

APN# 1420-07-811-004



00107487202009428650060062

KAREN ELLISON, RECORDER

**Recording Requested by/Mail to:**

Name: Heritage Law, A Division of Kalicki Collier LLP

Address: 1625 Highway 88, Ste 304

City/State/Zip: Minden, NV 89423

**Mail Tax Statements to:**

Name: Kathleen Hull

Address: 3517 Vernal Court

City/State/Zip: Merced, CA 95340

Affidavit of Death of Settlor/Trustee of Trust

**Title of Document** (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Suzanne Remington

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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 Merced

Subscribed and sworn to (or affirmed) before me on this 21st  
day of February, 2020, by Kathleen Hull

proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.



(Seal)

Signature Dea CA



# EXHIBIT 1

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*Nevada Certificate of Death for Catherina Martinovich*

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

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

CASE FILE NO. 4116642

**CERTIFICATE OF DEATH**

2019024786  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Catherina MARTINOVICH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 26, 2019</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) <b>Emergency Room / Outpatient</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>92</b>	
	7b. UNDER 1 YEAR MOS - DAYS		7c. UNDER 1 DAY HOURS - MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 10, 1927</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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>12</b>	
	11. MARITAL STATUS (Specify) <b>Never Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>5874</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
DISPOSITION	15d. STREET AND NUMBER <b>989 Sunview Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>John MARTINOVICH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Katie SZAK</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Kathleen HULL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3517 Vernal Court Merced, California 95340</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMAR R BEAULAC</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD870</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b>	
	20d. SIGNATURE AUTHENTICATED		20e. ADDRESS OF FACILITY <b>5890 S Virginia St. Suite 4-E Reno NV 89502</b>			
REGISTRAR	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) <b>RUTH RHINES</b>			
	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>December 18, 2019</b>	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>15:00</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>November 26, 2019</b>	
	22e. PRONOUNCED DEAD AT (Hour) <b>15:00</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Ruth Rhines - 911 E Musser St. Carson City, NV 89701</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>9307</b>		24a. REGISTRAR (Signature) <b>CELESTE RAMIREZ MUNOZ</b>			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 18, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) <b>Acute Cardiopulmonary Arrest</b>				Interval between onset and death	
PART II	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) <b>Atrial Fibrillation</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) <b>Chronic Diastolic Heart Failure</b>				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) <b>Chronic Obstructive Pulmonary Disease</b>				Interval between onset and death		
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., 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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE		

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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: 12/20/2019

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

*Janey Shughart*  
**Administrator**  
STATE REGISTRAR

