

APN# 1420-26-401-041



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Scott A. Downs

Address: 2820 Romero Dr.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Scott A. Downs

Address: 2820 Romero Dr.

City/State/Zip: Minden, NV 89423

Affidavit of Death of Trustees

Title of Document (required)

Please complete the Affirmation Statement below:

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

- Affidavit of Death** – NRS 440.380 (1)(A) & NRS 40.525 (5) **Military Discharge** – NRS 419.020 (2)
 Other NRS _____ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Signature
Scott A. Downs

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recording requested by:

Scott A. Downs

And when recorded, mail to:
Scott A. Downs
2820 Romero Dr.
Minden, NV 89423

APN: 1420-26-401-041

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEES

State of Nevada)
County of Douglas) ss.
)

Scott A. Downs, of legal age, being first duly sworn, deposes and says:

1. Walter Archie Downs, Jr. and Mary Dorothy Downs, the decedents mentioned in the attached certified copies of Certificate of Death, are the same persons as Walter Downs and Mary Downs named as Trustees in the Declaration of Trust dated January 11, 1995, and executed by Walter Downs and Mary Downs as Trustors and Trustees.
2. At the time of the decedents' deaths, decedents were the record owners, as Trustees, of certain real property commonly known as 1692 Stephanie Way, Minden, NV 89423, which property is described in a Deed which was executed by Walter A. Downs, Jr. and Mary D. Downs as Grantors on February 3, 1995, and recorded as Document No. 355495, in Book 0295, Page 0333 of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF
4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedents mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedents mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 4/17/2024

Scott A. Downs
Scott A. Downs

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 17th day of April, 2024, by Scott A. Downs, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Jodi O. Stovall

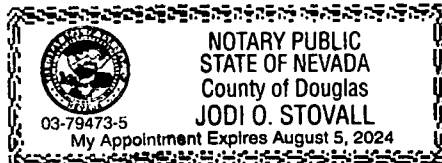


EXHIBIT "A"

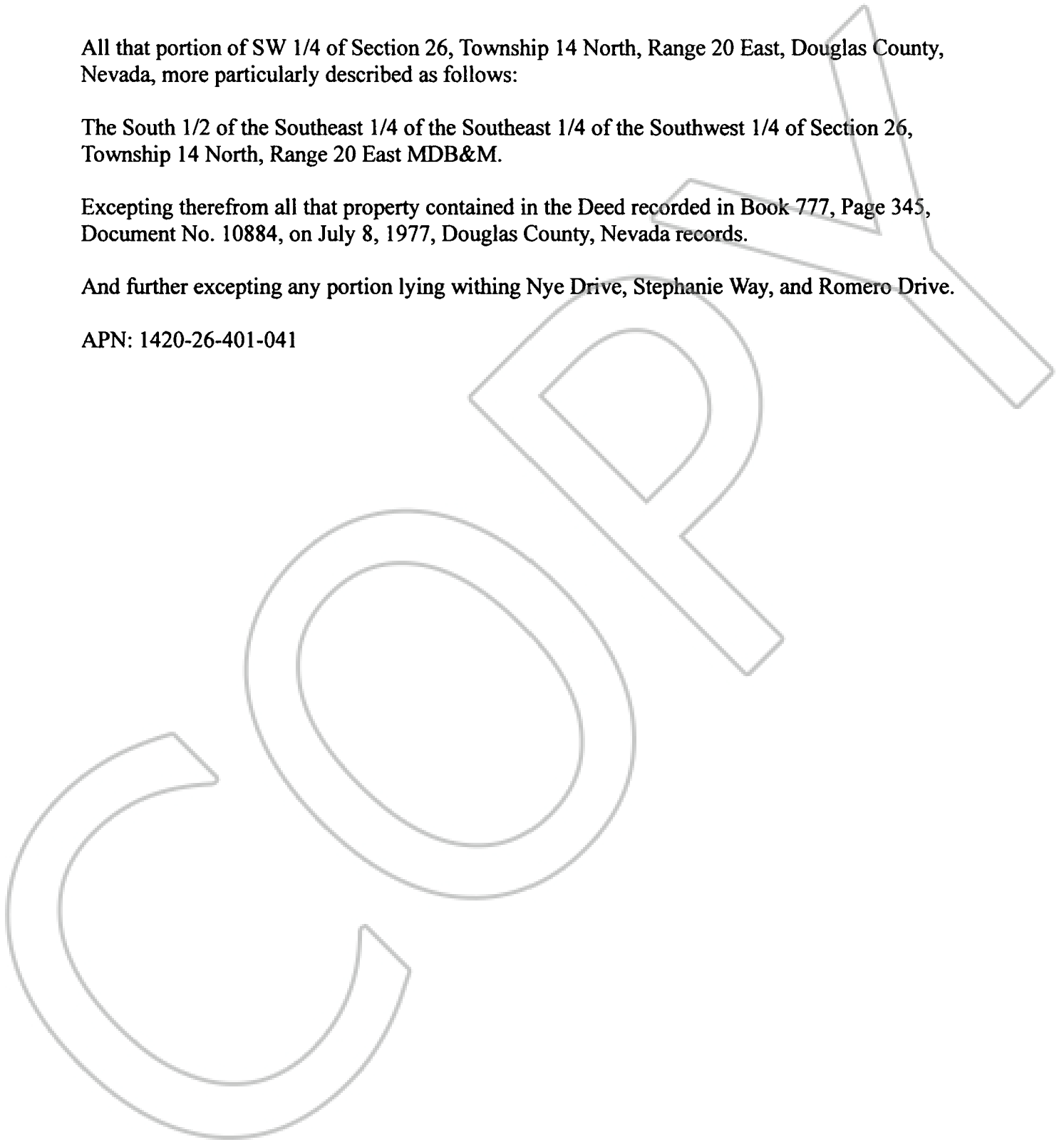
All that portion of SW 1/4 of Section 26, Township 14 North, Range 20 East, Douglas County, Nevada, more particularly described as follows:

The South 1/2 of the Southeast 1/4 of the Southeast 1/4 of the Southwest 1/4 of Section 26, Township 14 North, Range 20 East MDB&M.

Excepting therefrom all that property contained in the Deed recorded in Book 777, Page 345, Document No. 10884, on July 8, 1977, Douglas County, Nevada records.

And further excepting any portion lying withing Nye Drive, Stephanie Way, and Romero Drive.

APN: 1420-26-401-041



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

STATE OF NEVADA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

2008015490

STATE FILE NUMBER

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Mary Dorothy DOWNS		2. DATE OF DEATH (Mo/Day/Year) October 10, 2008		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) Emergency Room / Outpatient	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
9a. STATE OF BIRTH (if not U.S.A., name country) Wyoming		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) December 25, 1920	
13. SOCIAL SECURITY NUMBER [REDACTED]-2371		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Auditor		14b. KIND OF BUSINESS OR INDUSTRY State Of Nevada	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1807 E. Long St. # 1-A		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) John Jay COONE			17. MOTHER - NAME (First Middle Last Suffix) Harriett LEWIS		
18a. INFORMANT - NAME (Type or Print) Scott A DOWNS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2820 Romero Dr Minden, Nevada 89423			
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) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
21a. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <i>[Signature]</i>					
21b. DATE SIGNED (Mo/Day/Yr) 10/14/08		21c. HOUR OF DEATH 11:27			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
22a. To Be Completed by CORONER'S OFFICE 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)				22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH				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) Dr. Christopher Forman M.D. 2874 N. Carson Street, Suite 2 Carson City, NV 89706	
23b. LICENSE NUMBER 5528				24a. REGISTRAR (Signature) <i>[Signature]</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 20th, 2008		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) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death minutes	
(b) Chronic obstructive pulmonary disease DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death years	
(c)				Interval between onset and death	
(d)				Interval between onset and death	
PART II				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)			
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	

Print Date: 10/13/2008 15:19:53

STATE REGISTRAR

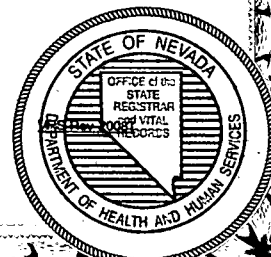
CERTIFIED COPY OF VITAL RECORDS

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:

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
CERTIFICATE OF VITAL RECORD

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

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

96 002045

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED—NAME First Middle Last Walter Archie DOWNS, Jr.			DATE OF DEATH (Month, Day, Year) 2. February 20, 1996		COUNTY OF DEATH 3a. Douglas
CITY, TOWN, OR LOCATION OF DEATH 3b. Minden		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 1692 Stephanie		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) 3e. 7	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 75	UNDER 1 YEAR MOS : DAYS 7b. :
STATE OF BIRTH (If not U.S.A., name country) 9a. Oklahoma		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 9	
SOCIAL SECURITY NUMBER 13. -0448		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Electrician		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden	SURVIVING SPOUSE (If w/o, give maiden name) 12. Mary D. Coone	
FATHER—NAME First Middle Last 16. Walter Downs		MOTHER—MAIDEN NAME First Middle Last 17. Bessie Mae Johnson		STREET AND NUMBER 15d. 1692 Stephanie	
INFORMANT—NAME (Type or Print) 18a. Scott Downs			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2820 Romero, Minden, Nevada 89423		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town State 19c. Reno, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 94		NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley 02 1281 N. Roop St., Carson City, Nevada 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 2/20/96			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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b.		
21c. HOUR OF DEATH 0552			22c. HOUR OF DEATH 22c.		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23a. Christopher W. Forman, M. D., 1007 N. Nevada St., Carson City, NV			22d. PRONOUNCED DEAD (Mo., Day, Yr.) 22e. AT		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			22f. LICENSE NUMBER 23b. 5528		
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. Feb 21-1996		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) squamous cell carcinoma of the lung				Interval between onset and death 1 year
	(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				Interval between onset and death
PART II	26. AUTOPSY (Specify Yes or No) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE

STATE REGISTRAR

No. 91325

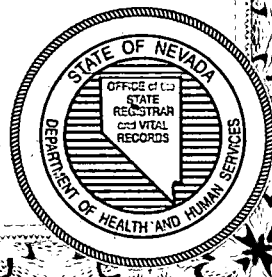
CERTIFIED COPY OF VITAL RECORDS

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: **JAN 23 2024**

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

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE