

A.P.N. 1420-07-113-018

**When Recorded Mail To:**  
JENNIFER M. MAHE, ESQ.  
Mahe Law, Ltd.  
707 North Minnesota Street, Suite D  
Carson City, NV 89703



SHAWNYNE GARREN, RECORDER

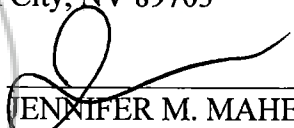
**Mail Tax Statements To:**  
KAREN HERBERT, Trustee  
323 Bayhill Circle  
Dayton, NV 89403

**AFFIDAVIT OF DEATH OF TRUSTEE**

- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons (NRS 239B.030).
- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380

MAHE LAW, LTD.  
707 North Minnesota Street, Suite D  
Carson City, NV 89703

By:

  
\_\_\_\_\_  
JENNIFER M. MAHE, ESQ.  
Nevada State Bar No. 9620

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**AFFIDAVIT OF DEATH OF TRUSTEE**

STATE OF NEVADA        )  
                                      : ss.  
CARSON CITY             )

KAREN HERBERT, of legal age, being first duly sworn, do hereby swear under penalty of perjury that the assertions of this affidavit are true and correct and declare the following:

1. COLIN ROYCE HERBERT and KAREN HERBERT were the Trustees and Settlor of THE COLIN AND KAREN HERBERT FAMILY TRUST, dated June 26, 2019.
2. COLIN ROYCE HERBERT, died on April 21, 2024, as established by the Certificate of Death attached hereto as Exhibit "1" and incorporated herein by this reference.
3. At the time of the Decedent's death, Decedent was the owner, as Trustee of THE COLIN AND KAREN HERBERT FAMILY TRUST, dated June 26, 2019, of certain real property acquired by a Quitclaim Deed recorded with the Douglas County Recorder's Office on June 28, 2019, as Document No. 2019-931134 and more particularly described as follows:

Lot 10, in Block D, as shown on the Final Map of Valley Vista Estates 1, Phase 1B filed for record in the office of the Douglas County Recorder on June 2, 1995 in Book 695, Page 389 as Document No. 363386, Official Records

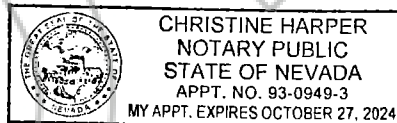
4. I am the surviving Trustee of THE COLIN AND KAREN HERBERT FAMILY TRUST, dated June 26, 2019, under which said Decedent held title as trustee pursuant to the Quitclaim Deeds described above, and I am designated and empowered pursuant to the terms of said Trust to serve as Trustee thereof.

Dated this 28 day of Aug, 2024.

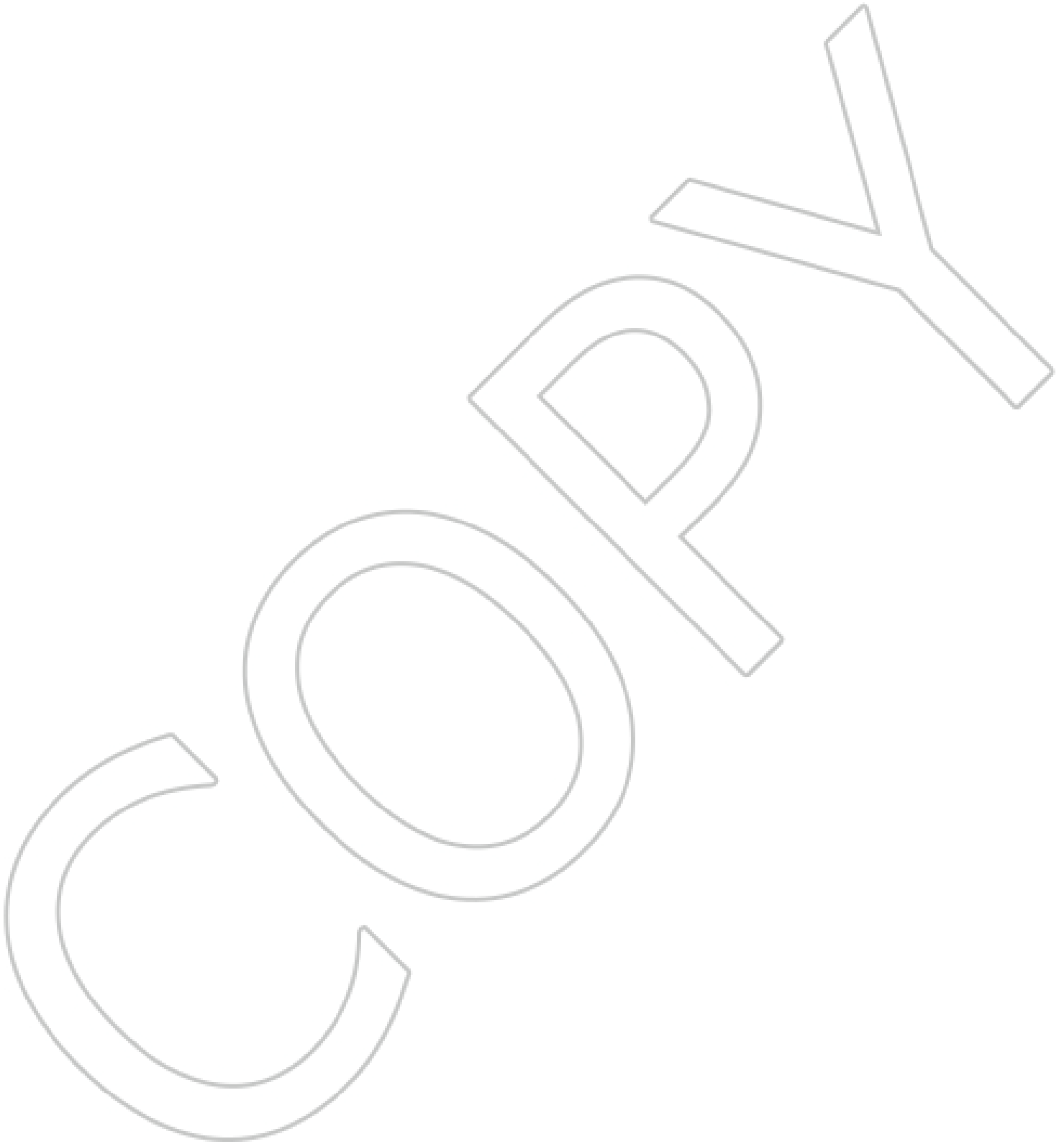
Karen Herbert  
KAREN HERBERT, Trustee

On August 28th, 2024, personally appeared before me, a notary public, KAREN HERBERT, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.

Christine Harper  
NOTARY PUBLIC



**EXHIBIT 1**



**EXHIBIT 1**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4409379

2024008920  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

PRECEDENT

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) <b>Colin Royce HERBERT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 21, 2024</b>		3a. COUNTY OF DEATH <b>Lyon</b>	
3b. CITY,,TOWN, OR LOCATION OF DEATH <b>Dayton</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>323 Bayhill Cir</b>		3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
7d. UNDER 1 DAY <b>MIN</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 26, 1943</b>			
9a. STATE OF BIRTH (If not US/CA, name country) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Karen SIMMONS</b>			
13. SOCIAL SECURITY NUMBER <b>██████████-9082</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Sheet Metal Worker</b>		<b>Fabrication</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lyon</b>		15c. CITY, TOWN OR LOCATION <b>Dayton</b>	
15d. STREET AND NUMBER <b>323 Bayhill Cir</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles R HERBERT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Vera HANSON</b>		
18a. INFORMANT - NAME (Type or Print) <b>Karen HERBERT</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>323 Bayhill Cir Dayton, Nevada 89403</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706</b>	
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) <b>B A BOTTENBERG DO</b>			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) <b>April 22, 2024</b>		21c. HOUR OF DEATH <b>02:08</b>		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) <b>B A Bottenberg DO 4095 North Carson Street Carson City, NV 89706</b>				23b. LICENSE NUMBER <b>DO674</b>	
24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 24, 2024</b>		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				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Cerebrovascular Accident</b>				Interval between onset and death	
(c) <b>Atherosclerotic Vascular Disease</b>				Interval between onset and death	
(d) <b>Hyperlipidemia</b>				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. <b>Type 2 Diabetes Mellitus, Hypertension</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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

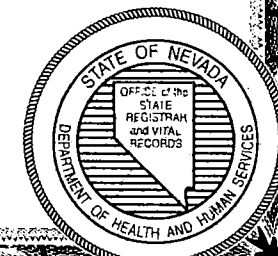
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

*Daran Grissom*

DATE ISSUED: 4/25/2024

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