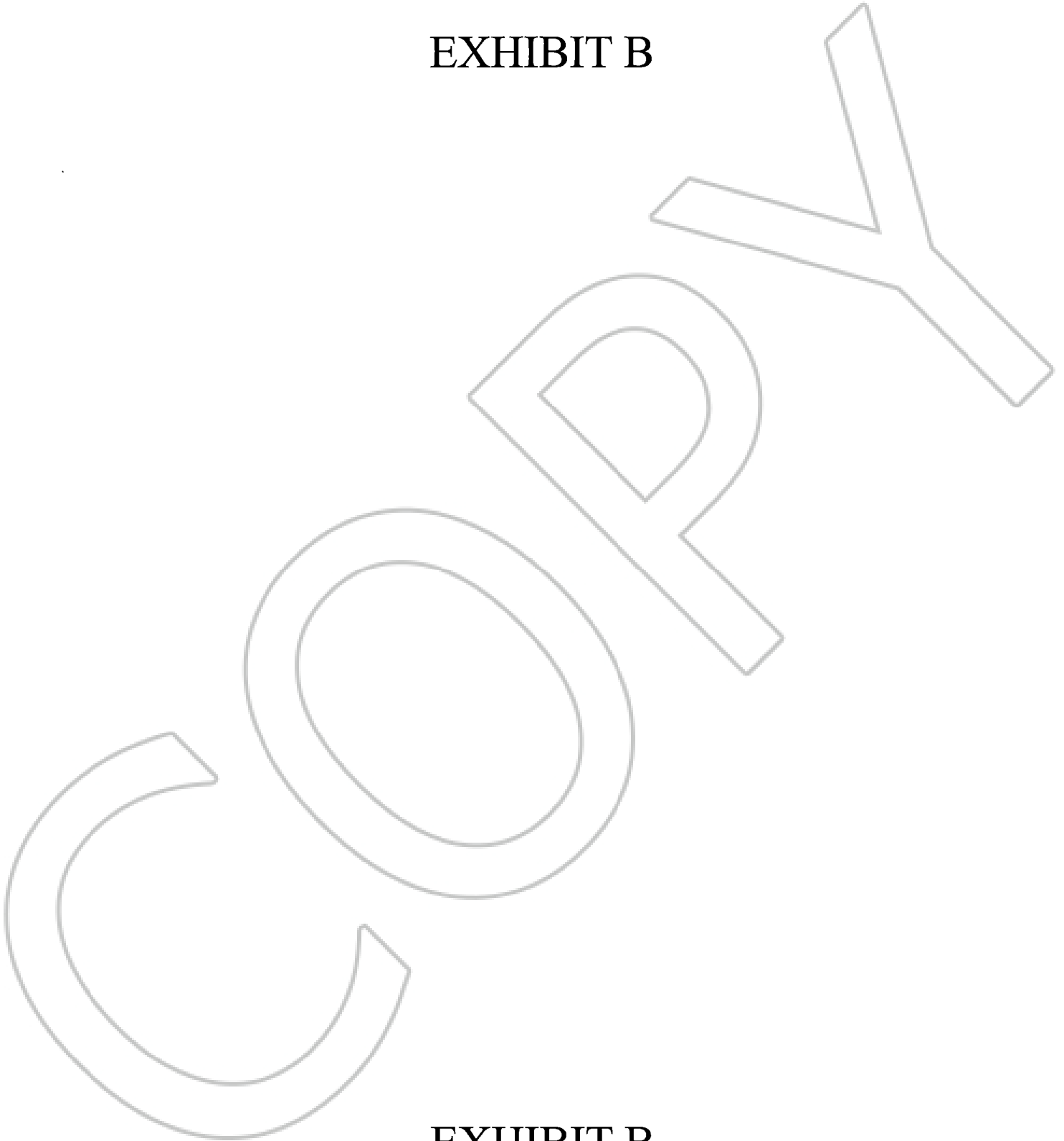


EXHIBIT B

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4360999

CERTIFICATE OF DEATH

2023016182
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) Gilbert Leon SHIRLEY		2. DATE OF DEATH (Mo/Day/Year) July 20, 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 and number) Skyline 2861 Mountain Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 09, 1939		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ████████ 1356		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) REAL ESTATE AGENT		14b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1303 Mountain St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William Edward SHIRLEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy Nancy SALAMONE		
18a. INFORMANT- NAME (Type or Print) Phillip SHIRLEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 19355 Reseda, California 91335			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Lone Mountain Cemetery		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) MARILYN A BRANINBURG 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) MARILYN A BRANINBURG SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) July 25, 2023		21c. HOUR OF DEATH 03:30		22b. DATE SIGNED (Mo/Day/Yr) July 25, 2023	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 03:30		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 20, 2023	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Marilyn A Branimburg 911 E Musser St Carson City, NV 89701			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 26, 2023		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) Cardiorespiratory Arrest Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: End-stage Chronic Obstructive Pulmonary Disease Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Nicotine Dependence By History Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unspecified Dementia					
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) NATURAL		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

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DATE ISSUED: **7/27/2023**

Cody A. Phinney
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

