

APN: 1022-16-001-008

Prepared by and return to when recorded:
Michael G. Millward
1591 Mono Ave.
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

Mail Future Tax Statements To:
Karen Lovelace Smith
1481 Breccia Road
Wellington, NV 89444

Affidavit of Death

Title of Document

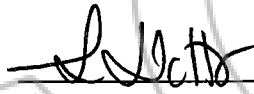
----- (Only use if applicable) -----

The Undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

Sarah Dotts

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

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AFFIDAVIT OF DEATH OF CO-TRUSTEE

(The attached document does contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

I, Karen Lovelace Smith, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

That all of the real property commonly known as 1481 Breccia Road, Wellington, NV, situated in the State of Nevada, County of Douglas, APN: 1022-16-001-008, more precisely described in **Exhibit A** attached hereto and incorporated herein, was acquired and held by Christopher Henry Smith and Karen Lovelace Smith, as Trustees of the CKS Trust, dated May 28, 2020, by Quitclaim Deed executed by Christopher Henry Smith and Karen Lovelace Smith, on May 28, 2020, which deed was thereafter recorded with the Douglas County Recorder on August 5, 2020;

That Christopher Henry Smith died on June 30, 2024, as identified in Certificate of Death #2024015173, issued by the Department of Health and Human Services of the State of Nevada, attached hereto as **Exhibit B**;

That Christopher Henry Smith is the same person as Christopher Henry Smith, Trustee of the CKS Trust, dated May 28, 2020; and

That Affiant, Karen Lovelace Smith, is the successor Trustee under the above-referenced Trust, which was in effect at the time of Christopher Henry Smith's death, and the Trust has not been revoked.

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

Date: July 19, 2024

Karen Lovelace Smith
Karen Lovelace Smith, Affiant

State of Nevada)
) ss.
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on the 19th day of July, 2024, by Karen Lovelace Smith.

S. Dotts

Notary Public

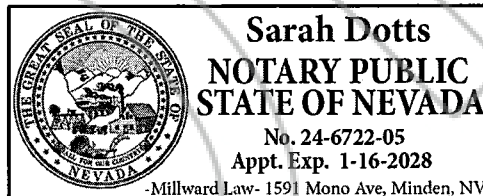
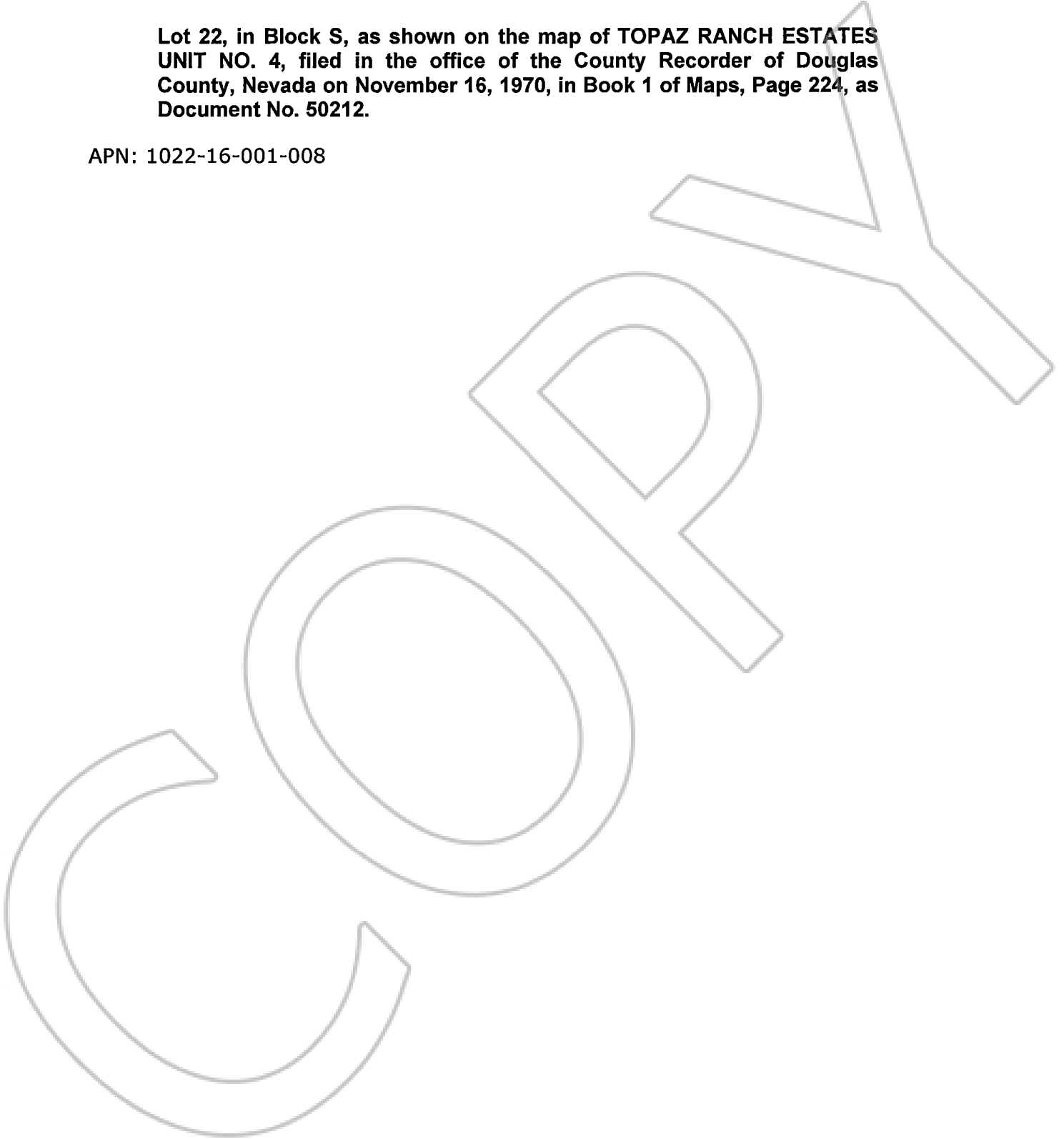


Exhibit "A"

Lot 22, in Block S, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

APN: 1022-16-001-008



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4421540

CERTIFICATE OF DEATH

2024015173
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Christopher Henry SMITH		2. DATE OF DEATH (Mo/Day/Year) June 30, 2024		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 1481 Breccia Road		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. UNDER 1 YEAR (Years) 71		7b. UNDER 1 YEAR (MOS) (Specify)		7c. UNDER 1 DAY (HOURS) (MINS)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) November 11, 1952		9a. STATE OF BIRTH (If not US/CA, name country) Florida		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
	10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Karen Lee LOVELACE	
PARENTS	13. SOCIAL SECURITY NUMBER 6454		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Trucking	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
DISPOSITION	15d. STREET AND NUMBER 1481 Breccia Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Hanson SMITH	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen Ernestine PEREA		18a. INFORMANT- NAME (Type or Print) Karen Lovelace SMITH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1481 Breccia Road Wellington, Nevada 89444	
TRADE CALL	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	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) TAYLOR A CUNNINGHAM SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) July 10, 2024		21c. HOUR OF DEATH 09:31	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) TAYLOR A CUNNINGHAM SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) July 10, 2024	
REGISTRAR	22c. PRONOUNCED DEAD (Mo/Day/Yr) June 30, 2024		22d. PRONOUNCED DEAD AT (Hour) 09:31		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Taylor A Cunningham 1038 Buckeye Rd Minden, NV 89423	
	23b. LICENSE NUMBER		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 10, 2024	
CAUSE OF DEATH	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) Pending Investigation DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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.		26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) PENDING INVEST.		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) Not Applicable		
28g. LOCATION STREET OR R.F.D. No.		28g. LOCATION CITY OR TOWN		28g. LOCATION STATE Nevada		



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 Phinney

DATE ISSUED: 7/11/2024

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