

APN# : 1320-33-312-002

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Lori Karlina Baggett

1457 Kathy Way

Gardnerville, NV 89460

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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 _____



Sherry Ackermann

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

Lori Karlina Baggett, of legal age, being first duly sworn, deposes and says:

1. Clara Arminta Ozolins, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Clara Arminta Ozolins named as Trustee in the Declaration of Trust dated 6/3/2004 and executed by Clara Arminta Ozolins 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 1423 Edlesborough Circle Gardnerville, NV 89410, which property is described in a Deed which was executed by Clara Arminta Ozolins as Grantor(s) on July 6, 2016 and recorded as Instrument No. 2016-883852, in Book , Page , 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 real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 42, in Block B, of Final Subdivision Map FSM-1006-3 of CHICHESTER ESTATES PHASE 3, according to the map thereof, filed in the office of the County Recorder of Douglas County, Sate of Nevada, on September 11, 1997, in Book 997, Page 2121, as Document No. 421409, Douglas County, Nevada Records.

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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 8/18/2020 Lori Karlina Baggett
Lori Karlina Baggett,

STATE OF NEVADA } SS

COUNTY OF Carson City

This instrument was acknowledged before me on 08/18/2020
By Lori Karlina Baggett.

Donna Peacocke
Donna Peacocke 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. 4151958

2020013313
STATE FILE NUMBER

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Clara Arminta OZOLINS		2. DATE OF DEATH (Mo/Day/Year) June 22, 2020		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and Inpatient)(Specify) 1423 Edlesborough Cir Home		4. SEX Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 78	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 21, 1941	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name/country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER 3948	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY MEDICAL		Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1423 Edlesborough Cir		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Raymond DUFFLE	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Allison SUTTON		18a. INFORMANT - NAME (Type or Print) Lori BAGGETT		18b. MAILING ADDRESS (Street or R.F.D.No, City or Town, State, Zip) 1457 Kathy Way Gardnerville, Nevada 89460	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LORRIE M. OKSENHOLT DO SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) June 30, 2020		21c. HOUR OF DEATH 18:08	
	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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Lorrie M. Oksenholt DO 2874 N. Carson St. Carson City, NV 89706		23b. LICENSE NUMBER DO545		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 30, 2020		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 (a) Cardiovascular Collapse DUE TO, OR AS A CONSEQUENCE OF: (b) Asystole DUE TO, OR AS A CONSEQUENCE OF: (c) Arrhythmia DUE TO, OR AS A CONSEQUENCE OF: (d) Unknown Etiology	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Progressive Multiple Sclerosis		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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 STREET OR R.F.D. No. CITY OR TOWN STATE		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

000821328



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.

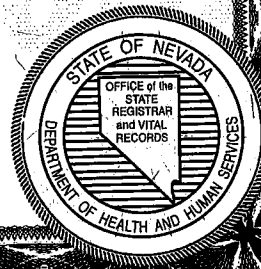
DATE ISSUED:

JUL 01 2020

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



Wesley T Storey
STATE REGISTRAR



VRS-Rev-20120523a