



SHAWNYNE GARREN, RECORDER

APN: 1220-17-512-015

WHEN RECORDED RETURN TO:  
JOEL W. LOCKE, ESQ.  
ALLISON MacKENZIE, LTD.  
P.O. Box 646  
Carson City, NV 89702

MAIL TAX STATEMENTS TO:  
Melanie Minister, Trustee  
1644 Belarra Street  
Minden, NV 89423

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEES

STATE OF NEVADA            )  
  : ss  
CARSON CITY                 )

MELANIE MINISTER, being first duly sworn, deposes and says:

1. That THE CECIL 1986 TRUST was created on August 27, 1986, by WARREN W. CECIL, JR., and KATHREEN CLARK CECIL, as Grantors and Trustees, which was amended thereafter from time to time.
2. That Grantor, KATHREEN CLARK CECIL, died on February 9, 2019, and WARREN W. CECIL, JR., died on February 1, 2024, and certified copies of their death certificates are attached hereto.
3. That due to the passing of the Grantors, the currently acting Trustee of the trust is MELANIE MINISTER.
4. That pursuant to that certain Deed recorded in the Official Records of Douglas County, State of Nevada, on January 23, 2006, as Document Number 0666184, said Trust is the owner of all that certain parcel of real property situate in Douglas County, State of Nevada, APN: 1220-17-512-015, more particularly described as follows:

Lot 74, in Block A, as shown on the final map of PLEASANTVIEW PHASE 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 7, 1993, in Book 1293, Page 1194, as Document No. 324312.

5. That as of this date, THE CECIL 1986 TRUST is irrevocable.

6. That this Affidavit is made and executed in accordance with the laws of the State of Nevada. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

DATED this 14<sup>th</sup> day of March, 2024.

Melanie C. Minister  
MELANIE MINISTER

STATE OF NEVADA        )  
                                      : ss.  
CARSON CITY            )

On March 14, 2024, personally appeared before me, a notary public, MELANIE MINISTER, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.

Lori L. Tonne  
NOTARY PUBLIC 4880-8023-4157, v. 1



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

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

CASE FILE NO. 4395782

**CERTIFICATE OF DEATH**

2024002168  
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) <b>Warren W CECIL JR</b>			2. DATE OF DEATH (Mo/Day/Year) <b>February 01, 2024</b>		3a. COUNTY OF DEATH <b>Carson City</b>			
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) <b>729 Garys Way</b>		3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>			
4. SEX <b>Male</b>			3f. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		3g. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>			
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>93</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		
7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 15, 1930</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>			9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)				
13. SOCIAL SECURITY NUMBER <b>525</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Dairy</b>		Ever in US Armed Forces? <b>Yes</b>		
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>		15d. STREET AND NUMBER <b>729 Garys Way</b>		
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Warren W CECIL SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Clara Elma HORGAN</b>			
18a. INFORMANT- NAME (Type or Print) <b>Melanie MINISTER</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1644 Belarra St. Minden, Nevada 89423</b>					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>				
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</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) <b>SIGNATURE AUTHENTICATED</b> <b>ILEANA C DEFTU MD</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)				
21b. DATE SIGNED (Mo/Day/Yr) <b>February 05, 2024</b>		21c. HOUR OF DEATH <b>17:57</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) <b>Ileana C Deftu MD 235 West 6th Street Reno, NV 89503</b>						23b. LICENSE NUMBER <b>12431</b>		
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 06, 2024</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>				
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Pulmonary Fibrosis</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Covid-19</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Asthma</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>Unknown Etiology</b>						26. AUTOPSY (Specify Yes or No) <b>NO</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <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

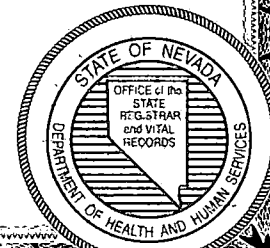
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

*Cody Phinney*

DATE ISSUED: 2/6/2024

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