

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)



SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

A.P.N.: 1420-28-410-023

Recording Requested By:)
Jeffrey LaPaille)
1267 Esther Way)
Minden, NV 89423)

When Recorded Mail to:)
Jeffrey LaPaille)
1267 Esther Way)
Minden, NV 89423)

Mail Tax Statements to:)
Jeffrey LaPaille)
1267 Esther Way)
Minden, NV 89423)

AFFIDAVIT – DEATH OF TRUSTEE

We, JEFFREY DAVID LAPAILLE and ADAM CHRISTOPHER LAPAILLE, of legal age, being first duly sworn, declare under penalty of perjury that:

KEITH PHILLIP LAPAILLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KEITH P. LAPAILLE named as Trustee in the Declaration of Trust executed on May 23, 2018, by KEITH P. LAPAILLE as Grantor.

KEITH PHILLIP LAPAILLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KEITH P. LAPAILLE, named as one of the parties in that certain deed dated May 23, 2018, and executed by KEITH P. LAPAILLE, a single person (Grantor) to Keith P. LaPaille Living Trust; Keith P. LaPaille, TRUSTEE, (Grantee), recorded on May 25, 2018, as Document No. 2018-914726, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

LOT 28 OF COCHRAN ESTATES UNIT NO. 1, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 23, 1970, IN BOOK 82, PAGE 294, UNDER FILE NO. 50690.

Subject to:

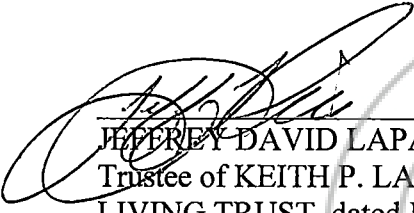
1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all rights privileges appurtenant or to become appurtenant to Subject Real Property on effective date.

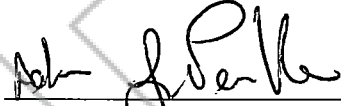
KEITH PHILLIP LAPAILLE, the deceased Trustee, died on October 12, 2023, as shown in the attached certified copy of Certificate of Death.

The Affiants are the sons of the deceased Trustee and now the current Trustees under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiants hereby consents to act as such and now hold title as JEFFREY DAVID LAPAILLE and ADAM CHRISTOPHER LAPAILLE, Trustees, or their successors in Trust, under the KEITH P. LAPAILLE LIVING TRUST, dated May 23, 2018.

Executed on this April 18, 2024, in Douglas County, State of Nevada.



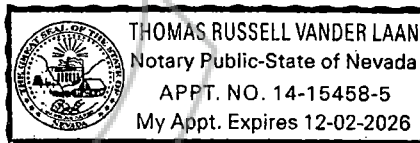
JEFFREY DAVID LAPAILLE
Trustee of KEITH P. LAPAILLE
LIVING TRUST, dated May 23, 2018



ADAM CHRISTOPHER LAPAILLE
Trustee of KEITH P. LAPAILLE
LIVING TRUST, dated May 23, 2018

STATE OF NEVADA)
): ss
COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this April 18, 2024, by JEFFREY DAVID LAPAILLE and ADAM CHRISTOPHER LAPAILLE.




 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiants. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4375547

CERTIFICATE OF DEATH

2023022962
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) Keith Phillip LAPAILLE		2. DATE OF DEATH (Mo/Day/Year) October 12, 2023		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 number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) August 12, 1952		9a. STATE OF BIRTH (If not US/CA, name county) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 2375		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Ups Delivery Driver		14b. KIND OF BUSINESS OR INDUSTRY Shipping And Receiving	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1267 Esther Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Laurence Leonard LAPAILLE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Rosemary LESSARD		
18a. INFORMANT- NAME (Type or Print) Jeffrey David LAPAILLE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1427 Bumblebee Drive 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) JEFFREY M BAUGHN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD993		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) CRAIG RAU MD 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) October 20, 2023		21c. HOUR OF DEATH 19:45		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Stephen T Hewitt DO		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 10991		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 23, 2023		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) Acute Cardiorespiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Ischemic Stroke					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Metastatic Adenocarcinoma Of The Esophagus					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Unknown Etiology					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1				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	

001020979



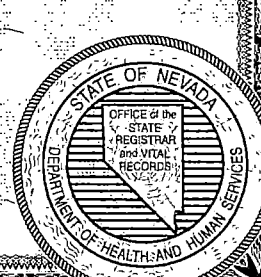
CERTIFIED COPY OF VITAL RECORDS

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 A. Storey
STATE REGISTRAR

DATE ISSUED: **10/24/2023**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE