Recording requested by: Howard R. Harker 30 Ralston Ave Mill Valley, CA 94941

And when recorded, mail to: Howard R. Harker 30 Raiston Ave Mill Valley, CA 94941

APN: 1320-32-111-068 & 072

DOUGLAS COUNTY, NV Rec:\$40.00 Total:\$40.00

HOWARD R HARKER

2024-1009626 07/01/2024 02:34 PM

Pgs=5



SHAWNYNE GARREN, RECORDER

#### AFFIDAVIT OF DEATH OF TRUSTEE

State of California ) SS. County of Marin

Howard R. Harker, of legal age, being first duly sworn, deposes and says:

- 1. Margot Arlene Harker, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Margot A. Harker named as Trustee in the Declaration of Trust dated May 21, 1993, and executed by Margot A. Harker as Settlor and Trustee.
- 2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1588 Mono Avenue, Minden, NV 89423, which property is described in a Deed which was executed by Howard R. Harker and Margot A. Harker as Grantors on September 10, 1999, and recorded as Document No. 0476859, in Book 0999, Page 3521, of Official Records of Douglas County, Nevada.
- At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1547 County Road, Minden, NV 89423, which property is described in a Deed which was executed by Howard R. Harker and Margot A. Harker as Grantors on September 10, 1999, and recorded as Document No. 0476858, in Book 0999, Page 3519, of Official Records of Douglas County, Nevada
- The legal description of said property is as follows:

See Exhibit "A" and Exhibit "B" attached hereto and made a part hereof.

- I am the named successor Co-Trustee, along with Lisa M. Harker-Vinson, under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
- There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

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

Dated 6 /29 /2 4

Howard R. Harker

# **CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT**

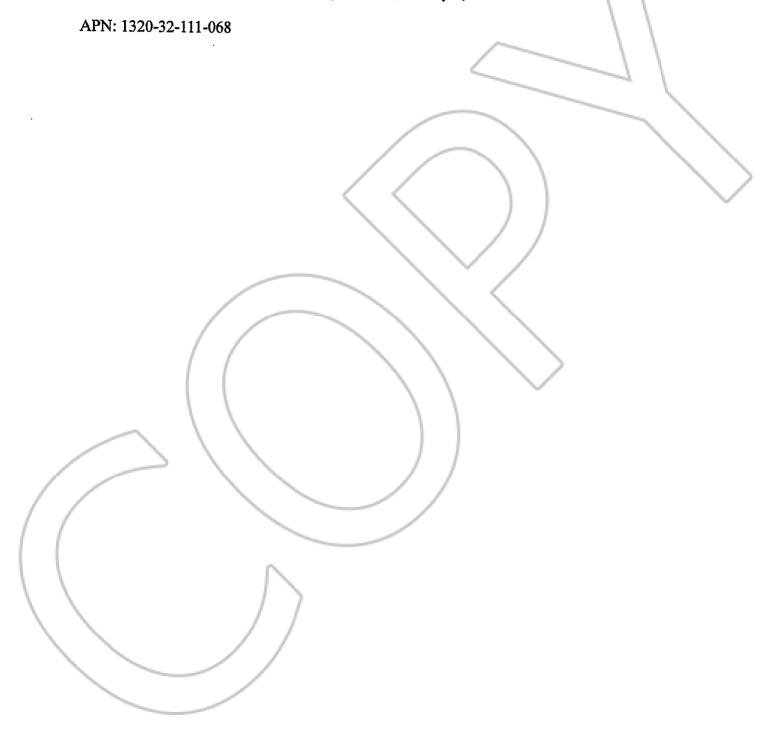
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA	}	/							
COUNTY OF MARIN		_							
On 06/29/2024	before me , <u>l . H E</u>	STERLY 1	Hores Fall Notary						
Public, personally appeared	OWARD R.	HARK	"						
Name(s) of Signer(s)									
who proved to me on the basis of subscribed to the within instrument his/her/their authorized capacity(ig person(s), or the entity upon behalf of	t and acknowledged s), and that by his	to me that s/her/their si	he/she/they executed the same in						
I certify under PENALTY OF PERJURY	The state of the s	76.	To the state of th						
is true and correct.			Periographi						
WITNESS my hand and official seal.			L. HESTERLY HORSFALL COMM # 2417383 MARIN County California Notary Public						
Signature:	OPTIONA	· · · · · · · · · · · · · · · · · · ·	Comm Exp Sept. 22, 2026						
Though this section is optional, comple	ting this information	can deter alte	ration of the document or fraudulent						
attachment of this form to an unintended	document.		·						
Description of Attached Document Title or Type of Document: AFFA Number of Pages: Signer	PAVIT OF DEATH	OF TEUSTEE DOCUM	ment Date: 06 2 4 2024						
Capacity(ies) Claimed by Signer(s)	s) Other man Name	a Above: <del>-</del>							
Signers Name: Howard R. HAR	LEN Sign	ers Name:							
☐ Corporate Officer — Title(s)			er – Title(s)						
☐ Partner - ☐ Limited ☐ General	☐ Pa	artner - 🚨 Lim	nited 🖸 General						
☐ Individual ☐ Attorney in Fact ☐ Guardian or Cons		dividual	☐Attorney in Fact						
T Other:		ustee	☐Guardian or Conservator						
Signer is Representing:		ther:	41						
	Signe	a is kepresen	iting:						

### EXHIBIT "A"

## LEGAL DESCRIPTION

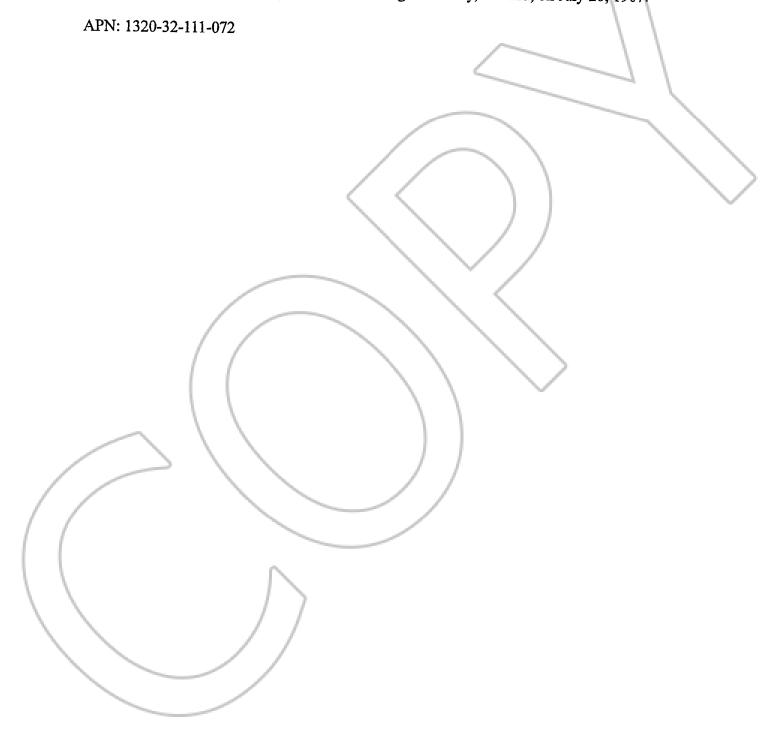
Lots 3 and 4, in Block O, as shown on the map of the TOWN OF MINDEN, filed in the Office of the County Recorder of Douglas County, Nevada, on July 2, 1906.



## EXHIBIT "B"

## LEGAL DESCRIPTION

Lots 17, 18, 19 and 20 of Block O of the Town of Minden, according to the official map thereof filed in the office of the County Recorder of Douglas County, Nevada, on July 20, 1907.



#### • CERTIFICATION OF VITAL RECORD

# **COUNTY OF MARIN**

SAN RAFAEL, CALIFORNIA

CERTIFICA						CATE OF CAUPO	TE OF DEATH				3	3202321000466					
STATE FILE NUMBER USE BLACK INK (  1. NAME OF DECEDENT- FIRST (Given) 2. MIDDLE					NK UNLT / NU	STATE OF CAUFORMA NLY / NO ERASURES, WITEOUTS OR ALTERATIONS VS-11 (REV 3/06)  3. LAST (Family)				LOC	LOCAL REGISTRATION NUMBER						
<b>«</b>	MARGOT								IARKE				-\		\		
NAL DAT	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)										IF UNDE Months	ONE YEAR Days	F UNDER 24 H	IOURS Minutes	6. SEX		
DECEDENT'S PERSONAL DATA	9 BIRTH STATE/FOREIGN COUNTRY 10 SOCIAL SECURITY NUMBER -0118			ER 11. EV	11. EVER IN U.S. ARMED FORCES? 12. MARITAL STATU				(at Time of Death)		0F DEATH mm/	dd/ccyy	в. ноия 1537	(24 Hours)			
EDENT:	(see worksheet on b.	13 EDUCATION - Highest Level/Degree 14/15, WAS DECEDENT HISPANICALATINO(ALYSPANISH? (see worksheet on bach) HS GRADUATE YES			OKAYSPANISH?	(1 yes, see va	11 yes, see worksheet on back)  16. DECEDENT'S RACE - Lip to 3 races may  CAUCASIAN					ay bo lis	bo listed (see worksheet on back)				
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED 18					B. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction DWN HOME				ion, emp	n, employment agency, etc.) 19. YEARS IN OCCUPATIO						
USUAL RESIDENCE	30 RALSTO		eet and number, or location NUE	)						<	-			Name and Address of the Owner, where	_		
	MILL VALL			MARIN				23. ZIP C 9494	1	4	ars in count 40	C	STATE/FOREIGN	Name and Address of the Owner, where the Owner, which is the Ow			
INFOR- MANT	25. INFORMANT'S NAME RELATIONSHIP  WARD ROBERT HARKER, SPOUSE  27. INFORMANT'S NAME RELATIONSHIP  30. RALSTON AVENUE, MILL VALLEY, CA 94941								c)	The same of the sa							
SPOUSE/SRDP AND PARENT INFORMATION	1			R	ROBERT			30. LAST (BIRTH NAME) HARKER						4			
	31. NAME OF FATHER/PARENT-FIRST PAUL			-	32. MIDDLE			33. LAST RALLEY					76.			34. BIRTH STATE UNK	
	35. NAME OF MOTH CATHERIN	IE		-	36. MIDDLE 37. LAST (BIRTH NAME) - ROSEBROCK					38. BIRTH STA UNK							
DIRECTOR/ EGISTRAR	39. DISPOSITION DA 03/24/2023		301 TENN	ESSEE 1	VALLEY	ROAL	D, MILI	_ VAL	/ LEY, C/	A 9494	<u> 11 / </u>						
FUNERAL DIRECTOR/ LOCAL REGISTRAR	CREMATE/BURIAL			14	SGNATURE OF EMBALMER  NOT EMBALMED  JOENSE NUMBER 1 46, SIGNATURE OF LOCAL REGISTRAR					43. LICENSE NUMBER							
FUNE	MOUNT TAMALPAIS MORTUARY AND FD14						MAT	THEW V	VILLIS	MD MF		53)	03/2	22/20:			
PLACE OF DEATH	101. PLACE OF DEATH MARINHEALTH MEDICAL CENTER  104. COUNTY 105. FACILITY ADDRESS OR LOCATION WHERE FOUND				Tonas de la constitución de la c		X	-		1	OTHER OSPICE	THAN HOSPITAL, Nursing Home/LT	D	NE leoedent's lome	Other		
PLAC	MARIN	<del>-</del>	250 BON	AIR RD	The same of the sa		1		7	<b>N</b>	7/4		GREENE				
	107. CAUSE OF DEA IMMEDIATE CAUSE (Final disease or condition resulting	w SEP	Enter the chain of eve as cardus arrest, ros TIC SHOCK	mis discuses, piratory arrest, or	injuries, or comp ventricular fibrilla	ications icon without	that directly of showing the	aused deat etiology DX	th DO NOT end O NOT ABBREV	er terminal ev NATE.	vents such	7/4	Firms Interval Between Onset and Death (AT) DAYS	- I □ YE	REPORTED ES Terra, Nuare	TO CORDNER?	
-	(8) BOWEL PERFORATION conditions, it any,								(STI) 109. BIOPSY PERFORMED?  DAYS YES X NO								
CAUSE OF DEATH	leading to cause on Line & Enter UNDERLYING CALLS! (Figure 20 or CALLS!						\ \					1	DAYS 110. AUTO			FORMED?	
	injury that Initiated the events resulting in death) LA	st DIVE	RTICULITIS	_									กก DAYS	111. USED IN	N DETERMIN	ang Cause?	
-	112, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE																
	NO		D FOR ANY CONDITION IF		1127 (If yes, list	type of ope	ration and d	10.)					113A	DECEDENT PRE	EGNANT IN	LAST YEAR?	
PHYSICIAN'S SERTIFICATION	114,1 CERTIFY THAT TO AT THE HOUR, DATE, AN December 1 Attended	D PLACE STATE	Y KNOWLEDGE DEATH OCCU D FROM THE CAUSES STATED Decordant Last Scan 4in	) DA	NATURE AND	ESTE	ANTE -	MD	7				A75862	001	DATE mm		
PHYSK	Cooper Attended Since   Page Circ   Page																
,	119, I CERTIFY THAT IN MANNER OF DEATH		ATH OCCURRED AT THE HOL		ACE STATED FRO		ES STATED.	ould not be etermined	120. INJ	URED AT W	ORK? NO UN		1. INJURY DATE	mm/dxl/ccyy	122. HO	JR (24 Hours)	
SE ONLY	123. PLACE OF INJURY (e.g., home, construction end, wooded area, otc.)																
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which insulted in injury)																
CORO			and number, or location, a	and city, and zip	,												
	126. SIGNATURE OF	CORONER / [	DEPUTY CORONER			127. D	ATE mm/di	i/ccyy	128. TYPE I	NAME, TITL	E OF CORONE	R/DEP	UTY CORONER				
STA REGIS		В	ě.	0	E		 	מתוותותונות מתוותותונות		 1111011011101111	101001011	F	AX AUTH.#		CENS	US TRACT	

#### CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF MARIN

This is a true and exact reproduction of the document officially registered and placed on file in the vital record section, Marin County Public Health Department.

Department. 03/23/2023

000625150

MATTHEW WILLIS, MD, MP

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

AMARIN-OL