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Natalia K. Vander Laan, Esq.

**A.P.N.: 1219-15-001-081**



KAREN ELLISON, RECORDER

**Recording Requested By:** )  
Vander Laan Law Firm, LLC )  
1624 10<sup>th</sup> St, Suite 3 )  
Minden, NV 89423 )

**When Recorded Mail to:** )  
Vander Laan Law Firm, LLC )  
1624 10<sup>th</sup> St, Suite 3 )  
Minden, NV 89423 )

**Mail Tax Statements to:** )  
Robert Mikel Kortan, Trustee )  
989 Bollen Circle )  
Gardnerville, Nevada 89460 )

**AFFIDAVIT – DEATH OF CO-TRUSTEE**

STATE OF NEVADA )  
 ) : ss  
COUNTY OF Douglas )

I, ROBERT MIKEL KORTAN, of legal age, being first dully sworn, declare under penalty of perjury that:

JOANNE KORTAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Joanne Kortan named as Co-Trustee in the Declaration of Trust executed on January 15, 2010, by Robert Mikel Kortan and Joanne Kortan as Grantors.

JOANNE KORTAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Joanne Kortan, named as one of the parties in that certain deed dated January 15, 2010, and executed by Robert M. Kortan, also known as Robert Mikel Kortan, and Joanne Kortan, husband and wife, as joint tenants with right of survivorship, to Robert Mikel Kortan and Joanne Kortan, Co-Trustees of Kortan Family Trust U/D/T January 15, 2010, recorded on February 18, 2010, as Document No. 0758956, in Book 0210, Page 3793, of the Official Records

of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 20, as shown on the official map of SHERIDAN ACRES UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada on June 8, 1966, in Book 41, page 192, as Document No. 32186.

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainders, rents, issues and profits thereof.

Joanne Kortan, the deceased Co-Trustee, died on November 22, 2017, as shown in the attached certified copy of Certificate of Death.

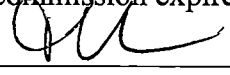
The Affiant is the spouse of the deceased Co-Trustee and the sole surviving Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such.

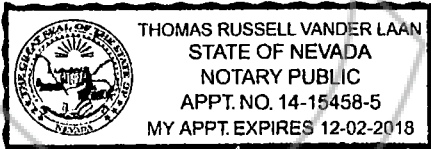
Executed on this 21<sup>st</sup> day of June, 2018, in Douglas County, State of Nevada.

  
\_\_\_\_\_  
ROBERT MIKEL KORTAN

Subscribed and sworn to before me this 21<sup>st</sup> day of June, 2018, by Robert Mikel Kortan.

My commission expires: 12/2/18.

  
\_\_\_\_\_  
NOTARY PUBLIC



This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3990177

**CERTIFICATE OF DEATH**

2017022034  
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>Joanne Marie KORTAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 22, 2017</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an <b>989 Bollen Circle</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>64</b>		7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 08, 1952</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Robert KORTAN</b>			
13. SOCIAL SECURITY NUMBER <b>0411</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Office Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Chiropractic</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>989 Bollen Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph KENDRICK</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ann PERCY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Robert KORTAN</b>		18b. MAILING ADDRESS (Street or R.P.D. No, City or Town, State, Zip) <b>989 Bollen Circle 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>CRAIG R COLEMAN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD921</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>	
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>DENVER J MILLER MD</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>November 28, 2017</b>		21c. HOUR OF DEATH <b>09:35</b>		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	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Denver J Miller MD 5538 Longley Lane Reno, NV 89511</b>		23b. LICENSE NUMBER <b>7330</b>			
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 28, 2017</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).) PART I (e) <b>Liver Cancer</b> Interval between onset and death <b>Months</b> DUE TO, OR AS A CONSEQUENCE OF: (b) Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (c) Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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



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:

12/6/2017

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

STATE REGISTRAR  
*[Signature]*

SIGNATURE AUTHENTICATED

