

APN# 1220-17-512-015



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:
Name: Joel W. Locke, ESQ
Address: 402 N. Division Street
City/State/Zip: Carson City, Nevada 89703

Mail Tax Statements to:
Name: Melanie Minister, Trustee
Address: 1644 Belarra Street
City/State/Zip: Minden, NV 89423

Affidavit of Death of Trustees

Title of Document (required)

----- (Only use if applicable) -----

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)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Hannah Rhoades

Signature

Hannah Rhoades

Printed Name

This document is being (re-)recorded to correct document # 2024-1006537, and is correcting
attaching the death certificate of Katherine Clark Cecil that was omitted from the original.

APN: 1220-17-512-015

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



SHAWNYNE GARREN, RECORDER

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.

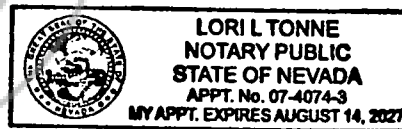
DATED this 14th day of March, 2024.

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	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Warren W CECIL JR		2. DATE OF DEATH (Mo/Day/Year) February 01, 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 ar number) 729 Garys Way		3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 93		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) November 15, 1930		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
	10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER 7525		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Owner		14b. KIND OF BUSINESS OR INDUSTRY Dairy	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 729 Garys Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Warren W CECIL SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Clara Elma HORIZAN		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Melanie MINISTER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1644 Belarra St. 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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
	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) SIGNATURE AUTHENTICATED ILEANA C DEFTU MD					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) February 05, 2024		21c. HOUR OF DEATH 17:57		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)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ileana C Deftu MD 235 West 6th Street Reno, NV 89503				23b. LICENSE NUMBER 12431	
	24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 06, 2024		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
	(a) Pulmonary Fibrosis DUE TO, OR AS A CONSEQUENCE OF: (b) Covid-19 DUE TO, OR AS A CONSEQUENCE OF: (c) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (d) Asthma				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. Unknown Etiology				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HGM., 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		

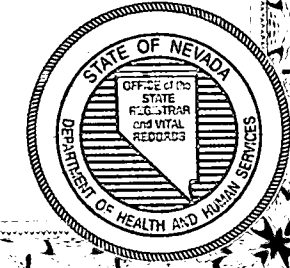
CERTIFIED COPY OF VITAL RECORDS

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. Piracy
STATE REGISTRAR

DATE ISSUED: 2/6/2024

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. 4065994

CERTIFICATE OF DEATH

2019002787
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) Kathreen Clark		2. DATE OF DEATH (Mo/Day/Year) February 09, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) Evergreen Gardnerville Health & Rehab Center Residential Care Facility		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Warren W CECIL JR			
13. SOCIAL SECURITY NUMBER ██████████-0671		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b. KIND OF BUSINESS OR INDUSTRY Dairy	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 965 Springfield Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Reuben Curtis CLARK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gertrude HENCKEL		
18a. INFORMANT - NAME (Type or Print) Warren W CECIL JR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 7270, Gardnerville, Nevada 89460			
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 BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) SIGNATURE AUTHENTICATED JOSE AGUIRRE 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 13, 2019		21c. HOUR OF DEATH 05:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) ANGELICA RAMIREZ			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 14, 2019		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				Interval betn onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death	
(b) Acute On Chronic Respiratory Failure				Interval between onset and death	
(c) Pneumonia				Interval between onset and death	
(d) Hypertension				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. Unknown Etiology				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	

STATE REGISTRAR

VRS-Rev-20120523a



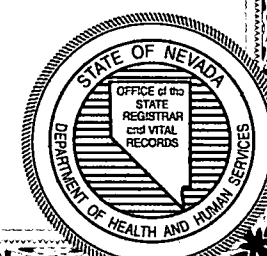
CERTIFIED COPY OF VITAL RECORDS

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: **FEB 19 2019**

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