



KAREN ELLISON, RECORDER

**APN: 1220-09-413-010**  
**R.P.T.T. #**

**WHEN RECORDED RETURN TO:**  
Schulze Law Group  
140 West Huffaker Lane, Suite 510  
Reno, NV 89511

**GRANTEE – Mail Tax Statements To:**  
Katharine Sufka  
1027 Silveranch Drive  
Gardnerville, NV 89460

**AFFIDAVIT OF SUCCESSOR TRUSTEE**  
TITLE OF DOCUMENT

**Please complete Affirmation Statement below:**

- I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B 030)
- I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law NRS 440.380(i)(a)

(State specific law)

\_\_\_\_\_  
Signature (Print name under signature)  
MELISSA HARTMAN

**APN: 1220-09-413-010**  
**RECORDING REQUESTED BY:**  
Schulze Law Group  
140 West Huffaker Lane, Suite 510  
Reno, NV 89511

**WHEN RECORDED MAIL TO:**  
Schulze Law Group  
140 West Huffaker Lane, Suite 510  
Reno, NV 89511

**MAIL TAX STATEMENTS TO:**  
Katharine Sufka  
1027 Silveranch Drive  
Gardnerville, NV 89460

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## AFFIDAVIT OF SUCCESSOR TRUSTEE

I, KATHARINE SUFKA, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated June 17, 2010 JAMES P. SUFKA and KATHARINE SUFKA executed the SUFKA LIVING TRUST as amended ("Trust").
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of JAMES P. SUFKA.
- (3) JAMES P. SUFKA died on August 25, 2015 at Reno, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
- (5) The following described real property is part of the trust estate: See **Exhibit "A"** attached.
- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.
- (7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

Executed on October 28, 2015, at Reno, Nevada.

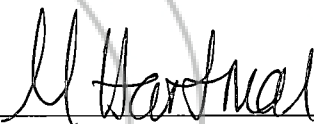
  
KATHARINE SUFKA

On October 28, 2015 before me, MELISSA HARTMAN a Notary Public, in and for said County and State personally appeared **KATHARINE SUFKA** who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the persons, or entity upon behalf on which the person acted, executed the instrument.

I certify under PENALTY OF PURJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



  
\_\_\_\_\_  
Notary Public

MY Commission Expires: 12/26/2017

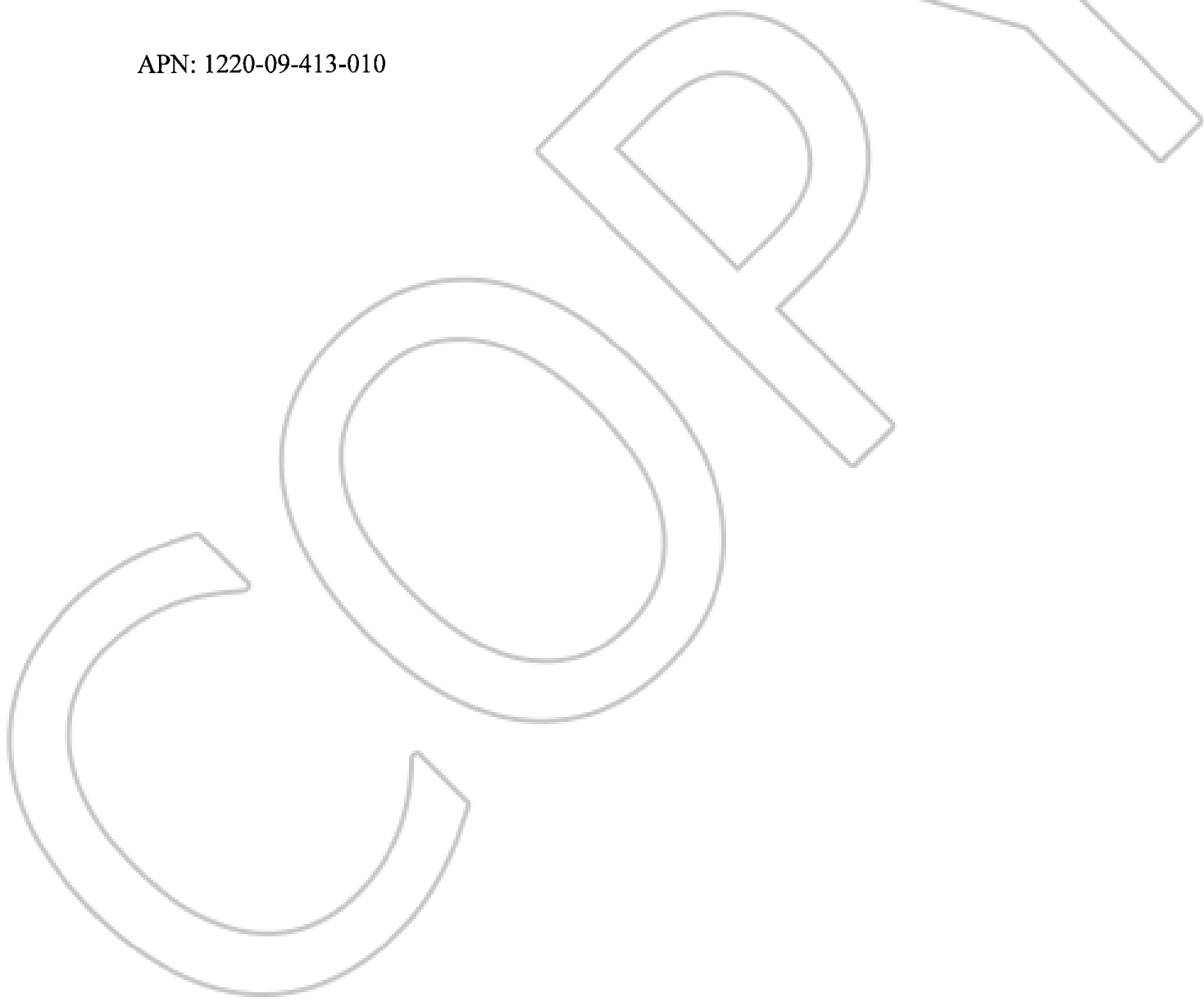
**“MAIL TAX STATEMENT” – SAME AS ABOVE**

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

The land referred to herein is situated in the State of Nevada, County of Douglas City of GARDNERVILLE described as follows:

Lot 10, as shown on the Final Map of SILVERANCH UNIT 2-A, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 2, 1994, in Book 994, Page 342, as Document No. 345409.

APN: 1220-09-413-010



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

2015014919  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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>James Peter SUFKA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 25, 2015</b>		3a COUNTY OF DEATH <b>Washoe</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) <b>Life Care Center</b>		3e If Hosp or Inst indicate DOA,OP,Emer. Rm Inpatient(Specify) <b>Nursing Home</b>	
4 SEX <b>Male</b>		5 RACE <b>White</b> (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) <b>67</b>		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) <b>April 12, 1948</b>		9a STATE OF BIRTH (if not U.S.A.) <b>Minnesota</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12 SURVIVING SPOUSE (Maiden name) <b>Katharine ALLEN</b>	
13 SOCIAL SECURITY NUMBER <b>██████████-8602</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Dealer</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Casino</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d STREET AND NUMBER <b>1027 Silveranch Dr</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Henry Louis SUFKA</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Alma Regina WEISZ</b>		
18a. INFORMANT - NAME (Type or Pnnt) <b>Kathy SUFKA</b>		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1027 Silveranch Dr Gardnerville, Nevada 89460</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>BLAKE HOWE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>622</b>		20c NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</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>DAVID JULIAN</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>August 27, 2015</b>		21c HOUR OF DEATH <b>16 35</b>		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pnnt)		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 Pnnt) <b>DAVID JULIAN 445 Holcomb Ranch Lane Reno, NV</b>				23b LICENSE NUMBER <b>11920</b>	
24a REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 02, 2015</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))				Interval between onset and death	
PART I					
(a) <b>Cardiac Arrest</b>				Interval between onset and death	
(b) <b>DUE TO, OR AS A CONSEQUENCE OF Respiratory Failure</b>				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF Devistating Ischemic Stroke</b>				Interval between onset and death	
(d) <b>DUE TO, OR AS A CONSEQUENCE OF Cause Otherwise Unknown</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				26 AUTOPSY (Specify Yes or No) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a ACC, SUICIDE, HOMICIDE, UNDETERMINED 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	

STATE REGISTRAR

3849662

595123

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

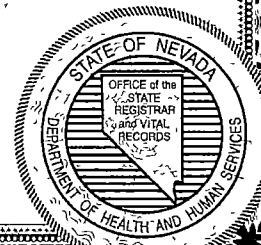
DATE ISSUED

9/8/2015

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

*Rand Whitt*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE