

APN# 1420-33-701-006



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Rosemarie Bozulich

Address: 4249 Ponderosa Dr

City/State/Zip: Carson City, NV 89701

Mail Tax Statements to:

Name: Rosemarie Bozulich

Address: 4249 Ponderosa Dr,

City/State/Zip: Carson City, NV 89701

Affidavit of Death of Trustee

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Rosemarie Bozulich  
Signature

Rosemarie Bozulich  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

Recording requested by:  
Rosemarie Bozulich  
4249 Ponderosa Dr.  
Carson City, NV 89701

And when recorded, mail to:  
Rosemarie Bozulich  
4249 Ponderosa Dr.  
Carson City, NV 89701

APN: 1420-33-701-006

### AFFIDAVIT OF DEATH OF TRUSTEE

Rosemarie Bozulich states:

1. Mary Rose Bozulich, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Mary Rose Bozulich named as Trustee in the Declaration of Trust executed by Mary Rose Bozulich as Grantor and Trustee.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property described in a Deed which was executed by Mary Rose Bozulich as Grantor on January 22, 2002, and recorded in on February 6, 2002, as Document No. 2002-534151, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
4. "Parcel B. as shown on the Parcel Map for John T. and Gary Bidwell, filed in the County Recorder's Office of Douglas County, Nevada, on July 20, 1976, in Book 776 of Official Record as Page 1023."
5. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of death of the decedent mentioned in paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
6. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

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

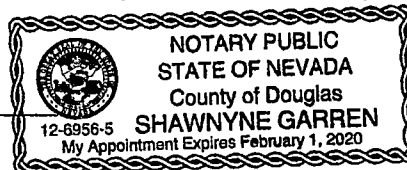
Dated 8/8/16

Rosemarie Bozulich  
Rosemarie Bozulich

State of Nevada  
County of Douglas

Subscribed and sworn to me (or affirmed) before me on this 8 day of August, 2016, by Rosemarie Bozulich, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature Shawnyne Garren



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3873967

2016000857
STATE FILE NUMBER

Form containing fields for: 1a. DECEASED-NAME (Mary Rose BOZULICH), 2. DATE OF DEATH (January 04, 2016), 3a. COUNTY OF DEATH (Washoe), 3b. CITY, TOWN, OR LOCATION OF DEATH (Reno), 3c. HOSPITAL OR OTHER INSTITUTION (Reed Manor Residential Care Facility), 4. SEX (Female), 5. RACE (White), 6. Hispanic Origin (No), 7a. AGE (84), 7b. UNDER 1 YEAR (MOS, DAYS, HOURS, MINS), 8. DATE OF BIRTH (June 02, 1931), 9a. STATE OF BIRTH (California), 9b. CITIZEN OF WHAT COUNTRY (United States), 10. EDUCATION (12), 11. MARITAL STATUS (Widowed), 12. SURVIVING SPOUSE'S NAME, 13. SOCIAL SECURITY NUMBER (6938), 14a. USUAL OCCUPATION (Secretary), 14b. KIND OF BUSINESS OR INDUSTRY (Casino), 15. Ever in US Armed Forces? (No), 15a. RESIDENCE - STATE (Nevada), 15b. COUNTY (Washoe), 15c. CITY, TOWN OR LOCATION (Reno), 15d. STREET AND NUMBER (10515 Kenai Drive), 15e. INSIDE CITY LIMITS (Yes), 16. FATHER/PARENT - NAME (Victor M TAMBOROVICH), 17. MOTHER/PARENT - NAME (Rose TAMBOROVICH), 18a. INFORMANT - NAME (Nick BOZULICH), 18b. MAILING ADDRESS (445 La Rue #1 Reno, Nevada 89509), 19a. BURIAL, CREMATION, REMOVAL, OTHER (Cremation), 19b. CEMETERY OR CREMATORY - NAME (La Paloma Reno), 19c. LOCATION (Reno Nevada), 20a. FUNERAL DIRECTOR - SIGNATURE (DUSTIN OLSON), 20b. FUNERAL DIRECTOR LICENSE NUMBER (779), 20c. NAME AND ADDRESS OF FACILITY (La Paloma Reno, 5301 Longley Lane Suite E-180 Reno NV 89511), 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) (KAREN S McDERMOTT M.D.), 21b. DATE SIGNED (January 20, 2016), 21c. HOUR OF DEATH (03:13), 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 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), 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD (January 22, 2016), 22e. PRONOUNCED DEAD AT (Hour), 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Karen S McDermott M.D., 1625 E Prater Way Sparks, NV 89434), 23b. LICENSE NUMBER (6450), 24a. REGISTRAR (Signature) (BRIDGES SANDI), 24b. DATE RECEIVED BY REGISTRAR (January 22, 2016), 24c. DEATH DUE TO COMMUNICABLE DISEASE (YES NO), 25. IMMEDIATE CAUSE (PART I) (Alzheimers), 25. IMMEDIATE CAUSE (PART II) OTHER SIGNIFICANT CONDITIONS, 26. AUTOPSY (Specified Yes or No) (No), 27. WAS CASE REFERRED TO CORONER (Specified Yes or No) (Yes), 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

STATE REGISTRAR

618260

CERTIFIED COPY OF VITAL RECORDS

Cody Phinney

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:

MAR 04 2016

STATE REGISTRAR

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

VRS-Rev-20120523a

