Printed Name

Suzanne Remington

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

APN: 1420-07-811-004

Recorded at the Request of: Heritage Law Group, A Division of Kalicki Collier, LLP 1625 Highway 88, Suite 304 Minden, Nevada 89423

Mail Future Tax Statements To: Kathleen Hull 3517 Vernal Court Merced, CA 95340

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF CALIFORNIA) : ss. COUNTY OF MERCED)

KATHLEEN HULL, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That CATHERINA MARTINOVICH, the decedent mentioned in the attached certified Certificate of Death issued by the State of Nevada, is the same person as CATHERINA MARTINOVICH, Settlor of the *Catherina Martinovich Trust Agreement*, dated May 27, 1999, and named as the grantee in that certain Grant, Bargain, Sale Deed dated May 27, 1999, executed by Catherina Martinovich, and recorded on June 2, 1999, as Document No. 0469396 in Book 0699, Page 0376, of Official Records of Douglas County, State of Nevada, which deed pertains to property situated at 989 Sunview Drive, Carson City, Nevada, more precisely described as:

Lot 22, in Block R, as set forth on the Final Map of Sunridge Heights, Phase 6A & 8A, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 1, 1995, Book 595, Page 1, as Document No. 361213 and by Certificate of Amendment recorded May 17, 1995, Book 595, Page 2588, as Document No. 362268, and also by Certificate of Amendment Recorded August 7, 1995, in Book 895, at Page 816, ad Document No. 367680.

Pursuant to NRS 111.312, the above legal description previously appeared the Grant, Bargain, Sale Deed recorded on June 2, 1999, as Document No. 0469396.

KATHLEEN HULL shall forthwith serve as sole Trustee of the Catherina Martinovich Trust Agreement, dated May 27, 1999.

I declare under penalty of perjury that the foregoing is true and correct.

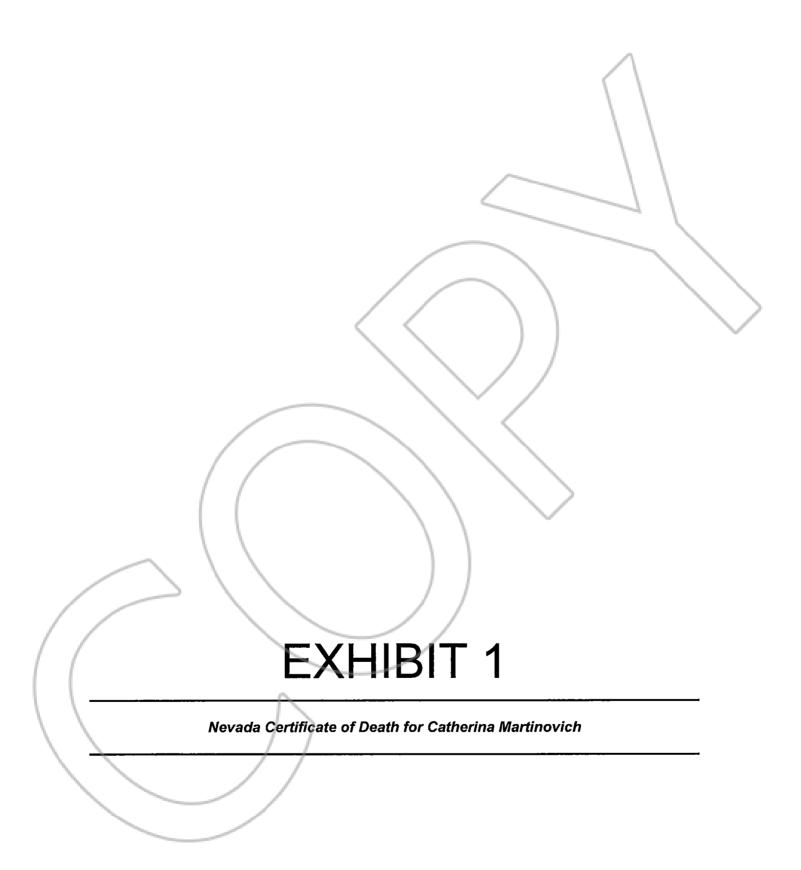
Date: 2/21/2020

KATHLEEN HULL, Successor Trustee/Trustee

[SEE ATTACHED CALIFORNIA ALL-PURPOSE NOTARY JURAT]



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of <u>Mercea</u> Subscribed and sworn to (or affirmed) before me on this 21st day of February, 2020, by Kathleen proved to me on the basis of satisfactory evidence to be the person(\$) who appeared before me. **DEANNA CHESNUT** Notary Public - California Merced County
Commission # 2262392
My Comm. Expires Oct 12, 2022 (Seal) Signature





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

) CASE F)LE NO. 4116642			CER	CERTIFICATE OF DEATH					201	0024796	-	
TYPE OR								2019024786 STATE FILE NUMBER				
PRINT IN PERMANENT	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Catherina						2, DATE OF DEATH (Mo/Day/Year)			3a. COUNTY OF DEATH		
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c, HOSPI		HOSDITAL OB OT	MARTINOVICH			November 26, 2019			Carson City		
	Carson City		imber)	(r) Carson Tahoe Regional Medical Center			street an 3	patient(Specify)		1 1	4. SEX	
DECEDENT							75 LINDER	Emerge	NOER 1 DAY	/ Outpatient 8. DATE OF BIRTH	Female	
	White		No - Non-Hispanic (Ye			92	MOS	DAYS HOU	RS MINS	July 10, 1927		
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not US/CA, 9b. CIT		TIZEN OF WHAT COUNTRY 10.EDUCATION			RITAL STATUS (Specify) 12. SURV			VING SPOUSE'S NAME (Last name prior to first matriage)			
HANDBOOK	Callionia		United States 12 SUAL OCCUPATION (Give Kind of Work Done During Most									
REGARDING COMPLETION OF RESIDENCE	5874		Post Office Worker			During Most of 14b. KIND OF					in US Armed s? Yes	
ITEMS	15a. RESIDENCE - STATE 15b. COUNTY		15c. CITY, TOWN OR LOCATION			15d, STR	STREET AND NUMBER 15e. INSIDE CITY LIMITS (Specify Yes					
\longrightarrow	Nevada	Carso		Carson C			unviev			or No.	Yes	
PARENTS	16. FATHER/PARENT - NAME	ist Suffix)					PARENT - NAME (First Middle Last Suffix)					
	18a. INFORMANT- NAME (Type	INOVICH					Katie SZAK					
	Kathle	,					mal Court Merced, California 95340					
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)			19b. CEMETERY OR CREMATORY - NAME				190	City or Town State			
DISPUSITION	Cremation			Sierra Crematory				Reno Nevada 89503				
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY LICENSE NUMBER Neptune Society of Reno											
	SIGNAT	TICATED	D FD870 5				890 S Virginia St. Suite 4-E Reno NV 89502					
TRADE CALL	TRADE CALL - NAME AND ADDRESS											
	21a. To the best of my kr		ccurred at the time, o	date and place and	1 A W					my opinion death occu	rred	
CERTIFIER	to the cause(s) stated (S	lar your or s	a RUTH				date and place and due to the cause(s) stated. (Signature & Title) RHINES SIGNATURE AUTHENTICATE)					
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) 21c. F			HOUR OF DEATH			TE SIGNED (Mo/Day/Yr) 22cd December 18, 2019			D. HOUR OF DEATH 15:00		
	ع الله 21d, NAME OF ATTEND	ING PHYSICIAN	IF OTHER THAN CE							PRONOUNCED DEAD AT (Hour)		
	은병 (Type or Print)	/						26, 2019		15:00		
	1238. NAME AND ADDRESS OF	YSICIAN ATTENDIN h Rhines 911	ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR 911 E Musser St. Carson City, NV 89) (Type or Print		23b. LICENSE NUMBER 9307			
REGISTRAR	24a. REGISTRAR (Signature)		E RAMIREZ		24b. DAT	E RECEIVE	BY REGI	754 487	4c. DEATH D	UE TO COMMUNIC	ABLE DISEASE	
	05 1141-751-75		URE AUTHENTIC		(Mo/Day/	Yr) Dece	mber 18	, 2019	YE	s 🔲 no [X	
CAUSE OF	25 IMMEDIATE CAUSE PART I Acute Ca	ENTER ONL'	y ONE CAUSE PER nary Arrest	LINE FOR (a), (b),	AND (c).)	\				Interval between	nset and death	
DEATH	DUE TO, OR A	-							I lotoprol bohvoor	anni and death		
CONDITIONS IF	(b) Atrial Fibrillation			1 1				Interval between onset			mset and death	
GAVE RISE TO IMMEDIATE	DUE TO, OR	ENCE OF:	., / /						Interval between onset and death			
CAUSE >	Chronic Diastolic Heart Failure											
UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (d) Chronic Obstructive Pulmonary Disease									Interval between onset and death		
_/ /	PART II OTHER SIGNIFICANT		7.	The same of the sa	esulting in the	e underlvina	cause give	n in Part 1.	26 AUTO	PSY (Specif 27. WAS	CASE	
/ /			The Real Property lies and the Personal Property lies and the	-	and the same of th		9/14		Yes or No	No (Specify	ED TO CORONER Yes or No) Yes	
1 /	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF IN	JURY (Mo/Day/Yr)	28c. HOUR OF IN.	JURY 28d	L DESCRIBE H	IOW INJURY	OCCURRED	!		1 U S	

000798095



CERTIFIED COPY OF VITAL RECORDS

28g. LOCATION

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.

28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)

DATE ISSUED:

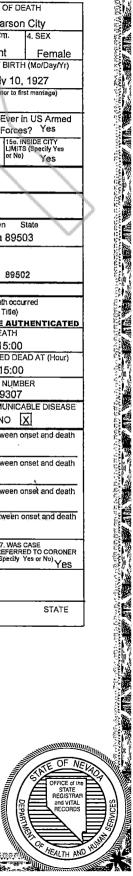
28e, INJURY AT WORK (Specify

12/20/2019

Administrator STATE REGISTRAR

STREET OR R.F.D. No.

CITY OR TOWN



STATE

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