

APN: 1420-28-402-001



SHAWNYNE GARREN, RECORDER

Recorded at the Request of/Return to:
HERITAGE LAW
1625 State Route 88, Suite 304
Minden, NV 89423

Mail Future Tax Statements To:
HOPE MESSATZIA, Suc. Trustee
2801 Wildhorse Ln.
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording **DOES** contain personal information as required by law. (Per NRS 239B.030)

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

HOPE MESSATZIA, 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 HELEN E. FANNING, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit "B"** and incorporated herein by reference, is the same person as HELEN E. FANNING, Settlor of the *Fanning Family Trust, dated September 29, 2022*, and any amendments thereto, Grantee in that certain *Grant Deed* dated September 29, 2022, and recorded on October 13, 2022, as Document No. 2022-990790, of Official Records of Douglas County, State of Nevada, which deed pertains to real property commonly known as 2801 Wildhorse Ln., Minden, Douglas County, State of Nevada, more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description previously appeared in *Grant Deed* recorded on October 13, 2022, as Document No. 2022-990790.

HOPE MESSATZIA shall forthwith serve as Trustee of the *Fanning Family Trust, dated September 29, 2022*, and any amendments thereto.

This *Affidavit of Death of Settlor/Trustee of Trust* 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.

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

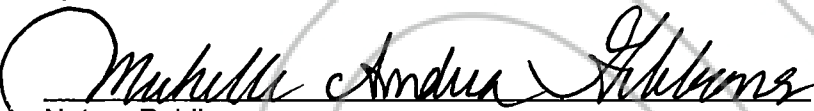
Dated: February 2, 2024.


Fanning Family Trust U/D/T 09/29/2022


HOPE MESSATZZIA, Successor Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

This document was subscribed and sworn to before me, a Notary Public, on February 2, 2024, by HOPE MESSATZZIA.


Notary Public

 MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025

APN: 1420-28-402-001

**EXHIBIT "A"
LEGAL DESCRIPTION**

A parcel of land situated in and being a portion of the SE ¼ of the SW ¼ of Section 28, Township 14 North, Range 20 East, M.D.B.&M., described as follows:

PARCEL A, as set forth on that certain Parcel Map for Don B. Jarman, et ux, filed for record in the office of the County Recorder of Douglas County, Nevada, on June 25, 1976, as Document No. 01315.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise pertaining, and any reversions, remainders, rents, issues or profits thereof.

Commonly known as: 2801 Wildhorse Ln., Minden, NV 89423



EXHIBIT B

Fanning Family Trust U/D/T 09/29/2022

Grantor: HELEN E. FANNING

Date of Death: October 13, 2023

Nevada Certificate of Death, HELEN E. FANNING

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4375546

CERTIFICATE OF DEATH

2023022643
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) Helen Esther FANNING		2. DATE OF DEATH (Mo/Day/Year) October 13, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) 2801 Wildhorse Lane		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) December 31, 1933			
9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania		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) Thomas L FANNING			
13. SOCIAL SECURITY NUMBER [REDACTED]-9477		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Data Processor		14b. KIND OF BUSINESS OR INDUSTRY Data Processor	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2801 Wildhorse Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Clyde BROWN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hope ABRAHMS		
18a. INFORMANT- NAME (Type or Print) Hope MESSATZZIA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2801 Wildhorse Lane Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		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) JOSEPH W HEFLIN JR MD 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) October 17, 2023		21c. HOUR OF DEATH 13:50		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) Joseph W Heflin Jr MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 15218		24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 18, 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		Interval between onset and death			
(a) Neoplasm Brain		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: Primary Breast Cancer		Interval between onset and death			
(b) Metastatic Disease		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: Metastatic Disease		Interval between onset and death			
(c) Metastatic Disease		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: Metastatic Disease		Interval between onset and death			
(d)		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.				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

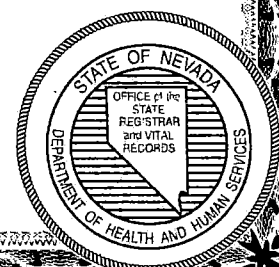
Cody J. Hiney

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.
10/18/2023

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