

Assessor's Parcel Number: 1320-32-120-006

Recording Requested by:
Nancy Rey Jackson
1133 Lost River Lane
Gardnerville, NV 89460



SHAWNYNE GARREN, RECORDER

Mail Documents and Tax Statements to:
David Bower
17981 Concord Street NW
Elk River, MN 55330

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. (Per NRS 239B.030(4))

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT - DEATH OF TRUSTOR

Nancy Rey Jackson, of legal age, being first duly sworn, deposes and says:

1. William Edward Nadeau, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William E. Nadeau, Trustor and Trustee of The William E. Nadeau Revocable Living Trust dated June 4, 2004 (Trust).

2. The decedent passed away on December 21, 2023.

3. At the time of the decedent's death, decedent was the record owner, as Trustee, by way of that certain Grant, Bargain and Sale Deed executed by William Nadeau, Grantor, recorded on December 30, 2020, as Document Number 2020-959209, Official Records, Douglas County, Nevada, concerning the real property commonly known as 1593 Deseret Dr, Minden, NV 89423, and more particularly described as:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

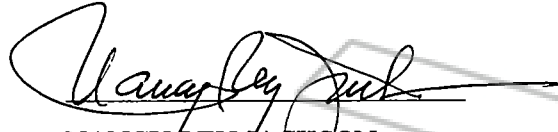
LOT 6, AS SHOWN ON THE FINAL SUBDIVISION MAP FOR MACKLAND UNIT 4, RECORDED IN TH OFFICE OF THE DOUGLAS COUNTY RECORDER ON SEPTEMBER 26, 2019, AS DOCUMENT NO. 2019-935695, OFFICE RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

Being the same parcel conveyed to Grantors by virtue of a Grant, Bargain sand Sale Deed recorded on 2/28/2020, as Document No. 2020-942951, in the Official Records of the Douglas County Recorder, State of Nevada.

Source of information above: Grant, Bargain and Sale Deed recorded 12/30/2020, as Document No. 2020-959209, Official Records, Douglas County, Nevada.

4. The Trust was in effect at the time of the death of the decedent has not been revoked.
5. The subject property belongs to The William E. Nadeau Revocable Trust dated June 4, 2004 .
6. There is no federal estate tax as the result of the death of the decedent.
7. There was no probate proceeding relative to the estate of William E. Nadeau.

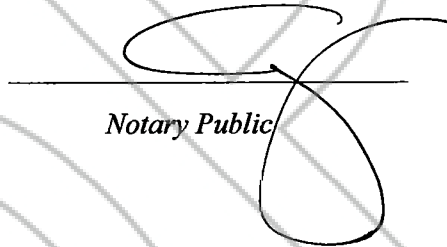
Dated: February 14, 2024.


NANCY REY JACKSON

STATE OF NEVADA
COUNTY OF WASHOE

This instrument was acknowledged before me on February 14, 2024, by Nancy Rey Jackson.





Notary Public

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4387738

CERTIFICATE OF DEATH

2023028276
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 Edward NADEAU		2. DATE OF DEATH (Mo/Day/Year) December 21, 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 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) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 24, 1938		9a. STATE OF BIRTH (If not US/CA, name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 20		11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 4685		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Church	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1593 Deseret Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) William NADEAU	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marion METCALF		18a. INFORMANT- NAME (Type or Print) David Robert BOWER		18b. MAILING ADDRESS (Street or R.F.D. No, City, or Town, State, Zip) 17981 Concord Street Nw Elk River, Minnesota 55330	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/burial		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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
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 HOLLY PORTER 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 28, 2023		21c. HOUR OF DEATH 19:06		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) Holly Porter APRN 1155 Mill St Reno, NV 89502	
23b. LICENSE NUMBER APRN002628		24a. REGISTRAR (Signature) KATHERINE J SULLIVAN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 28, 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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Pulseless Electrical Activity DUE TO, OR AS A CONSEQUENCE OF: (c) Obstructive Shock DUE TO, OR AS A CONSEQUENCE OF: (d) Pulmonary Embolism			
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)	
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	



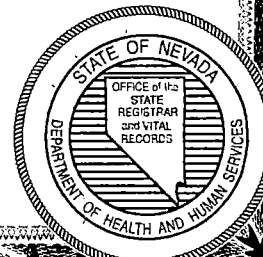
CERTIFIED COPY OF VITAL RECORDS

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:

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

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE