

APN: 1220-22-210-004



00185020202410110740030031

SHAWNYNE GARREN, RECORDER

After Recording, Mail to:

William S. Davis, Successor Trustee
Marilyn Diana Davis Family Trust
1141 Wisteria Dr.
Minden, NV 89423

The undersigned affirms that this document, and all exhibits which may be attached hereto, DOES contain the social security number of any person, pursuant to NRS 443.380.

AFFIDAVIT OF SUCCESSOR TRUSTEE

William Scott Davis, of 1141 Wisteria Dr., Minden, NV 89423, being first duly sworn, does hereby swear under penalty of perjury under the laws of the State of Nevada that the following statements are true:

1. By instrument dated October 9, 2012, Marilyn Diana Davis, as grantor and trustee, executed the Marilyn Diana Davis Family Trust agreement on October 9, 2012, Marilyn Diana Davis, as grantor and trustee, executed a fully amended and restated Marilyn Diana Davis Trust agreement on March 15, 2023, Marilyn Diana Davis, as Grantor and trustee, referred to herein after as the "Trust".

2. The Trust appointed William Scott Davis to serve as Successor Trustee upon the death or incapacity of Marilyn Diana Davis.

3. Marilyn Diana Davis died on May 15, 2024. A certified copy of Marilyn D. Davis's Certificate of Death is attached hereto as Exhibit "A".

4. William Scott Davis is authorized under the terms of the Trust and applicable provisions of Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in any property.

5. Title to any Trust property shall be taken as follows: William Scott Davis, Trustee of the Marilyn Diana Davis Trust dated October 9, 2012.

6. Pursuant to the terms of the Trust, William Scott Davis has assumed all the duties of Successor Trustee. To the best of the knowledge of the undersigned Trustee there are no claims, challenges of any kind, or cause of action alleged, contesting or questioning the validity of the

7. The following described real property is part of the Trust estate:

A. A residence located at 776 Bluerock Rd., Gardnerville, Nevada 89460 more particularly described as follows:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 93 of GARDNERVILLE RANCHOS UNIT NO. 6, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

This legal description was previously recorded on June 22, 2023 as Document No. 2023-997808.

§. The undersigned William Scott Davis, named within the Trust as successor Trustee hereby consents to act as successor Trustee of the Trust and does hereby assume the powers and duties as successor Trustee of the Trust.

§. This Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the property described in this document.

DATED this 16th day of August, 2024

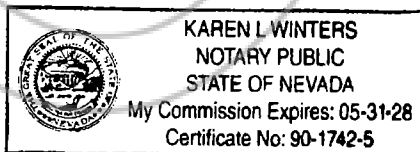
William Scott Davis
WILLIAM SCOTT DAVIS,
Successor Trustee of the
Marilyn Diana Davis Family Trust
Dated October 9, 2012

STATE OF NEVADA)
) : ss.
COUNTY OF DOUGLAS)

On August 16, 2024, before me, Karen L. Winters, Notary Public, personally appeared WILLIAM SCOTT DAVIS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacities, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Seal



Karen L. Winters
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4413602

CERTIFICATE OF DEATH

2024011121
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Marilyn D DAVIS		2. DATE OF DEATH (Mo/Day/Year) May 15, 2024		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 1250 N. Santa Barbara Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) March 26, 1942		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) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER 8285		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) School Teacher		14b. KIND OF BUSINESS OR INDUSTRY Public Schools	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 776 Bluerock Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Cliff Loyd MURPHY	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn Ila FOOTE		18a. INFORMANT- NAME (Type or Print) William Scott DAVIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1141 Wisteria Dr Minden, Nevada 89423	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		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 & Cremations 1600 Buckeye Rd Minden NV 89423	
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) B A BOTTFENBERG DO		21b. DATE SIGNED (Mo/Day/Yr) May 21, 2024		21c. HOUR OF DEATH 12:18	
	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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		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) B A Bottfenberg DO 4095 North Carson Street Carson City, NV 89706		23b. LICENSE NUMBER DO674		24a. REGISTRAR (Signature) WESLEY T STOREY	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 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	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiopulmonary Arrest		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Atherosclerotic Cardiovascular Disease		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	(c) Hyperlipidemia		Interval between onset and death		28a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
(d) Unknown Etiology		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Hypertension, Myocardial infarction		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		



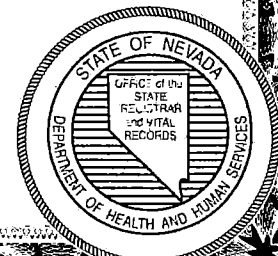
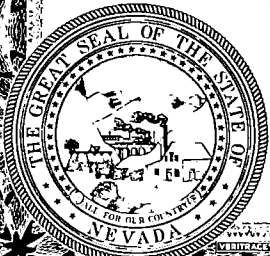
CERTIFIED COPY OF VITAL RECORDS

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.

Cody D. Storey
STATE REGISTRAR

DATE ISSUED: **5/23/2024**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE