

The undersigned hereby affirms that this document submitted for recording does contain a social security number as required by NRS 440.380(1) (A) & NRS 40.525(5)



00092869201909306410030036

KAREN ELLISON, RECORDER

A.P.N. 1220-21-110-056

When Recorded Return to: Scott J. Heaton P.O. Box 605 Carson City, NV 89702

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF NEVADA )  
 ) ss.  
CARSON CITY )

ANGELA MARY KARMOWSKI (PETERS), Successor Trustee of the KNIAZIEWSKI FAMILY TRUST, RICHARD JOHN KNIAZIEWSKI having resigned as Successor Co-Trustee on June 13, 2019, of legal age, being duly sworn, deposes and says:

That NOREEN A. KNIAZIEWSKI, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as NOREEN A. KNIAZIEWSKI, Trustee of the KNIAZIEWSKI FAMILY TRUST, named as one of the parties in that certain Grant, Bargain, Sale Deed dated August 4, 2000, executed by WALTER KNIAZIEWSKI and NOREEN KNIAZIEWSKI to WALTER KNIAZIEWSKI and NOREEN A. KNIAZIEWSKI, Trustees, and their Successors, under THE KNIAZIEWSKI FAMILY TRUST U/D/T 08-04-00, recorded as Document Number 0505057 on December 15, 2000, of Official Records of Douglas County, Nevada, covering the following described 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. 4084664

**CERTIFICATE OF DEATH**

201901126  
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>Noreen Agnes KNAZIEWSKI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 29, 2019</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 or number) <b>762 Raab Court</b>		3e. If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
7d. UNDER 1 YEAR <b>DAYS</b>		7e. UNDER 1 DAY <b>MIN'S</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 25, 1928</b>	
9a. STATE OF BIRTH (If not US/CA name country) <b>Ireland</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>██████-4874</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of CREDIT COLLECTIONS MANAGER		14b. KIND OF BUSINESS OR INDUSTRY <b>ACCOUNTS RECEIVABLE</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>762 Raab Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>John HICKEY</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nora HOGAN</b>		
18a. INFOPMANT - NAME (Type or Print) <b>Angela PETERS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>614 Hickory Street Sugar Grove, Illinois 60554</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden NV 89423</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>DOUGLAS M MIDKIFF</b> <b>SIGNATURE AUTHENTICATED</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>June 14, 2019</b>		21c. HOUR OF DEATH <b>15:51</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>DOUGLAS M MIDKIFF</b> <b>SIGNATURE AUTHENTICATED</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>June 14, 2019</b>	
		22c. HOUR OF DEATH <b>15:51</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>May 29, 2019</b>	
		22e. PRONOUNCED DEAD AT (Hour) <b>15:51</b>			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Douglas M Midkiff P O Box 218 Minden, NV 89423</b>				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 14, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>Hypertensive Cardiovascular Disease</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF (d) <b></b> PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I <b>Atrial Fibrillation</b>				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, HOM. INDET 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	



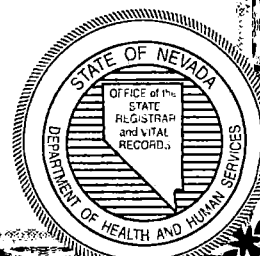
CERTIFIED COPY OF VITAL RECORDS

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: **6/14/2019**

*Lucy Shugart*  
**Interim Administrator**  
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE