

APN: 1219-25-002-014

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Jamie L. Walker, Esq.
c/o ALLING & JILLSON, LTD.
Post Office Box 3390
Lake Tahoe, Nevada 89449-3390

AFFIDAVIT OF DEATH OF TRUSTEE

COMES NOW George W. Ashley, and being first duly sworn, deposes and says:

1. That Suzanne J. Colyer was the Grantor and Trustee of "The Suzanne J. Colyer 1998 Revocable Trust" also referred to as "The Suzanne J. Colyer Revocable Trust dated October 20, 1998," originally dated October 20, 1998, and amended and restated in its entirety on March 16, 2023;

2. That as Trustee, Suzanne J. Colyer, acquired title to certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 1, as shown on the map of FAYE CANYON ESTATES, according to the map thereof, recorded January 13, 1989, Book 189, Page 1591, Document No. 194374, Official Records of Douglas County, Nevada.

3. That Suzanne J. Colyer died in Douglas County, Nevada, on May 20, 2024. The State of Nevada issued a Death Certificate, No. 2024011243, attached hereto as **Exhibit A** and incorporated herein by reference;

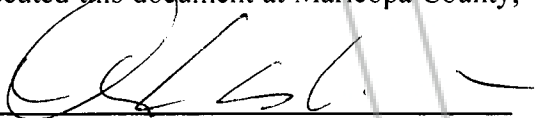
4. That Section 7.02 of the Trust Instrument provides, "In the event of the death or resignation of Suzanne J. Colyer, or if for any reason whatsoever she ceases to as Trustee hereunder, the Grantor nominates and appoints George W. Ashley to serve as Successor Trustee hereunder without the approval of any Court."

5. NOW THEREFORE, be it known that the undersigned, George W. Ashley is, and has been, acting as the Successor Trustee of "The Suzanne J. Colyer 1998 Revocable Trust" also referred to as "The Suzanne J. Colyer Revocable Trust dated October 20, 1998," since May 20, 2024.

6. "The Suzanne J. Colyer 1998 Revocable Trust" also referred to as "The Suzanne J. Colyer Revocable Trust dated October 20, 1998," has not been revoked, modified, or amended in

any manner which would cause the representations herein to be incorrect.

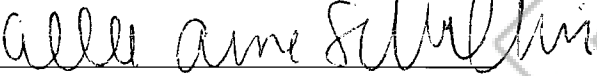
IN WITNESS WHEREOF, the Trustee has executed this document at Maricopa County, Arizona, on this 5th day of June 2024.



GEORGE W. ASHLEY, Trustee

STATE OF ARIZONA)
 :SS.
COUNTY OF MARICOPA)

On this 5th day of June, 2024, before me personally appeared George W. Ashley, whose identity was proven to me on the basis of satisfactory evidence to be the person who he claims to be, and acknowledged to me that he signed the above instrument.



NOTARY PUBLIC

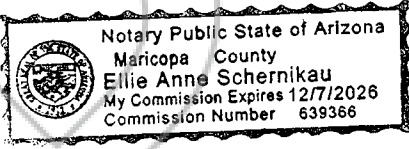


EXHIBIT 1

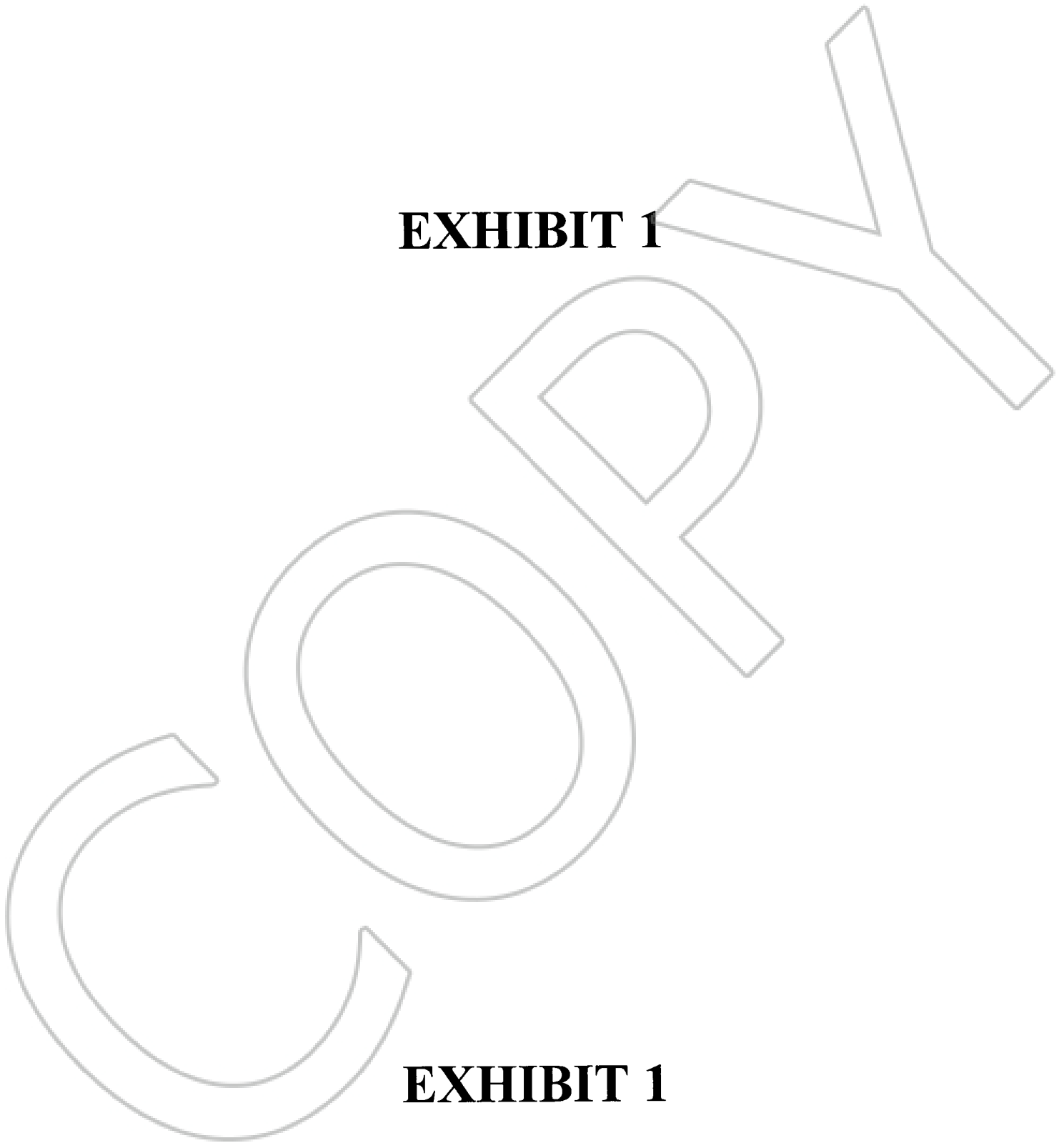


EXHIBIT 1

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4414641

CERTIFICATE OF DEATH

2024011243
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) Suzanne J COLYER		2. DATE OF DEATH (Mo/Day/Year) May 20, 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 and number) 551 Leealan Dr		3e. 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) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 09, 1941		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 4091		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 551 Leealan Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) James CHAMBERS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Lee HARRIS		18a. INFORMANT - NAME (Type or Print) Tracy RUDHALL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 551 Leealan Dr Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NADIA NINA SANDOVAL		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1007		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Creations 1600 Buckeye Rd Minden NV 89423	
21. 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) NITA SCHWARTZ MD			21b. SIGNATURE AUTHENTICATED		
21c. DATE SIGNED (Mo/Day/Yr) May 22, 2024			21d. HOUR OF DEATH 06:36		
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21f. SIGNATURE AUTHENTICATED		
22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W Washington Street Carson City, NV 89703			22b. LICENSE NUMBER 9114		
24a. REGISTRAR (Signature) WESLEY T STOREY			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 23, 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) Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Hypertensive Heart Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Primary Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Pulmonary Hypertension, Breast Cancer					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a. ACC. SUICIDE, HON. 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

Cody D. Storey

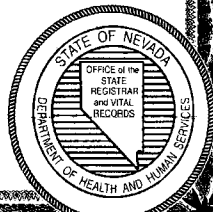
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

5/23/2024

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