DOUGLAS COUNTY, NV

2024-1006705

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FIRST AMERICAN TITLE RENO

SHAWNYNE GARREN, RECORDER

APN# 1420-06-401-003 Recording Requested by: Name: First American Title Company 5310 Kietzke Lane, Suite 100 Address: City/State/Zip: Reno, NV 89511 (for Recorder's use only) Affidavit Death of Trustee (Title of Document) **Recorder Affirmation Statement** Please complete Affirmation Statement below: I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 440.380(1)(A) and 40.525(5))) -ORx I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by Nevada (Per NRS 440.380(1)(A) and 40.525(5)) (State specific law) Escrow Officer
Title Tova McGilvray Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

RECORDING REQUESTED BY

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Allen Family Trust, dated March 2, 2023 19035 Shetland Rd Apple Valley, CA 92308

| Space | Above | This | Line 1 | for |
|--------------|---------|-------|--------|-----|
| Rec | order's | s Use | Only | |

File No.: 121-2672668 (TM)

A.P.N. 1420-06-401-003

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Washoe)

Lori K. Allen ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- 1. **Garry Rhodes Allen** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **October 23, 2023** at **Apple Valley, CA** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated March 2, 2023 executed by Garry R. Allen and Lori K. Allen as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain Trust
 Transfer Deed dated March 7, 2023 which was recorded as Instrument No. 2023 994522 in Book n/a, Page n/a, of Official Records of Douglas County, Nevada as legally
 described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

| Dated: 04/02/20 | 124 | | | |
|-------------------------------------------------------------|---------------------------------|--------------|---------------------|---------------------|
| DECLARANT: OLK OL Lori K. Allen, Sole Trust | les | | | |
| State of See Altai | hud) | | | |
| SUBSCRIBED AND SWORN for said County | TO (or affirmed) and St aday of | nersonally l | , this | h |
| WITNESS my hand and office Signature My Commission Expires: | cial seal. | | This area for offic | icial notarial seal |
| | | | | |

California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the

| State of California County of San Bernardino | S.S. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Subscribed and sworn to (or affirmed) before me o | n this 2 day of April, |
| 20 24, by Lori K. Allen | and and |
| Name of Signer 2: satisfactory evidence to be the person(s) who appears | , proved to me on the basis of eared before me. |
| Signature of Notaty Public Shahab Shams-Hakimi | SHAHAB SHAMS-HAKIMI Notary Public - California San Bernardino County Commission # 2464158 My Comm. Expires Oct 22, 2027 |
| For other required information. Notary home objective. etc. OPTIONAL INFORM Although the information in this section is not required by law, it could be juried to not a managed a document and may prove useful to be | ould prevent fraudulent removal and realtachment of |
| Description of Attached Document | Additional Information Method of Affiant Identification |
| The certificate is attached to a document titled/for the purpose of | Proved to me on the basis of satisfactory evidence: Form(s) of identification or credible witness(es) Notarial event is detailed in notary journal on: |
| | Page # Entry # Notary contact: Shahab Shams-Hakimi |
| containing pages, and dated | Other Affiant(s) Thumbprint(s) Describe: |
| | THE TOTAL RESEARCH STREET OF THE TRANSPORT OF THE STREET O |

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

| | 3052023257382 STATE FILE NUMBER | | USE N | CERTIF | ICATE OF DI | EATH DRAITEBATIONS | · ———————————————————————————————————— | 3202336013 | |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|----------------------------------------------|-------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| | 1. NAME OF DECEDENT-FIRST (GHAN) | | 2. MICOLE RHOL | | | 3. LA | ST (Femily) LEN | | |
| NAL DATA | AKA, ALSO KNOWN AS - Include full AKA | (FIRST, MIDDLE, LAST) | | | | 7/1948 | 5. AGE Ym. 75 | IF UNDER CHE YEAR IF Months Days H | UNDER Z4 HXXVRS 5 SEX M |
| DECEDÊNT'S PEHSONAL | B. BIRTH STATE FOREIGN COUNTRY CA | 10. SOCIAL SECURIT 415: | 5 | VHS (| ليبا لب | MARRIE |) | 7. DATE OF DEATH mm/do 10/23/2023 | 1805 |
| CEDEN | BACHELOR | YES | | | X NO | CAUCASI | AN 🦯 | The state of the s | |
| 9 | 17. USUAL OCCUPATION - Type of work to SALES | or most of life. DO NOT U | SE RETIRED | | DOFBUSARSSORI | EDUSTRY (e.g., gris | sary store, road const | ruotico, employment agency, etc |) 18. YEARS IN OCCUPATION 10 |
| USUAL. RESIDENCE | 20. DECEDENT'S RESIDENCE (Somer and murriese, or location) 19035 SHETLAND RD | | | | | | | | |
| | 21. OTY | | COUMPY/PROVING | . | 23, 2) | CODE | 24. YEARS IN CO | UNTY 26. STATE/FOREIGN (| COUNTRY |
| | APPLE VALLEY 26. RECORDANTS NAME, RELATIONSHIP | A | AN BERNA | ARDINO | | 100 | 9 | CA | Sales endizio |
| HEALT | LORI ALLEN, WIFE | | | | 19035 SHE | TLAND RI |), APPLE \ | ALLEY, CA 923 | 08 |
| TON | 28. NAME OF SUFFINING SPOUSE/SPEX LORI | P-ARST | KAY | | / | STEINI | 11 786 | \ \ | |
| SPOUSE/SPDP / | SI, NAME OF FATHER/PARENT-FIRST GRANT | | RHOD! | ES 🦯 | | SS LAST ALLEN | | | 34. BIRTH STATE UT |
| PARENT | \$5. NAME OF MOTHERPRINENT-PIRST EILEEN | | | 36 MIDDLE ST LAST (MATHEN MAYER MAYER MESIDENCE OF LORI ALLEN | | | | 38. BIFITH STATE CA | |
| 5 | 39. DISPOSITION DATE mm/ed/coyy 11/28/2023 | 19035 SHETL | AND RD, | APPLE | VALLEY, CA | LLEN 92308 | | / / | |
| PG81 | 41. TYPE OF DISPOSITIONIS | ·- | | | E OF EMBALMER | | < / | | 49, LICENSE NUMBER |
| DCAL | 4 NAME OF FLASHAL ESTABLISHMEN AFFORDABLE CREM BURIAL | ATIONS AND | | 45. LICENSE HUMBER AS SKINATURE OF LOCAL REGISTRAR | | | . MD 5 | 47. DATE mm/dd/ooyy | |
| 53 | BURIAL | ATIONS AND | -1 -1 | FD2032 | | HAEL A. S FHOSPITAL, SPEC | EQUEIRA | FOTHER THAN HOSPITAL S | 11/28/2023 PECIFY DNE |
| DEATH | | | | | | | | HomeOthe | |
| | 107. GAUSE OF DEATH | Enter the main of exerts as Cardiac arrest, espirator | (Brancies, Primes, o arrest, or verticula | r complication - | I'm diently caused d ut stowng Twietclogy | MAIN, DO NOT MINE DO NOT ASBROVA | enmale eth sub TE | Time Islame: Between Claset and Death (AT) | 108. DEATH REPORTED TO CORONED YES X NO |
| | Prod disease or condition musting in death) In death) In death) In One-ST-ELEVATION MYOCARDIAL INFARCTION | | | | | | MINS | 108. BIOPSY PERFORMED? | |
| Ē | Sequentially, list conditions, if any, | Sequentially, list conditions, if any, | | | | | DAYS | YES X NO | |
| CALISE OF DEATH | ON LIVE & EVENT. CORUNARY ARTERY DISE | | | EASE | | | MOS | YES X NO | |
| NALISE. | Injury that instanted the events (D) resulting in death) LAST | | 12 | | # 1 | | | (EE) | 111. USED IN DETERMINING CAUSE? YES NO |
| - | A PIAL FIBRIL ATION LIVER CIRRHOSIS UNSPECIFIED, ACUTE RENAL FAILURE, CHRONIC KIDNEY DISEASE, DIABETES MELLITUS TYPE II, HYPOTHYROIDISM | | | | | | | | |
| | 119, WAS OPERATION PERFORMED FOR NO | ANY CONDITION IN ITE | 7107 OR 1127 (Fy | es, list type of c | peretion and date.) | 7 | 7 | 1134 0 | ECEDENT PRESNANT IN LAST YEAR! |
| CERTIFICATION | 114, I CEPITEY THAT TO THE BEST OF MY 1990 AT THE HOUR DATE, AND PLACE STATED PROB Decedent Atlanded Since | WLEDGE DEATH COCURRED IN THE CAUSES STATED Ecodont Linet Soon Alivo | PADEK | MOOAT | TASH MD | | XQ | A116432 | 11/28/2023 |
| Į. | (A) mm/sskeyy [8] | mm/dd/ccyr | 118 TYPEATE | LA NITIO | ORD, APPL | ADDRESS, ZIP CX | TAREK I | MOQATTASH, M | D |
| 0 | 119, I CERTIFY THAT IN MY OPINION DEATH O | 3/2023 | TE, AND PLACE STATE | D FROM THE CA | | 120. INJUS | RED AT WORK? | 121. HUJURY DATE O | middlooy 123 HOUR BAHou |
| <u>≻</u> | MANNET OF CEATH Natural 23. PLACE OF INJURY (e.g., home, con | | | investigat | on deleration | . IIIYES | | UNK | |
| 20 ES | | | | | | | | | |
| EH'S C | 124. DESCRIBE HOW RULARY OCCURRED (Switts which in waterd in Palmy) | | | | | | | | |
| | 125, LOCATION OF INJURY (Sinest and r | number, or location, and o | ity, and alph | | | | : | | , la |
| Ď. | | TY CORONER | | 127 | DATE IMM/dd/coyy | 128. TYPE N | NAME, TITLE OF COOR | ONER / DEPUTY CORONER | |
| CORONER'S USE OMLY | 126, SIGNATURE OF CORONER / DEPU | 7 | / | | | | | | |
| ST/ | 126. SIGNATURE OF CORONER / DEPU | /_ |) E | | | | | FAX AUTH. | CENSUS TRAC |

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

DATE ISSUED

DEC 0 1 2023

This is a true and exact reproduction of the document officially registered and placed on file in THE VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.



MICHAELA. SEQUEIRA, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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





EXHIBIT 'A'

Parcel B as set forth on that certain Parcel Map for Grant R. and Eileen V. Allen, being situated in and being a portion of the West 1/2, South 1/2, Lot 1 of the Southwest 1/4, Section 6, Township 14 North, Range 20 East, M.D.B. & M, Douglas County, Nevada, recorded May 8, 1990, Book 590, Page 1092, Document No. 225537, Official Records of Douglas County, Nevada.

