

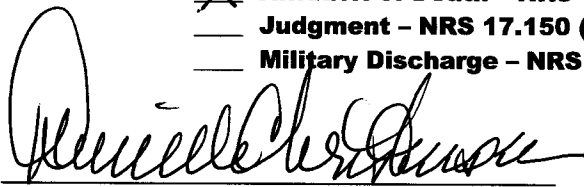
APN# 002-594-11**Recording Requested by:**Name: Heritage Law, a Div. of KalickiAddress: 1625 Hwy 88, Ste 304 Collier, LLPCity/State/Zip: Minden, NV 89423**Mail Tax Statements to:**Name: Anthony + Erin Howard, Succ.Address: 1509 River Park Parkway Co-TrusteesCity/State/Zip: Dayton, NV 89403

Affidavit of Death of Surviving  
Settlor / Trustee of Trust

**Title of Document**  
**(Required Field)**

**The Undersigned Hereby Affirms That This Document Submitted For Recording**  
**Contains Personal Information As Required By Law: (check applicable)**

- ☒ Affidavit of Death - NRS 440.380 (1)(A) and NRS 40.525 (5)  
☐ Judgment - NRS 17.150 (4)  
☐ Military Discharge - NRS 419.020 Sec. (2)



Signature

DANIEL CHRISTENSON, ATTORNEY

Print Name

Capacity

**If there is no applicable State or Federal Law, Personal Information must be**  
**removed prior to recording.**

**APN: 002-594-11**

Recording Requested By/Return To:

HERITAGE LAW, A Division of  
KALICKI COLLIER, LLP  
1625 Highway 88, Suite 304  
Minden, Nevada 89423

Mail Future Tax Statements To:

Anthony Howard & Erin Howard, Successor Co-Trustees  
1509 River Park Parkway  
Dayton, NV 89403

**AFFIDAVIT OF DEATH OF SURVIVING SETTLOR/TRUSTEE OF TRUST**

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS        )

ANTHONY HOWARD and ERIN HOWARD, being of legal age, and being of sound mind and body, hereby swear (or affirm) under penalty of perjury, that the following is true of their own personal knowledge:

That JUANITA E. QUYE, the Decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as JUANITA E. QUYE, Surviving Settlor and Trustee of the *Quye Family Living Trust, dated November 8, 1989*, and any amendments thereto (hereinafter: the Trust) and named as one of the grantees in that certain Grant, Bargain and Sale Deed dated April 14, 2004, and recorded on April 14, 2004, as Document No. 317095 of Official Records of Carson City, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 1790 Ridgeway Court, Carson City, Nevada, and more precisely described as:

**LOT 351, AS SHOWN ON THE OFFICIAL MAP OF MOUNTAIN PARK  
SUBDIVISION UNIT NO. 6, A PORTION OF NORTHRIDGE SUBDIVISION,  
RECORDED IN THE OFFICE OF THE CARSON CITY RECORDER, STATE  
OF NEVADA ON APRIL 12, 1996 IN BOOK 8 OF MAPS, PAGE 2164, AS  
FILE NO. 187879, OF OFFICIAL RECORDS.**

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant, Bargain and Sale Deed recorded as Document No. 317095 of Official Records of Carson City, State of Nevada, on April 14, 2004.


The Trust was in effect at the date of death of Decedent and has not been revoked.


We, ANTHONY HOWARD and ERIN HOWARD, shall forthwith serve as Successor Co-Trustees of the *Quye Family Living Trust, dated November 8, 1989*, and any amendments thereto.

We, ANTHONY HOWARD and ERIN HOWARD, declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: July 28, 2021.

*Quye Family Living Trust, dated November 8, 1989*

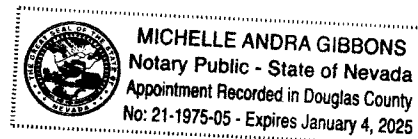
  
ANTHONY HOWARD, Successor Co-Trustee

  
ERIN HOWARD, Successor Co-Trustee

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS    )

On July 28, 2021, before me a notary public, personally appeared ANTHONY HOWARD and ERIN HOWARD, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that he and she executed it.

  
Notary Public



UNOFFICIAL COPY

## EXHIBIT 1

APN: 002-594-11

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*Certified Copy of Certificate of Death, State of Nevada, Juanita E. Quye, Deceased*

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# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4219071

**CERTIFICATE OF DEATH****2021014863**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK  DECEDECENT  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>Juanita Ellen QUYE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 16, 2021</b>		3a. COUNTY OF DEATH <b>Carson City</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address and number) <b>Carson Tahoe Care Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>		
	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE - Last birthday (Years) <b>93</b>		
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 14, 1927</b>		
9a. STATE OF BIRTH (If not US/CA name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>18</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>	
13. SOCIAL SECURITY NUMBER <b>9544</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>EDUCATION</b>		15a. INSIDE CITY LIMITS (Specify Yes or No) <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>370 Snow Court</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Paul Otis NELSON</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Gwendolyn Amy YOUTSEY</b>			
18a. INFORMANT - NAME (Type or Print) <b>Anthony Edward HOWARD</b>				18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1509 River Park PKWY 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>DENISE PORTILLO</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD872</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N. Curry Street Carson City NV 89703</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>MARK D CANTY MD</b> 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) <b>June 24, 2021</b>				21c. HOUR OF DEATH <b>12:17</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Mark D Canty MD 1495 Mill Street Reno, NV 89502</b>						23b. LICENSE NUMBER <b>15475</b>	
24a. REGISTRAR (Signature) <b>SHANA S RHINEHART</b> SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 25, 2021</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							
(a) <b>Acute On Chronic Diastolic Congestive Heart Failure</b>							
DUE TO, OR AS A CONSEQUENCE OF							
(b) <b>Unknown Etiology</b>							
DUE TO, OR AS A CONSEQUENCE OF							
(c) <b></b>							
DUE TO, OR AS A CONSEQUENCE OF							
(d) <b></b>							
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.						26. AUTOPSY (Specify Yes or No) <b>No</b>	
28a. ACC, SUICIDE, HOMICIDE, 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			

000881454

**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.

DATE ISSUED:

**7/27/2021**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

