

APN: 1420-08-212-015



SHAWNYNE GARREN, RECORDER

Requested By/When Recorded Return to:

HERITAGE LAW
1625 State Route 88, Suite 304
Minden, NV 89423

Mail Future Tax Statements To:

CHERYL M. CANNON, Successor Trustee
PO Box 18834
South Lake Tahoe, CA 96151

The undersigned hereby affirms that the document
Submitted for recording DOES contain personal information
as required by law: Affidavit of Death – NRS 440.380(1)(A) &
NRS 40.525(5)

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

CHERYL M. CANNON, 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 WILLIAM A. WEIK, the Decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as WILLIAM A. WEIK, Settlor/Trustee of the *William Weik Living Trust, dated June 3, 2001*, and any amendments thereto, and named as the grantee in that certain Quitclaim Deed executed on June 3, 2021, and recorded on July 21, 2021, as Document No. 2021-971210 of Official Records of Douglas County, State of Nevada, which Quitclaim Deed pertains to property situated on 1208 Pleasantview Drive, Gardnerville, State of Nevada, and more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"
AND INCORPORATED BY REFERENCE**


Pursuant to NRS 111.312, the above legal description was previously recorded in the Quitclaim Deed recorded as Document No. 2021-971210 of Official Records of Douglas County, State of Nevada, on July 21, 2021.

CHERYL M. CANNON shall forthwith serve as Successor Trustee/Trustee of the *William Weik Living Trust, dated June 3, 2001*, and any amendments thereto.

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

Dated: January 23, 2024.

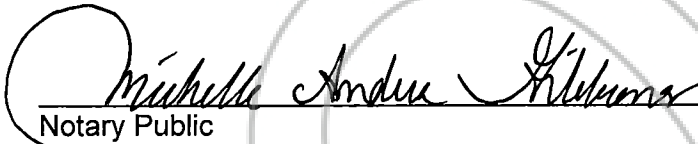
William Weik Living Trust, dated June 3, and any amendments thereto



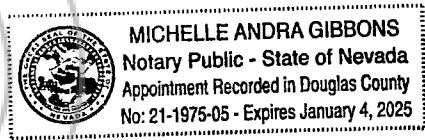
CHERYL M. CANNON, Successor Trustee/Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On January 23, 2024, before me, a Notary Public, personally appeared CHERYL M. CANNON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.



Notary Public



APN: 1220-16-110-017

**EXHIBIT "A"
LEGAL DESCRIPTION**

Lot 3, Block A, as shown on the Final Map of Pleasantview Subdivision Phase I, filed in the Office of the County Recorder of Douglas County, Nevada, on April 6, 1990, in Book 490, page 916, Document n. 223488.

SUBJECT TO COVENANTS, CONDITIONS AND RESTRICTIONS NOW OF RECORD AS RECORDED ON APRIL 12, 1990, AS DOCUMENT NO. 223722 AND ANY AND AMENDMENTS THERETO.

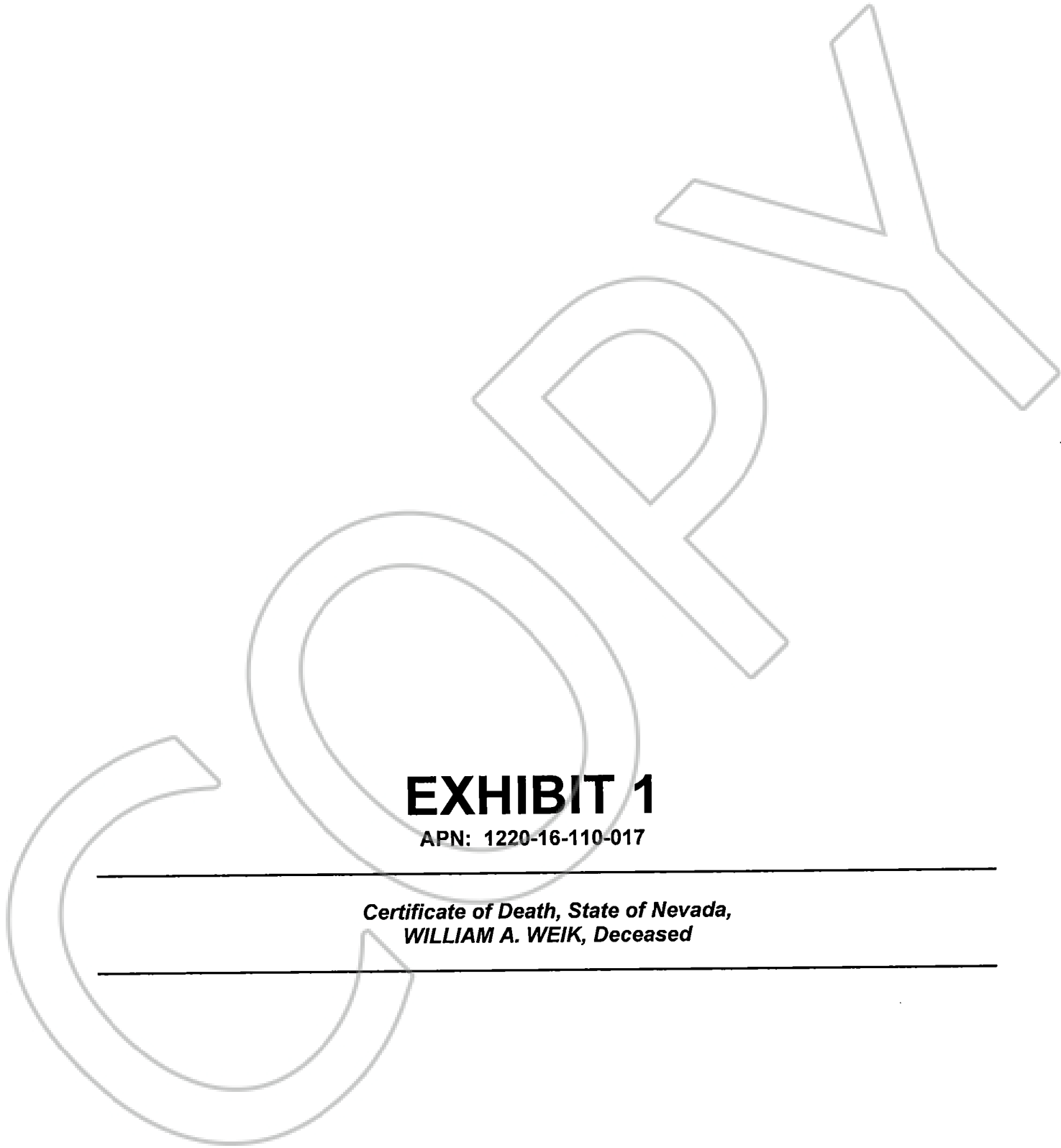


EXHIBIT 1

APN: 1220-16-110-017

*Certificate of Death, State of Nevada,
WILLIAM A. WEIK, Deceased*

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4385897

CERTIFICATE OF DEATH

2023028003
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) William Albert WEIK		2. DATE OF DEATH (Mo/Day/Year) December 08, 2023		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 19, 1942		9a. STATE OF BIRTH (If not US/CA, name country) California		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)	
13. SOCIAL SECURITY NUMBER 8893		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Sales	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1208 Pleasant View Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Albert WEIK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marjorie NICKLE		
18a. INFORMANT- NAME (Type or Print) Cheryl Marjorie CANNON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Po Box 18834 South Lake Tahoe, California 96151			
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 FINKES		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY Fitzhenry'S Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
20d. SIGNATURE AUTHENTICATED					
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) ANN M EGAN APRN			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 23, 2023		21c. HOUR OF DEATH 05:12		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)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ann M Egan APRN 2375 E Prater Way Sparks, NV 89434	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. LICENSE NUMBER APRN002668			
24a. REGISTRAR (Signature) KATHERINE J SULLIVAN		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 26, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature)		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)		24c. DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Cardiogenic Shock Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Ventricular Fibrillation Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Non-St Elevation Myocardial Infarction Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Coronary Artery Disease 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. Acute On Chronic Kidney Injury, Acute Respiratory Failure,					
26. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No)		28. INJURY AT WORK (Specify Yes or No)			
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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)			
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	



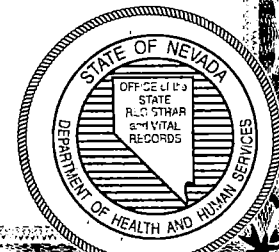
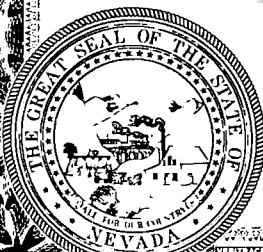
CERTIFIED COPY OF VITAL RECORDS

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: **12/29/2023**

Cody J. Thirney
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