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Natalia K. Vander Laan, Esq.

APN: 1220-24-701-053



SHAWNYNE GARREN, RECORDER

Recording requested by:)
Virginia Harris)
1894 Palomino Lane)
Gardnerville, NV 89410)

When recorded mail to:)
Virginia Harris)
1894 Palomino Lane)
Gardnerville, NV 89410)

Mail tax statement to:)
Virginia Harris)
1894 Palomino Lane)
Gardnerville, NV 89410)

AFFIDAVIT – DEATH OF CO-TRUSTEE

I, VIRGINIA LOUISE HARRIS, of legal age, being first duly sworn, declare under penalty of perjury that:

DAVID GLENDON HARRIS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DAVID GLENDON HARRIS named as Co-Trustee in the Declaration of Trust executed on April 25, 2000, by DAVID GLENDON HARRIS and VIRGINIA LOUISE HARRIS as Grantors.

DAVID GLENDON HARRIS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DAVID GLENDON HARRIS named as one of the parties (grantees) in that certain deed dated August 14, 2023, and executed by DAVID GLENDON HARRIS and VIRGINIA LOUISE HARRIS, who took title as DAVID GLENDON HARRIS and VIRGINIA LOUISE HARRIS, husband and wife, as community property with right of survivorship (grantors) to DAVID GLENDON HARRIS and VIRGINIA LOUISE HARRIS, Trustees, or their successors in Trust, under THE HARRIS FAMILY TRUST, April 25, 2000 (grantees), recorded on August 14, 2023, as Document No. 2023-999475 of the Official Records

of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

All that piece or parcel of land situate in Douglas County, Nevada, being a portion of the Northwest ¼ of the Southeast ¼ of Section 24, Township 12 North, Range 20 East, M.D.B.&M., described as follows:

Parcel 2-B as shown on that certain Final Parcel Map LDA#06-049 for Michael A. Mullen, filed for record in the office of the Douglas County Recorder, State of Nevada, on June 15, 2007 in Book 0607 at Page 4332 as Document No. 703054, Official Records.

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 tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

DAVID GLENDON HARRIS, the deceased party, died on March 12, 2024, as shown in the attached certified copy of Certificate of Death.

The Affiant is the Wife of the deceased party and now the sole surviving Trustee of THE HARRIS FAMILY TRUST, dated April 25, 2000, now holding title as VIRGINIA LOUISE HARRIS, Trustee, or her successors in Trust, under THE HARRIS FAMILY TRUST, dated April 25, 2000.

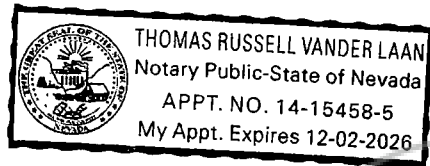
Executed on this June 17, 2024, in Douglas County, State of Nevada.


VIRGINIA LOUISE HARRIS
THE HARRIS FAMILY TRUST, dated April 25, 2000

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STATE OF NEVADA)
): ss
COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this June 17, 2024, by VIRGINIA LOUISE HARRIS.





NOTARY PUBLIC

COPIES

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. 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. 4402589

CERTIFICATE OF DEATH

2024005783
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) David Glendon HARRIS		2. DATE OF DEATH (Mo/Day/Year) March 12, 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 or 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) 78		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 14, 1945		9a. STATE OF BIRTH (If not US/CA, name country) California		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) Virginia Louise TUCK	
13. SOCIAL SECURITY NUMBER 9293		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1894 Palomino Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Glendon Eugene HARRIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Patsy SARVER		
18a. INFORMANT- NAME (Type or Print) Virginia Louise HARRIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1894 Palomino Lane Gardnerville, Nevada 89410			
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 THOMAS SIGNATURE AUTHENTICATED		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) 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) March 18, 2024		21c. HOUR OF DEATH 10:22		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)
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) March 19, 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) Acute Cardiorespiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Severe Sepsis With Shock Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Bacterial Pneumonia Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Chronic Lymphocytic Leukemia Unknown If Metastatic 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. History Of Adenocarcinoma Of Pancreas Without Metastasis; Type 2 Diabetes; Coronary Artery Disease				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	

CERTIFIED COPY OF VITAL RECORDS

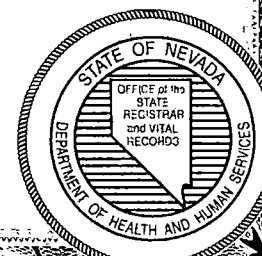
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

3/20/2024

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