

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)



SHAWNYNE GARREN, RECORDER

**APN: 1220-21-610-117**

RECORDING REQUESTED BY:  
Successor Trustee: Lisa Ann Maddox

WHEN RECORDED MAIL DOCUMENTS AND TAX STATEMENTS TO:  
LISA ANN MADDOX, Successor Trustee  
of the C.D. ALLEN TRUST  
1508 Canyon Court  
Gardnerville, NV 89460

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

## AFFIDAVIT OF DEATH OF TRUSTEE

LISA ANN MADDOX, of legal age, being first duly sworn, deposes and says:

1. By instrument dated July 16, 2020 and restated on February 7, 2022, CAROL DIANE ALLEN executed the C.D. ALLEN TRUST.
2. Said Trust appointed me to serve as sole Successor Trustee upon the death or incapacity of CAROL DIANE ALLEN.
3. CAROL DIANE ALLEN deceased on July 26, 2023, at Gardnerville, Nevada a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said CAROL DIANE ALLEN.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
5. The following described real property is part of the Trust estate: See Exhibit "B" attached and is commonly known as 1343 Honeybee Lane, Gardnerville, NV 89460.
6. I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in the described property.
7. No other person has a right to the interest of the Trust in the described property.
8. The described property shall be transferred to me as Successor Trustee.

Executed this March 20, 2024, at Carson City, Nevada.

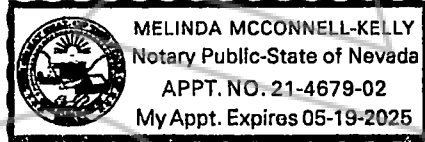
  
LISA ANN MADDOX, Successor Trustee

-LOOSE JURAT CERTIFICATE ATTACHED-

State of Nevada )  
CARSON CITY )

Subscribed and Sworn to before me, Melinda McConnell-Kelly, a notary public, on March 20, 2024, by LISA ANN MADDOX, Successor Trustee.

  
NOTARY PUBLIC



THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH OF TRUSTEE  
DATED MARCH 20, 2024

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

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

CASE FILE NO. 4361730

**CERTIFICATE OF DEATH**

2023016513  
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)<br><b>Carol Diane ALLEN</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>July 26, 2023</b>  |   | 3a. COUNTY OF DEATH<br><b>Douglas</b>  |   |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION-Name(If not either, give street number)<br><b>1343 Honeybee Lane</b>                      |   | 3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)<br><b>Home</b> |   |
| 5. RACE (Specify)<br><b>White</b>   |  | 6. Hispanic Origin? Specify No - Non-Hispanic   | 7a. AGE-Last birthday (Years)<br><b>89</b>  | 7b. UNDER 1 YEAR<br>MOS   DAYS   | 7c. UNDER 1 DAY<br>HOURS   MINS                                   |
| 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>Missouri</b>  |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   | 10. EDUCATION<br><b>12</b>  | 11. MARITAL STATUS (Specify)<br><b>Widowed</b>                                   | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)   |
| 13. SOCIAL SECURITY NUMBER<br><b>██████████ 3151</b>  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)   |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>PHONE COMPANY</b>                        | Ever in US Armed Forces? <b>No</b>                                |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   | 15b. COUNTY<br><b>Douglas</b>  | 15c. CITY, TOWN OR LOCATION<br><b>Gardnerville</b>  | 15d. STREET AND NUMBER<br><b>1343 Honeybee Lane</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>No</b>          |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Charles TROENDLY</b>  |  |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Marion ANTHONY</b>  |  |   |
| 18a. INFORMANT- NAME (Type or Print)<br><b>Lisa Ann MADDOX</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1508 Canyon Court Gardnerville, Nevada 89460</b> |   |  |   |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Eastside Memorial Park</b>  |   | 19c. LOCATION City or Town State<br><b>Minden Nevada 89423</b>                   |   |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>NORMA M FINKES</b><br>SIGNATURE AUTHENTICATED  |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD967</b>  | 20c. NAME AND ADDRESS OF FACILITY<br><b>FitzHenry's Carson Valley Funeral Home</b><br><b>1637 Esmeralda Place Minden NV 89423</b>                                   |  |   |
| 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)<br><b>ILEANA C DEFTU MD</b><br>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)<br><b>July 31, 2023</b>  | 21c. HOUR OF DEATH<br><b>23:34</b>   |   | 22b. DATE SIGNED (Mo/Day/Yr)  | 22c. HOUR OF DEATH   |   |
| 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)<br><b>Ileana C Deftu MD 235 West 6th Street Reno, NV 89503</b>        |  |   |   | 23b. LICENSE NUMBER<br><b>12431</b>  |   |
| 24a. REGISTRAR (Signature)<br><b>WESLEY T STOREY</b><br>SIGNATURE AUTHENTICATED   |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>July 31, 2023</b>   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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>Senile Degeneration Of The Brain</b>  |  |   |   | Interval between onset and death   |   |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |   |   | Interval between onset and death   |   |
| (b) <b>Dementia</b>   |  |   |   | Interval between onset and death   |   |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |   |   | Interval between onset and death   |   |
| (c) <b>Chronic Kidney Disease</b>   |  |   |   | Interval between onset and death   |   |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |   |   | Interval between onset and death   |   |
| (d) <b>Atrial Fibrillation</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.<br><b>Hypertension; Unknown Etiology</b>               |  |   |   | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>                                     | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b> |
| 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

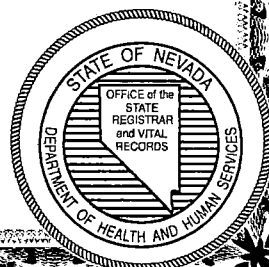
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

*Cody D. Storey*

DATE ISSUED: **8/4/2023**

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

**EXHIBIT "B"**

Lot 556, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

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