

WHEN RECORDED MAIL TO:

The Ewald D. Pyzel Trust dated April 17, 1991, Robert Pyzel, Successor Trustee

1237 Calico Street
Carson City, NV 89701

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01705686RLT

APN No.: 1320-33-718-007

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada

County of ~~Douglas~~ ^{Washoe}

Robert D. Pyzel, being duly sworn, deposes and says:

1. Donna J. . Pyzel, the decedent mentioned in attached copy of Certificate of Death, is the same person as Donna J.. Pyzel named as one of the trustee(s) in that certain Grant Deed dated 12-26-13, executed by Donna J. Pyzel to The Ewald D. Pyzel trust dated April 17, 1991, Donna J. Pyzel, Successor Trustee recorded on 1-10-14 as instrument number 0836588, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Robert D. Pyzel, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.


Dated: 11/29/2017


Robert D. Pyzel
Robert D. Pyzel, Successor Trustee

STATE OF NEVADA }
COUNTY OF ~~DOUGLAS~~ ^{Washoe} } SS:

This instrument was acknowledged before me on Nov 29, 2017
by Robert D. Pyzel

Tyler Macaluso
NOTARY PUBLIC

 **TYLER MACALUSO**
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 16-3876-2 - Expires October 14, 2020

 **TYLER MACALUSO**
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 16-3876-2 - Expires October 14, 2020

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3971372

CERTIFICATE OF DEATH

2017014874

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) Donna Jean PYZEL		2. DATE OF DEATH (Mo/Day/Year) August 07, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOSES DAYS HOURS MINS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 30, 1930		9a. STATE OF BIRTH (if not US/CA, name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 8409		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1378 Hastings Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Dell WILCOX			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Violet GUNN		
18a. INFORMANT- NAME (Type or Print) Ann CASAUS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1327 Windsor Dr Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL		20b. FUNERAL DIRECTOR LICENSE NUMBER FD884		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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. (Signature & Title) TREVOR PHAN MD					
21b. DATE SIGNED (Mo/Day/Yr) August 09, 2017		21c. HOUR OF DEATH 01:36		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
22a. PRONOUNCED DEAD (Mo/Day/Yr)		22b. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Trevor Phan MD 801 W Williams Ave Fallon, NV 89406	
23b. LICENSE NUMBER 12765		24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 10, 2017	
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) Acute Hypoxic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Pulmonary Edema DUE TO, OR AS A CONSEQUENCE OF: (c) Severe Aortic Stenosis DUE TO, OR AS A CONSEQUENCE OF: (d) Hypertension			
Interval between onset and death Days		Interval between onset and death Days		Interval between onset and death Months	
Interval between onset and death Years		26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)	
26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a. 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

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

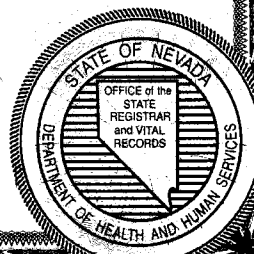
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

'AUG 22 2017

[Signature]
STATE REGISTRAR

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



Order No.: 01705686-RLT

EXHIBIT A

All that certain real property situate in the City of Gardnerville, County of Douglas, State of Nevada, described as follows:

Lot 11, in Block B, as shown on the Final Subdivision Map No. 1006-10 of CHICHESTER ESTATES PHASE 10, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 25, 2002, in Book 0402, Page 7623, as Document No. 540511.

APN: 1320-33-718-007

