


This deed was prepared without the benefit of a title search and the description of the property was furnished by the party(ies). The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

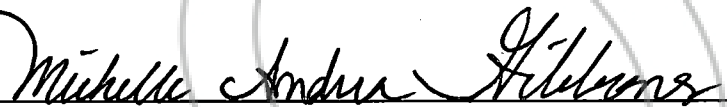
I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.


Dated: June 5, 2024.


WARREN T. HULL, Surviving Grantee and
Surviving Joint Tenant

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On June 5, 2024, before me, a Notary Public, personally appeared WARREN T. HULL, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged that she executed it.


Notary Public

 MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025

APN: 1221-06-001-009

**EXHIBIT "A"
LEGAL DESCRIPTION**

Lot 8 of FISH SPRINGS ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on August 30, 1973, in Book 873, Page 1006 as Document No. 68451.

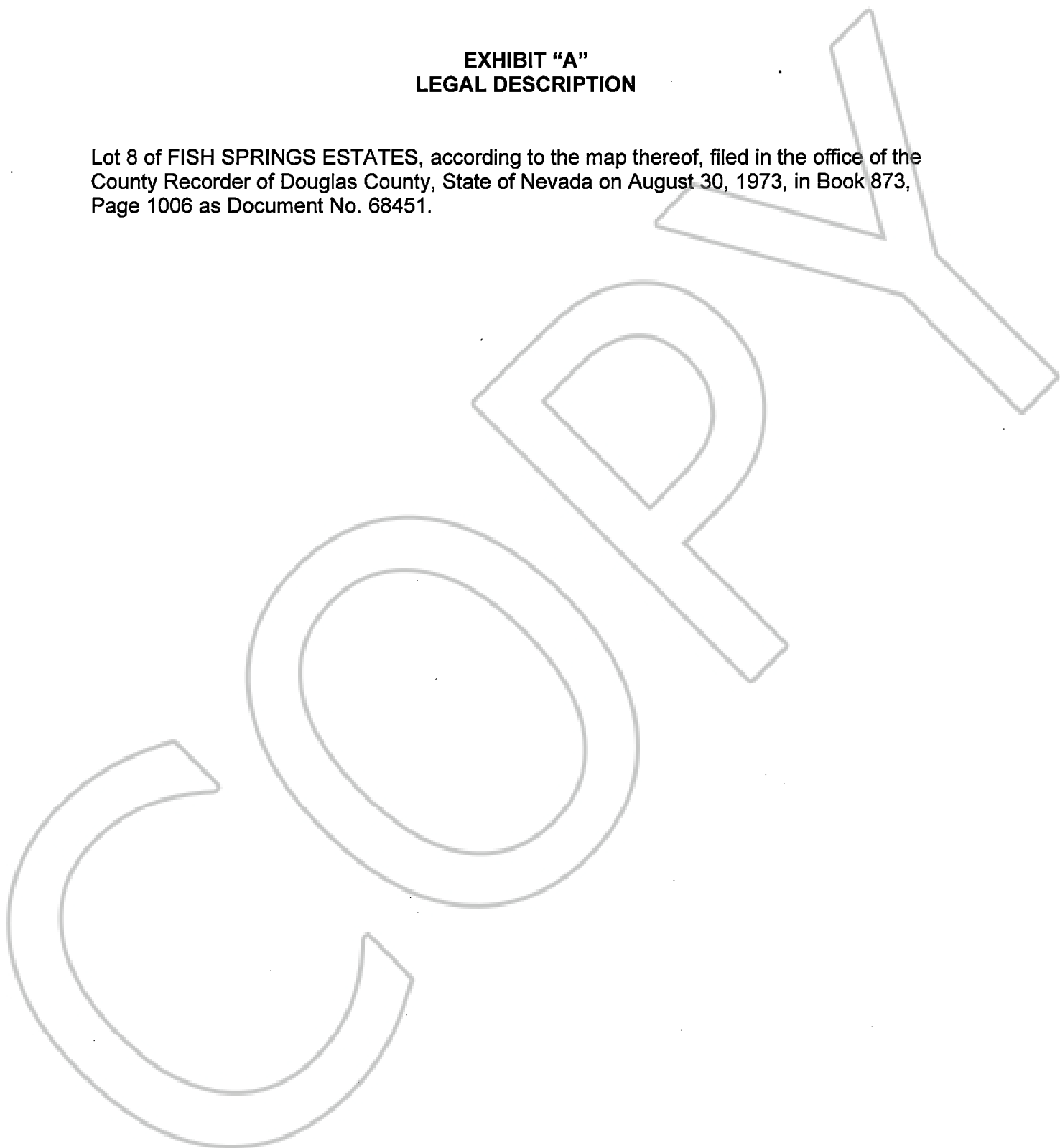


EXHIBIT 1

APN: 1221-06-001-009

***Certified Copy of Certificate of Death, State of Nevada,
Merna Lee Hull, Deceased***

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4392300

CERTIFICATE OF DEATH

2024000961
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Merna Lee HULL		2. DATE OF DEATH (Mo/Day/Year) January 16, 2024		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address number) 1340 Burro Court		3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic.	
	7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS.		7c. UNDER 1 DAY HOURS MINS.	
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) July 11, 1944		9a. STATE OF BIRTH (If not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Warren Ted HULL	
	13. SOCIAL SECURITY NUMBER ██████████ 8488		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Clerical Associate		14b. KIND OF BUSINESS OR INDUSTRY Financial	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	15d. STREET AND NUMBER 1340 Burro Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First, Middle, Last Suffix) Clarence Edgar RHOADARMER	
	17. MOTHER/PARENT - NAME (First, Middle, Last Suffix) Marion Josephine GRAFF		18a. INFORMANT - NAME (Type or Print) Warren Ted HULL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1340 Burro Court Gardnerville, Nevada 89410	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CAITLYN A OTTMANN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1003		20c. NAME AND ADDRESS OF FACILITY Neptune Society Of Reno 5890 S Virginia St. Suite 4-E/Reno, NV 89502	
PARENTS	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) JENNIFER L WHITMORE DO SIGNATURE AUTHENTICATED					
	21b. DATE SIGNED (Mo/Day/Yr) January 19, 2024		21c. HOUR OF DEATH 06:24		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
DISPOSITION	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) Jennifer L Whitmore DO 7842 W Sahara Ave Las Vegas, NV 89117	
	23b. LICENSE NUMBER DO2579		24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 22, 2024	
	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) Systolic Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Ischemic Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF: (c) Atherosclerotic Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (d) Diabetes Mellitus Type 2			
	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	
TRADE CALL	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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			
	28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE					



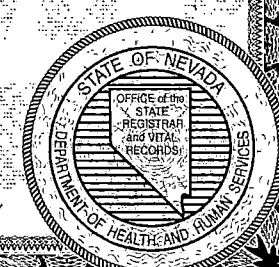
CERTIFIED COPY OF VITAL RECORDS

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. Higgins
STATE REGISTRAR

DATE ISSUED: 1/30/2024

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE