

APN: 1320-33-719-016

Prepared by and return to when recorded:  
Michael G. Millward  
1591 Mono Ave.  
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

Mail Future Tax Statements To:  
Edell Williams  
1499 Cardiff Drive  
Gardnerville, NV 89410

**AFFIDAVIT OF DEATH OF CO-TRUSTEE**

(The attached document does contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA            )  
  ) SS.  
COUNTY OF DOUGLAS    )

I, Edell Williams, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

That all of the real property commonly known as 1499 Cardiff Drive, Gardnerville, NV, situated in the State of Nevada, County of Douglas, APN: 1320-33-719-016, more precisely described in **Exhibit A** attached hereto and incorporated herein, was acquired and held by William David Williams and Edell Williams, as Trustees of the Williams Trust, dated July 30, 2019, by Quitclaim Deed executed by William David Williams and Edell Williams, on August 28, 2019, which deed was thereafter recorded with the Douglas County Recorder on September 18, 2019;

That William David Williams died on September 24, 2023, as identified in Certificate of Death #2023021286, issued by the Department of Health and Human Services of the State of Nevada, attached hereto as **Exhibit B**;

That William David Williams is the same person as William David Williams, Trustee of the Williams Trust, dated July 30, 2019; and

That Affiant, Edell Williams, is the successor Trustee under the above-referenced Trust, which was in effect at the time of William David Williams' death, and the Trust has not been revoked.

**That this information is offered with personal knowledge and declared under penalty of perjury.**

Affiant further sayeth naught.

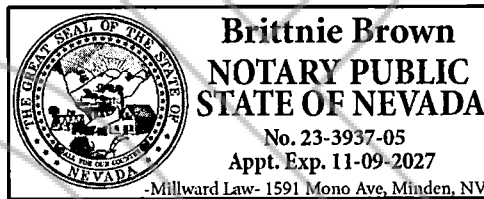
Date: February 14, 2024

  
Edell Williams, Affiant

State of Nevada )  
                          ) ss.  
Douglas County )

This instrument was signed and sworn to before me, a Notary Public, on February 14, 2024, by Edell Williams.

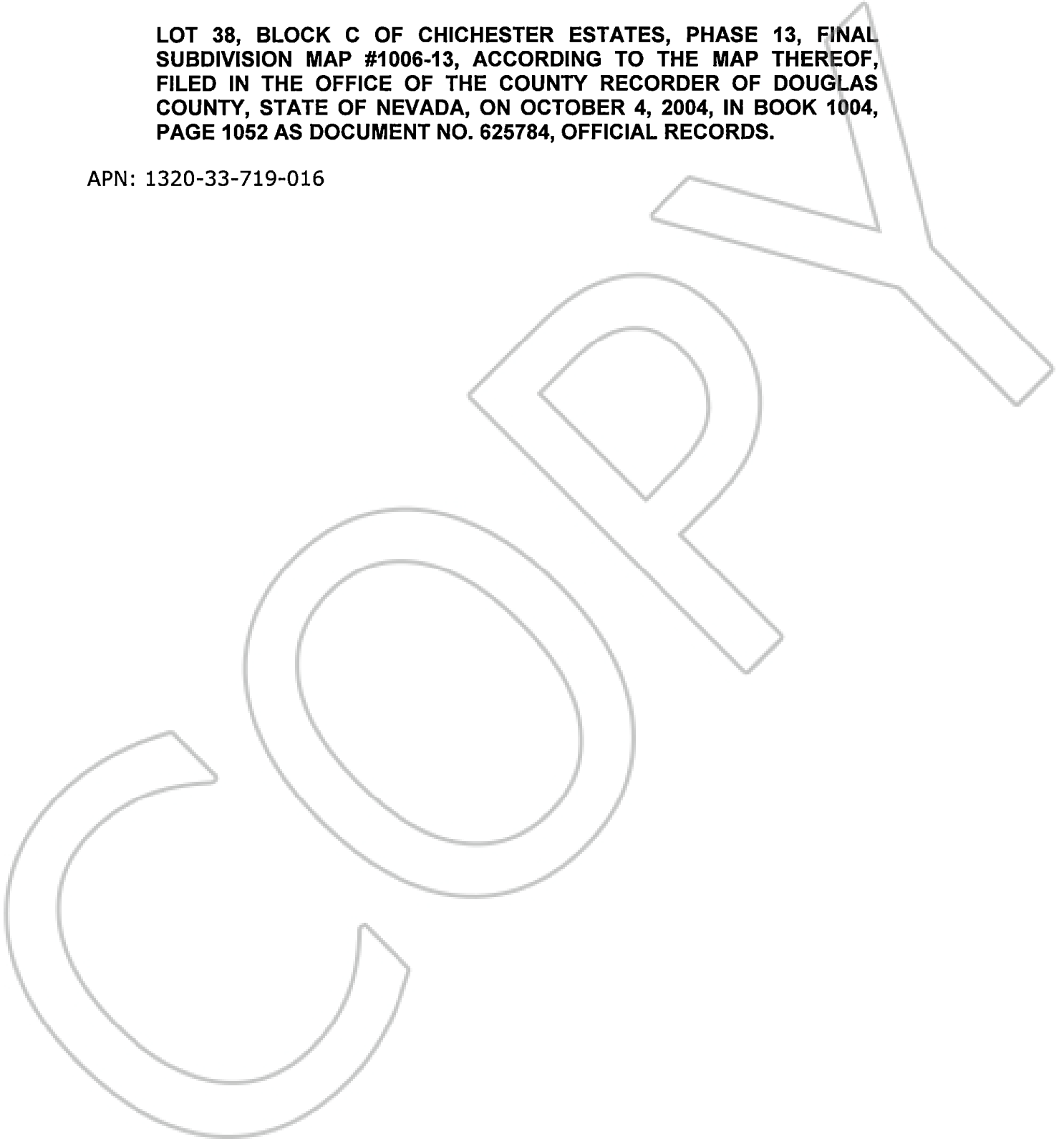
  
Notary Public



**Exhibit "A"**

**LOT 38, BLOCK C OF CHICHESTER ESTATES, PHASE 13, FINAL  
SUBDIVISION MAP #1006-13, ACCORDING TO THE MAP THEREOF,  
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS  
COUNTY, STATE OF NEVADA, ON OCTOBER 4, 2004, IN BOOK 1004,  
PAGE 1052 AS DOCUMENT NO. 625784, OFFICIAL RECORDS.**

APN: 1320-33-719-016



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

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

CASE FILE NO. 4371999

**CERTIFICATE OF DEATH**

2023021286  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>William David WILLIAMS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 24, 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>Home</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emar. Rm. (inpatient)(Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>88</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>18</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Elsie Edell SMITH</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>5901</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Investigator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>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>Home</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John L WILLIAMS</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Golda HOWARD</b>		18a. INFORMANT- NAME (Type or Print) <b>Elsie Edell WILLIAMS</b>			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1499 Cardiff Dr Gardnerville, Nevada 89410</b>				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
	19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NADIA NINA SANDOVAL</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER - <b>FD1007</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funerals &amp; Creations 1600 Buckeye Rd Minden Nv 89423</b>	
	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 COLLEEN M KRISS DO</b>					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) <b>September 27, 2023</b>		21c. HOUR OF DEATH <b>13:07</b>		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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>Colleen M Kriss DO 1649 Lucerne Street Minden, NV 89423</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>DO1416</b>				24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 29, 2023</b>		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) <b>Complications Of Parkinson's Disease</b> Interval between onset and death					
	(b) <b>Failure To Thrive</b> Interval between onset and death <b>3 Days</b>					
	(c) <b>Failure To Thrive</b> Interval between onset and death					
	(d) <b>Failure To Thrive</b> 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. <b>Viral Respiratory illness</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>NATURAL</b>			
	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: 10/2/2023

*Colleen M Kriss DO*

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

