

*This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).*



ANDERSON, DORN & RADER, LTD.

**APN: 1320-30-612-012**

**RECORDING REQUESTED BY:**

Bryce L. Rader, Esq.  
Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**AFTER RECORDING MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**MAIL TAX STATEMENT TO:**

Judith Ann Lundin  
990 Bella Rosa Drive  
Minden, NV 89423

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, JUDITH ANN LUNDIN, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated November 10, 2005, DAVID I. LUNDIN and I executed the LUNDIN FAMILY TRUST (the "Trust").

(2) DAVID I. LUNDIN deceased on March 6, 2020, at Mesa, Arizona, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said DAVID I. LUNDIN.

(3) Said trust appointed me to serve as sole Trustee upon the death of DAVID I. LUNDIN.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.



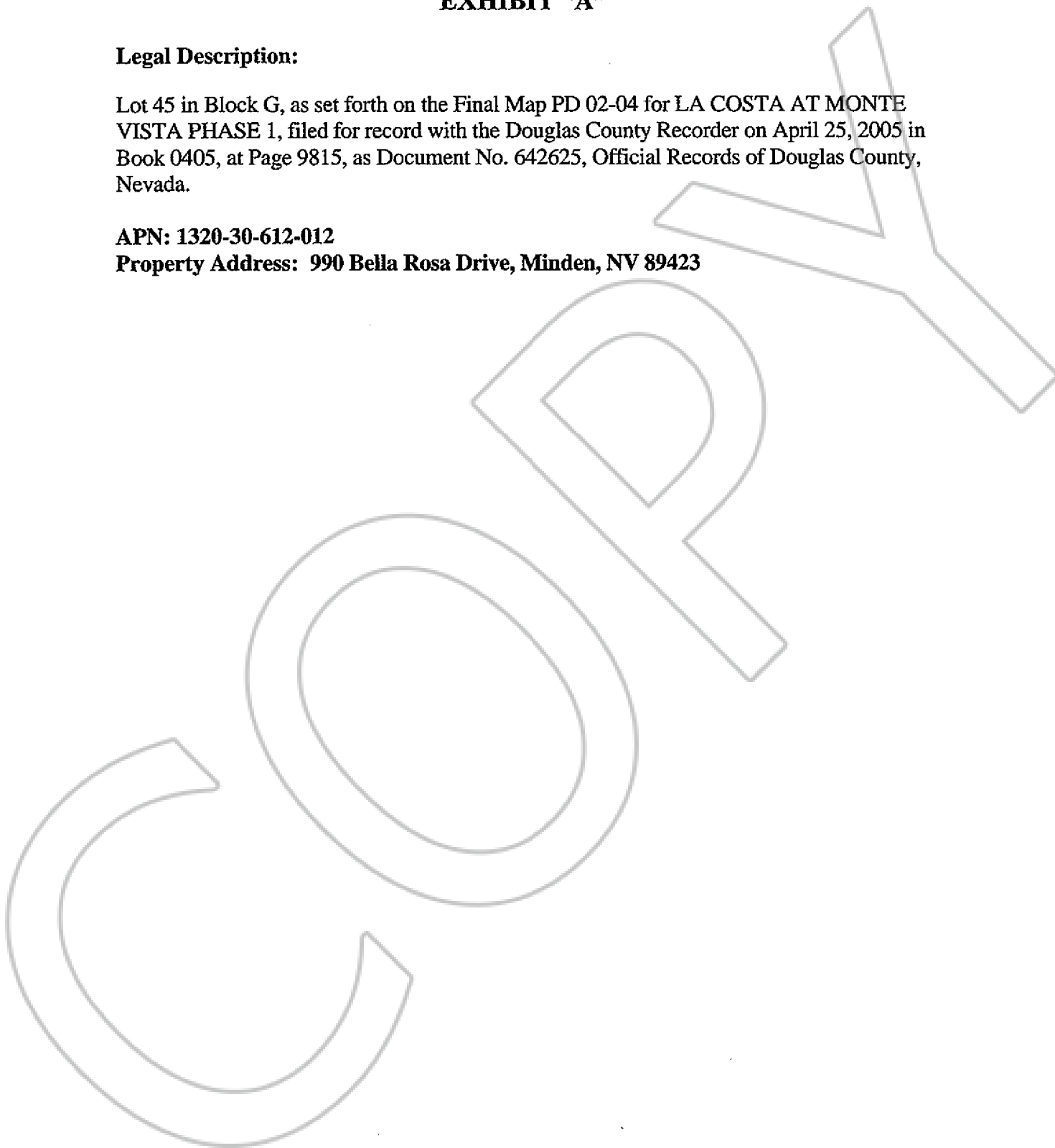
## **EXHIBIT "A"**

### **Legal Description:**

Lot 45 in Block G, as set forth on the Final Map PD 02-04 for LA COSTA AT MONTE VISTA PHASE 1, filed for record with the Douglas County Recorder on April 25, 2005 in Book 0405, at Page 9815, as Document No. 642625, Official Records of Douglas County, Nevada.

**APN: 1320-30-612-012**

**Property Address: 990 Bella Rosa Drive, Minden, NV 89423**



# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File Number  
102-2020-012125

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>DAVID, IRWIN, LUNDIN</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>03/06/2020</b>		
4. SEX <b>MALE</b>		5. SOCIAL SECURITY NUMBER <b>[REDACTED]-4599</b>		6. DATE OF BIRTH <b>07/04/1948</b>		
7. AGE <b>71 YEARS</b>		8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>MESA, MARICOPA, 85209</b>				
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>INPATIENT - MOUNTAIN VISTA MEDICAL CENTER</b>						
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>LEWISTOWN, MONTANA</b>		11. MARITAL STATUS <b>MARRIED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>JUDITH, ANN, LEAHEY</b>		
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>3400 S IRONWOOD DRIVE #48, APACHE JUNCTION, PINAL, AZ, 85120</b>						
14. DECEDENT'S HISPANIC ORIGIN(S) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S) <b>WHITE</b>		16. EVER IN ARMED FORCES <b>YES</b>		
17. OCCUPATION <b>BUSINESS OWNER</b>						
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>JOSEPH, HAROLD, LUNDIN</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>DORIS, MAXINE, JOHNSON</b>			
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>JUDITH, ANN, LUNDIN</b>				21. RELATIONSHIP <b>SPOUSE</b>		
22. INFORMANT'S MAILING ADDRESS <b>990 BELLA ROSA DRIVE, MINDEN, NV, 89423</b>						
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>SUPERSTITION CREMATION AND FUNERAL SERVICE 398 E OLD WEST HIGHWAY, APACHE JUNCTION, AZ, 85119</b>			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>AMANDA, R., MCKENZIE</b>		25. LICENSE NUMBER <b>FUN01686</b>	
26. METHOD(S) OF DISPOSITION <b>CREMATION</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>SUPERSTITION CREMATION AND FUNERAL SERVICES APACHE JUNCTION, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY		
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>						
29. A. IMMEDIATE CAUSE OF DEATH <b>CARDIAC ARREST</b>				30. APPROXIMATE INTERVAL		
31. B. DUE TO OR AS A CONSEQUENCE OF <b>CELLULITIS</b>				32. APPROXIMATE INTERVAL <b>3 WEEKS</b>		
33. C. DUE TO OR AS A CONSEQUENCE OF <b>VASCULAR DISEASE</b>				34. APPROXIMATE INTERVAL <b>3 WEEKS</b>		
35. D. DUE TO OR AS A CONSEQUENCE OF <b>DIABETES</b>				36. APPROXIMATE INTERVAL <b>UNKNOWN</b>		
<b>CAUSE OF DEATH PART II</b>						
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:			38. INJURY? <b>NO</b>	39. INJURY AT WORK? <b>NO</b>	40. MANNER OF DEATH <b>NATURAL DEATH</b>	
			41. TIME OF DEATH <b>00:40</b>	42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
<b>CAUSE AND MANNER CERTIFICATION</b>						
44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>JULIA, M, PARK</b>				45. DATE CERTIFIED <b>03/11/2020</b>		
46. CERTIFIER'S ADDRESS <b>1301 S CRISMON ROAD, MESA, AZ, 85209</b>						

Date Registered: 03/11/2020

Date Issued: 03/17/2020

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016

*Krystal Colburn*  
**KRYSTAL COLBURN**  
ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**J1986707**