

LINCOLN COUNTY, NV

2023-166300

\$37.00

Rec:\$37.00

11/29/2023 12:58 PM

TITLE DEEDS & NEEDS, LLC

Pgs=3 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

APN NO.: 001-091-28

RECORDING REQUESTED BY:  
TITLE DEEDS & NEEDS, LLC WHEN

RECORDED MAIL TO AND  
MAIL TAX STATEMENTS TO:  
RALPH R. STEVER  
P.O. BOX 50257  
HENDERSON, NV 89016

File No. 23-647

**AFFIDAVIT – DEATH OF TRUSTEE**

STATE OF NEVADA  
COUNTY OF LINCOLN

} ss:

RALPH R. STEVER, being of legal age, and being first duly sworn, deposes and says:

1. That the decedent, KEITH STEVER, mentioned in the attached certified copy of the Certificate of Death is the same person(s) named as the Trustee(s) in that certain KEITH STEVER & MARYANNA STEVER REVOCABLE TRUST, Dated June 1, 2000, executed by, KEITH STEVER AND MARYANNA STEVER, as Trustors.
2. That I, RALPH R. STEVER, am named and appointed as "Successor Trustee" under the terms of the above referenced Trust, which Trust was in effect at the time of the death of the Decedent set out herein, and which Trust is still in full force and effect, having not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
3. That there is no outstanding, unpaid Federal Estate Tax as a result of death of the said decedent.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Executed on NOVEMBER 29, 2023 at LINCOLN, Nevada.

*Ralph R. Stever*

RALPH R. STEVER, Successor Trustee

STATE OF NEVADA  
COUNTY OF LINCOLN

} ss:

This instrument was acknowledged before me on NOVEMBER 29, 2023  
By: RALPH R. STEVER.

*Hannah Lytle*

Notary Public



Notarized using audio-visual communication.

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

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4311143

**CERTIFICATE OF DEATH**

**2022025058**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

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)<br><b>Keith Russell STEVER</b>                                                                                                                                                                                                                                   |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>October 13, 2022</b>                                                             |                                                                                                                                                                     | 3a. COUNTY OF DEATH<br><b>Washoe</b>                                                                                  |                                                                                                               |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Reno</b>                                                                                                                                                                                                                                                           |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)<br><b>Atria Summit Ridge</b>           |                                                                                                                                                                     | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)<br><b>Assisted Living Facility</b>                 |                                                                                                               |
| 5. RACE (Specify)<br><b>White</b>                                                                                                                                                                                                                                                                             |  | 6. Hispanic Origin? Specify<br><b>No - Non-Hispanic</b>                                                               |                                                                                                                                                                     | 7a. AGE-Last birthday (Years)<br><b>87</b>                                                                            |                                                                                                               |
| 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>Nevada</b>                                                                                                                                                                                                                                              |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>                                                                   |                                                                                                                                                                     | 10. EDUCATION<br><b>16</b>                                                                                            |                                                                                                               |
| 13. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>                                                                                                                                                                                                                                                               |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)                                                         |                                                                                                                                                                     | 14b. KIND OF BUSINESS OR INDUSTRY                                                                                     |                                                                                                               |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>                                                                                                                                                                                                                                                                       |  | 15b. COUNTY<br><b>Washoe</b>                                                                                          |                                                                                                                                                                     | 15c. CITY, TOWN OR LOCATION<br><b>Reno</b>                                                                            |                                                                                                               |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Ralph Verne STEVER</b>                                                                                                                                                                                                                              |  | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Emma Christine RUSSELL</b>                                  |                                                                                                                                                                     | 15d. STREET AND NUMBER<br><b>4880 Summit Ridge Dr</b>                                                                 |                                                                                                               |
| 18a. INFORMANT- NAME (Type or Print)<br><b>Ralph Russell STEVER</b>                                                                                                                                                                                                                                           |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1140 Bridlewood Way Reno, Nevada 89509</b> |                                                                                                                                                                     | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>                                                             |                                                                                                               |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>                                                                                                                                                                                                                                          |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Truckee Meadows Crematory</b>                                                 |                                                                                                                                                                     | 19c. LOCATION City or Town State<br><b>Sparks Nevada 89431</b>                                                        |                                                                                                               |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>HARRISON CODY BILLIAN</b>                                                                                                                                                                                                                  |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD943</b>                                                                  |                                                                                                                                                                     | 20c. NAME AND ADDRESS OF FACILITY<br><b>Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502</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)<br><b>SIGNATURE AUTHENTICATED KELLE L BROGAN MD</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)<br><b>October 13, 2022</b>                                                                                                                                                                                                                                                       |  |                                                                                                                       | 21c. HOUR OF DEATH<br><b>08:23</b>                                                                                                                                  |                                                                                                                       |                                                                                                               |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)                                                                                                                                                                                                                                      |  |                                                                                                                       | 22b. DATE SIGNED (Mo/Day/Yr)                                                                                                                                        |                                                                                                                       |                                                                                                               |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Kelle L Brogan MD 1155 Mill St Reno, NV 89502</b>                                                                                                                                     |  |                                                                                                                       | 23b. LICENSE NUMBER<br><b>6000</b>                                                                                                                                  |                                                                                                                       |                                                                                                               |
| 24a. REGISTRAR (Signature)<br><b>KATHERINE J SULLIVAN</b>                                                                                                                                                                                                                                                     |  |                                                                                                                       | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>October 25, 2022</b>                                                                                              |                                                                                                                       | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br>PART I<br>(a) <b>Malignant Neoplasm Of The Head of the Pancreas With Local Extension To Other Sites</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b) DUE TO, OR AS A CONSEQUENCE OF:<br>(c) DUE TO, OR AS A CONSEQUENCE OF:<br>(d) |  |                                                                                                                       |                                                                                                                                                                     |                                                                                                                       |                                                                                                               |
| 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)<br><b>No</b>                                                                                                                                                                                                                                                                  |  |                                                                                                                       |                                                                                                                                                                     |                                                                                                                       |                                                                                                               |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</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                                                                 |                                                                                                               |



000485424

**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.

DEPUTY REGISTRAR

**SIGNATURE AUTHENTICATED**

DATE ISSUED:

**10/25/2022**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**EXHIBIT "A"**

**A PORTION OF LAND SITUATE WITHIN SECTION 22, TOWNSHIP 1 NORTH, RANGE 67 EAST, MOUNT DIABLO MERIDAN, TOWN OF PIOCHE, COUNTY OF LINCOLN, NEVADA, USA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:**

**ALL OF PARCEL 2 AS SHOWN ON THAT CERTAIN MERGER AND REPARCEL MAP FOR KEITH AND MARYANNA STEVER REVOCABLE TRUST DATED JUNE 1, 2000, FILED IN THE LINCOLN COUNTY NEVADA RECORDERS OFFICE AS DOCUMENT NO. 129028, ALSO KNOWN AS BOOK C, PAGE 338 OF MAPS.**

**EXCEPTING THEREFROM THE FOLLOWING ADJUSTED LANDS: BEGINNING AT THE CORNER COMMON WITH SOUTHEAST PARCEL 3, AND NORTHEAST CORNER PARCEL 2, OF THE AFOREMENTIONED MERGER AND REPARCEL MAP; THENCE N66°20'52"W, 18.29 FEET TO AN ARTISAN 1.5" DIAMETER ALUMINUM MONUMENT STAMPED ARTISAN PLS 9677; THENCE N83°45'36"W, 72.54 FEET TO AN ARTISAN MONUMENT; THENCE N89°10'24"W, 38.20 FEET TO THE COMMON CORNER SOUTHWEST PARCEL 2, AND NORTHWEST PARCEL 1, OF THE AFOREMENTIONED MERGER AND REPARCEL MAP; THENCE CONCIDENT WITH SAID MAP THE FOLLOWING TWO (2) COURSES; N06°25'28"E, A DISTANCE OF 54.31 FEET; THENCE S60°02'06"E, A DISTANCE OF 139.78, TO THE POINT OF BEGINNING**