

APN# : 1220-21-110-056

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Angela Mary Peters

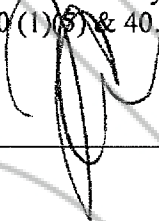
614 Hickory St

Sugar Grove, IL

60554

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Traci Adams

Escrow Officer

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT – DEATH OF TRUSTEE

Angela Mary Peters, of legal age, being first duly sworn, deposes and says:

1. Noreen A. Kniazowski, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Noreen A. Kniazowski named as Trustee in the Declaration of Trust dated 8/4/2000 and executed by Walter Kniazowski and Noreen A Kniazowski as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 762 Raab CtGardnerville, NV 89460, which property is described in a Deed which was executed by Walter Kniazowski and Noreen Kniazowski, husband and wife as joint tenants as Grantor(s) on August 4, 2000 and recorded September 15, 2000 as Instrument No. 0505057, in Book 1200, Page 2725, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

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

Lot 21, as set forth on the Final Map of TILLMAN ESTATES, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 12, 1994, in Book 494, at Page 2192, as Document No. 334956.

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. 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

7/1/19

Angela Mary Peters  
Angela Mary Peters, Successor Trustee

STATE OF NEVADA

}SS

COUNTY OF

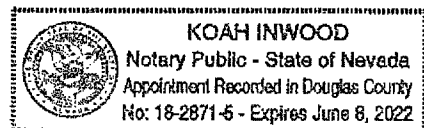
Douglas

This instrument was acknowledged before me on

July 1, 2019

By Angela Mary Peters.

[Signature]  
Notary Public



**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**

2019011126  
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

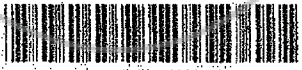
REGISTRAR

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</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 and number) <b>762 Raab Court</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>91</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>	
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>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John HICKEY</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nora HOGAN</b>		15d. STREET AND NUMBER <b>762 Raab Court</b>	
18a. INFORMANT - 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>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 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)			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)			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
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> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 14, 2019</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				Interval between onset and death	
(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)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 <b>Atrial Fibrillation</b>					
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	
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	

000773834



**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**

*Janey Shughart*  
**Interim Administrator**  
STATE REGISTRAR

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

