

APN# 1320-30-410-003



00178369202410053040050057

SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: MARK A. WINTER

Address: 801 N. DIVISION STREET

City/State/Zip: CARSON CITY, NV 89703

Mail Tax Statements to:

Name: MARCIE L. THRAN

Address: 2418 WALNUT STREET

City/State/Zip: BELLINGHAM, WA 98225

AFFIDAVIT OF DEATH OF TRUSTEES

Title of Document (required)

Document # _____ is being (re-)recorded to correct;

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

X Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

___ Judgment – NRS 17.150(4)

___ Military Discharge- NRS 419.020(2)

Handwritten signature of Mark A. Winter

Signature
MARK A. WINTER

Printed Name

Recorded at the request of:
Mark A. Winter
801 N. Division Street
Carson City, NV 89703

When recorded, mail to:

Mail tax statements to:

Marcie L. Thran
2418 Walnut Street
Bellingham, WA 98225

AFFIDAVIT OF DEATH OF TRUSTEES

APN: 1320-30-410-003

STATE OF NEVADA)

: ss.

CARSON CITY)

Marcie L. Thran being first duly sworn, deposes and says:

1. Michael Sargent died on June 23, 2023, in the state of Nevada, and that a certified copy of his Death Certificate is attached hereto.

2. Cathy Sargent died on the 20th day of January, 2024, in the state of Nevada, and that a certified copy of her Death Certificate is attached hereto.

3. That at the date of their deaths, Michael Sargent and Cathy A. Sargent were Co-Trustees of the MC Sargent Revocable Trust dated February 11, 2015, which is the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

Lot 7, of Block B, as set forth on Final Map # 1010-4B of Westwood Village Unit 4B, filed in the office of the County Recorder of Douglas County, State of Nevada on December 13, 1995 in Book 1295, Page 1906, as Document No. 376827.

3. That said ownership was created by a Deed dated May 10, 2019, and recorded on May 10, 2019, as Document Number 2019-928894 in the Douglas County Recorder's Office.

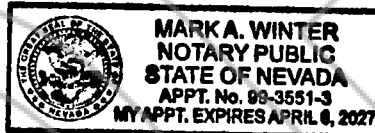
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4. That upon the death of Michael Sargent and Cathy A. Sargent, Marcie L. Thran became the sole Trustee of the MC Sargent Revocable Trust dated February 11, 2015.

Marcie L. Thran
Marcie L. Thran

SUBSCRIBED and SWORN to before me
this 22nd day of February, 2024.

Mark A. Winter
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. 4356463

CERTIFICATE OF DEATH

2023014609
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) Michael Jon SARGENT		2. DATE OF DEATH (Mo/Day/Year) June 23, 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) Carson Tahoe 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) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 20, 1943		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Cathy Ann OWENS	
13. SOCIAL SECURITY NUMBER ██████████ 8415		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Coordinator Applicant Services		14b. KIND OF BUSINESS OR INDUSTRY State of Nevada Gaming Control	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 877 Longleaf Pl		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Paul SARGENT	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Katherine SKARSTEN		18a. INFORMANT- NAME (Type or Print) Cathy SARGENT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 877 Longleaf Pl Unknown, Unknown *	
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) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) CRAIG RAU 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) June 30, 2023		21c. HOUR OF DEATH 15:41		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 10991		24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 06, 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) Acute Cardiorespiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
Cardiac Arrest					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
Severe Sepsis Due To Pneumonia					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
Mediastinal Mass Of Uncertain Behavior					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology				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) 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	

AKA: Michael John Francis SARGENT
AKA: Mike Jon SARGENT



CERTIFIED COPY OF VITAL RECORDS
Cody Murray

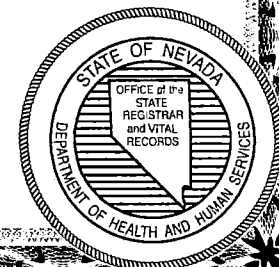
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4393305

CERTIFICATE OF DEATH

2024001903
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) Cathy Ann SARGENT		2. DATE OF DEATH (Mo/Day/Year) January 20, 2024		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 number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR (MOS DAYS HOURS MINS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) January 25, 1944		9a. STATE OF BIRTH (If not US/CA, name country) Missouri		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 [REDACTED]-2572		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 447-215 Longleaf Pl		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John OWENS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary KNIPE		
18a. INFORMANT- NAME (Type or Print) Dena MCCLUNG		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Po Box 331 Herlong, California 96113			
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) CARLEN THOMAS		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) CRAIG RAU MD			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) February 01, 2024		21c. HOUR OF DEATH 22:50		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 01, 2024		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) Acute Cardiorespiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) Severe Sepsis With Shock				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) Streptococcal Bacteremia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (d) Multiple Hepatic Abscesses				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. Urinary Tract Infection; Dementia; Portal Vein Thrombosis				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	



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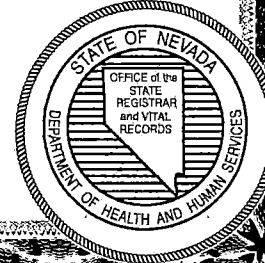
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Cody P. Hickey

DATE ISSUED: 2/2/2024

STATE REGISTRAR

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