

APN: 1022-11-002-052



SHAWNYNE GARREN, RECORDER

**RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DOCUMENT TO:**

SULLIVAN LAW
1625 State Route 88, Suite 401
Minden, NV 89423

MAIL TAX STATEMENTS TO GRANTEE:

Daniel J. Keebler, Trustee
4190 Mountain Vista Dr
Wellington, NV 89444

I, the undersigned, hereby affirm that this document submitted for recording **contains** the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

AFFIDAVIT OF DEATH OF TRUSTEE

DANIEL J. KEEBLER, being of legal age, being first duly sworn, depose and say:

1. This Affidavit of Death refers to the DAN AND CARRIE KEEBLER TRUST DATED MAY 18, 2021, (the "Trust") under a revocable trust agreement executed by DANIEL J. KEEBLER and CAROLYNN I. KEEBLER as the Grantors.
2. The original Grantors and Trustees of the Trust were DANIEL J. KEEBLER and CAROLYNN I. KEEBLER.
3. In accordance with the terms of the Trust, I, DANIEL J. KEEBLER, as the remaining Grantor and Trustee, am empowered to act as sole Trustee for the Trust after the death of CAROLYNN I. KEEBLER. I hereby affirm my role as the sole remaining Trustee, and declare my intention to act as the current Trustee of the DAN AND CARRIE KEEBLER TRUST DATED MAY 18, 2021.
4. I declare and affirm that Grantor and Trustee CAROLYNN I. KEEBLER died on June 7, 2024. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death is the same person as CAROLYNN I. KEEBLER, Trustee of the DAN AND CARRIE KEEBLER TRUST DATED MAY 18, 2021.
5. CAROLYNN I. KEEBLER is one of the named Trustees and Grantees in that certain Grant Deed, granting to DANIEL J. KEEBLER AND CAROLYNN I. KEEBLER, TRUSTEES OF THE DAN AND CARRIE KEEBLER TRUST DATED MAY 18, 2021, all right, title and interest in the following identified real property:

APN:1022-11-002-052

Commonly Known As: 4190 Mountain Vista Dr, Wellington, NV 89444

Recorded On:May 25, 2021

As Document Number:2021-968061 (the CORRECTED FULL LEGAL DESCRIPTION of property appears below.)

Official Records of:.....Douglas County, Nevada

Legal Description:.....A PARCEL OF LAND WITHIN THE SOUTHEAST ¼ OF SECTION 11, TOWNSHIP 10 NORTH, RANGE 22 EAST, M.D.B.& M., DOUGLAS COUNTY, NEVADA AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHEAST CORNER OF SECTION 11, TOWNSHIP 10 NORTH, RANGE 22 EAST, M.D.B.&M.;

THENCE NORTH 00°31'13" WEST, A DISTANCE OF 537.24 FEET TO A 5/8" REBAR WHICH IS THE TRUE POINT OF BEGINNING;

THENCE NORTH 00°29'20" WEST, A DISTANCE OF 585.46 FEET TO A ½" REBAR;

THENCE SOUTH 89°27'35" WEST, A DISTANCE OF 284.07 FEET TO A 5/8" REBAR WITH CAP STAMPED PLS 3090;

THENCE SOUTH 00°30'03" EAST, A DISTANCE OF 288.14 FEET TO A 5/8" REBAR WITH CAP STAMPED PLS 3090;

THENCE SOUTH 12°23'39" EAST, A DISTANCE OF 349.25 FEET TO A 5/8" REBAR;

THENCE NORTH 77°36'37" EAST, A DISTANCE OF 216.62 FEET TO THE TRUE POINT OF BEGINNING.

SAID PARCEL FURTHER SHOWN ON RECORD OF SURVEY RECORDED MARCH 17, 2004, IN BOOK 304, PAGE 7689, DOCUMENT NO. 607396, OFFICIAL RECORDS.

THE BASIS OF BEARINGS OF THIS DESCRIPTION IS THE EAST LINE OF APN 1022-11-002-052. SAID LINE BEARS NORTH 00°29'20" WEST AS PER TOPAZ RANCH ESTATES, UNIT 1.

NOTE: THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED MARCH 21, 2011, IN BOOK 311, PAGE 4296, AS INSTRUMENT NO. 780259.

6. The assets held under this Trust are to be held under the following title:
Daniel J. Keebler, Trustee of the
Dan and Carrie Keebler Trust dated May 18, 2021
7. The DAN AND CARRIE KEEBLER TRUST DATED MAY 18, 2021 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
8. I hereby declare my authority to act as the authorized Trustee and the current Trustee. As the Trustee, I have all Trustee powers to sell, encumber, retain, or otherwise manage all property belonging to the DAN AND CARRIE KEEBLER TRUST DATED MAY 18, 2021, including, but not limited to, the above-described real property, including any portion thereof.
9. I make this affirmation under penalty of perjury on August 26, 2024.



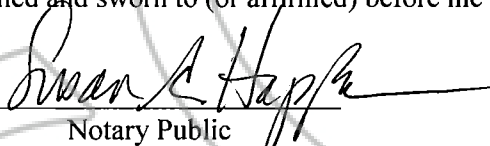
DANIEL J. KEEBLER, Trustee
DAN AND CARRIE KEEBLER TRUST DATED MAY 18, 2021

JURAT

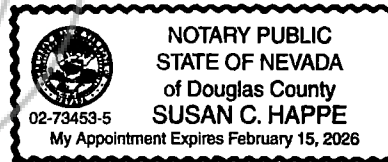
State of Nevada)

County of Douglas)

Signed and sworn to (or affirmed) before me on August 26, 2024, by DANIEL J. KEEBLER.



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. 4418074

CERTIFICATE OF DEATH

2024012903
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Carolynn Ivy KEEBLER			2. DATE OF DEATH (Mo/Day/Year) June 07, 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) 4190 Mountain Vista Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Female
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 72	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) March 06, 1952
	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	10. EDUCATION 18	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Daniel Joseph KEEBLER	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████ 2756		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Nurse		14b. KIND OF BUSINESS OR INDUSTRY Hospital		Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Wellington	15d. STREET AND NUMBER 4190 Mountain Vista Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas Craig SMITH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy Jean MCGREGOR			
	18a. INFORMANT- NAME (Type or Print) Daniel KEEBLER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4190 Mountain Vista Dr Wellington, Nevada 89444			
DISPOSITION	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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1007	20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
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) NITA SCHWARTZ 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) June 12, 2024		21c. HOUR OF DEATH 08:47		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	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) Nita Schwartz MD 710 W Washington Street Carson City, NV 89703					23b. LICENSE NUMBER 9114	
REGISTRAR	24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 12, 2024		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
	PART I (a) Breast Cancer With Metastasis DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) _____ DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(c) _____ DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(d) _____ DUE TO, OR AS A CONSEQUENCE OF:						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) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
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

Wesley T Storey

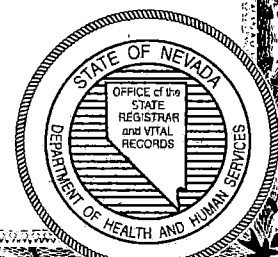
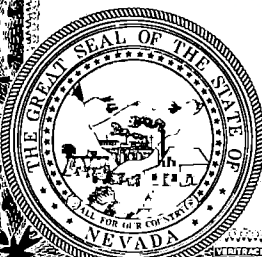
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

6/14/2024

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