

LINCOLN COUNTY, NV

2023-166301

\$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, MARYANNA 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 Trustees.
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at the time of the death of the Decedent set out herein, and which Trust is still in full force and effect, having not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.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. 4370835

CERTIFICATE OF DEATH

2023020608
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) Maryanna Davis STEVER		2. DATE OF DEATH (Mo/Day/Year) September 16, 2023		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 30, 1933		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 4880 Summit Ridge Dr #114		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Carl DAVIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna Justine PICKLE		
18a. INFORMANT- NAME (Type or Print) Katheryn Jane FUSS			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3720 Boulder Ct Reno, Nevada 89509		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ROBYN DONAVON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1004		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation And Burial 616 South Wells Avenue Reno Nv 89502	
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) COREY ALAN MATZKANIN APRN 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) September 20, 2023		21c. HOUR OF DEATH 22:00		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) Corey Alan Matzkanin APRN 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 849173	
24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 2023		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) Nontraumatic Acute Intraparenchymal Hemorrhage				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Chronic Warfarin Anticoagulation				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Chronic Atrial Fibrillation				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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. Essential Hypertension, Coronary Artery Disease				26. AUTOPSY (Specify Yes or No) No	
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) NATURAL		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	

000525456 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.

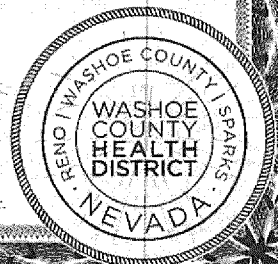
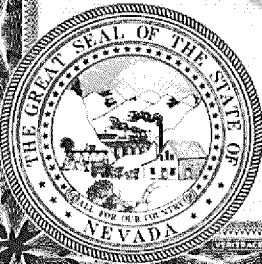
9/22/2023

-DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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