

DOC # 848675  
08/27/2014 03:21PM Deputy: SG  
OFFICIAL RECORD

Requested By:  
First American Title Mindel  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-814 PG-6437 RPTT: 0.00



APN# 1220-09-410-025

Recording Requested by:  
Name: First American Title Insurance Company  
Address: 1663 US Highway 395, Suite 101  
City/State/Zip: Minden, NV 89423  
Order Number: 143-2469813 RT

Affidavit- Death of Trustee  
(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440380  
(State specific law)

R. Thompson Recorder  
Signature Title  
R. Thompson  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Mark Robert Josifko  
1906 Catherine Ct  
Gardnerville, NV 89410

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-09-410-025**

File No.: 143-2469813 (Rt)

**Affidavit - Death of Trustee**

State of Nevada )  
 )ss.  
County of Douglas )

**Mark Robert Josifko** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Colleen J. Josifko** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **7-13-06** at **Carson City, Carson City** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **June 13, 2000** executed by **Frank J. Josifko and Colleen J. Josifko** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Warranty Deed** dated **6-13-00** which was recorded as Instrument No. **0500771** in Book **1000**, Page **0583**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**LOT 25, AS SHOWN ON THE FINAL MAP OF SILVERANCH UNIT 1-A, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 3, 1994, IN BOOK 194, PAGE 256, AS DOCUMENT NO. 326668.**



- 4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: August 22, 2014

**DECLARANT:**

  
**Mark Robert Josifko, Successor Trustee**

State of Nevada )  
 )ss  
 County of Douglas )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 26 day of August, 20 14 by Mark Robert Josifko, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature Rishele L. Thompson



My Commission Expires: 4-10-2015

Notary Name: Rishele L. Thompson Notary Phone: 775-782-5411  
 Notary Registration Number: 99-54931-5 County of Principal Place of Business Douglas

STATE OF NEVADA  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES**

DIVISION OF HEALTH  
 VITAL STATISTICS



BK 814  
 PG-6440

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STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

TYPE OR PRINT IN PERMANENT BLACK INK  
 CEDENT  
 DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF CERTIFICATE ITEMS  
 PRESENTS  
 POSITION  
 CERTIFIER  
 CONDITIONS ANY OTHER GAVE TO IMMEDIATE USE OF THE DYING USE LAST  
 USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Colleen Jennifer JOSIFKO		2. July 13, 2006		3a. Carson City		COUNTY OF DEATH	
3b. Carson City		3c. Carson Tahoe Regional Healthcare		3e. Inpatient		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		UNDER 1 YEAR UNDER 1 DAY	
5. White		6.		7a. 70		7b. : 7c. :	
8. October 19, 1935		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Missouri		9b. U.S.A.		10. 12 Years		11. Married	
12. Frank Josifko		SURVIVING SPOUSE (If wife, give maiden name)		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. ██████████-9905		14a. Homemaker		14b. Own Home		KIND OF BUSINESS OR INDUSTRY	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. Silver Ranch Rd.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. James Oliver Moore		17. Edith King		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Frank Josifko - Husband		18b. 1008 Silver Ranch Rd. Gardnerville, Nevada 89460		BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Eastside Memorial Park		19c. Minden, Nevada		LOCATION City or Town State	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		FitzHenry's Carson Valley Funeral	
20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.		<i>[Signature]</i>		<i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 7/17/06		21c. 0245		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d.		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
22d. ON		22e. AT		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. John Kelly M.D., 2874 N. Carson St. #210, Carson City, NV 89706		23b. 6376		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. July 18, 2006		DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		(a) Esophageal Cancer		Interval between onset and death		3 months	
PART I		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(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			
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)		26. No	
27. No		WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR

No. 338588

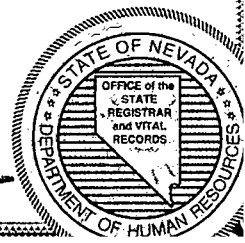
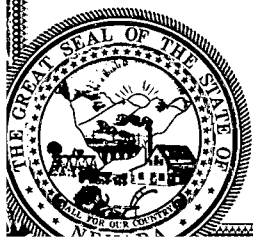
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CERTIFIED COPY OF VITAL RECORDS

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: JUL 18 2006

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



*[Signature]*  
 STATE REGISTRAR