

APN# 1320-30-511-011



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Sandra Lee Avakain

Address: 1765 Torino Way

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Heritage Law, A Division of Kalicki Collier, LLP

Address: 1625 Highway 88, Suite 304

City/State/Zip: Minden, NV 89423

Affidavit of Death of Settlor/Trustee of Trust

Title of Document (required)

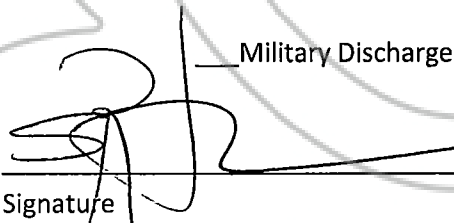
------(Only use if applicable)-----

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 J. Remington
Printed Name

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

APN: 1320-30-511-011
Recording Requested By:
HERITAGE LAW, A Division of
KALICKI COLLIER, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423

Mail Future Tax Statements To:
Sandra Lee Avakian, Trustee
1765 Torina Way
Minden, NV 89423

The undersigned hereby affirms that the document
Submitted for recording DOES contain personal information
as required by law: Affidavit of Death – NRS 440.380(1)(A) &
NRS 40.525(5)

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

SANDRA LEE AVAKIAN, 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 DENNIS NORI AVAKIAN, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as DENNIS N. AVAKIAN, Settlor of the *Dennis N. Avakian and Sandra Lee Avakian Family Trust dated September 27, 2005, and any amendments thereto*, and named as one of the grantees in that certain Grant, Bargain and Sale Deed executed on June 17, 2013, by DENNIS N. AVAKIAN and SANDRA L. AVAKIAN, husband and wife as joint tenants, and recorded on June 18, 2013, as Document No. 0825560 of Official Records of Douglas County, State of Nevada, which Grant, Bargain and Sale Deed pertains to property situated at 1765 Torina Way, Minden, Douglas County, Nevada, and more precisely described as:

LOT 15 IN BLOCK B AS SET FORTH ON 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.

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant, Bargain and Sale Deed recorded as Document No. 0825560 of Official Records of Douglas County, State of Nevada, on June 18, 2013.

SANDRA LEE AVAKIAN shall forthwith serve as sole Trustee of the *Dennis N. and Sandra Lee Avakian Family Trust, dated September 27, 2005, and any amendments thereto.*

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

Dated: August 26, 2020.

Sandra Lee Avakian

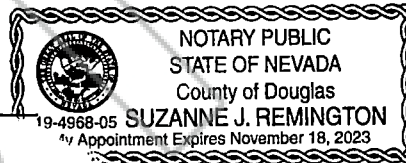
SANDRA LEE AVAKIAN

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On August 26, 2020, before me a notary public, personally appeared SANDRA LEE AVAKIAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.

SR

Notary Public



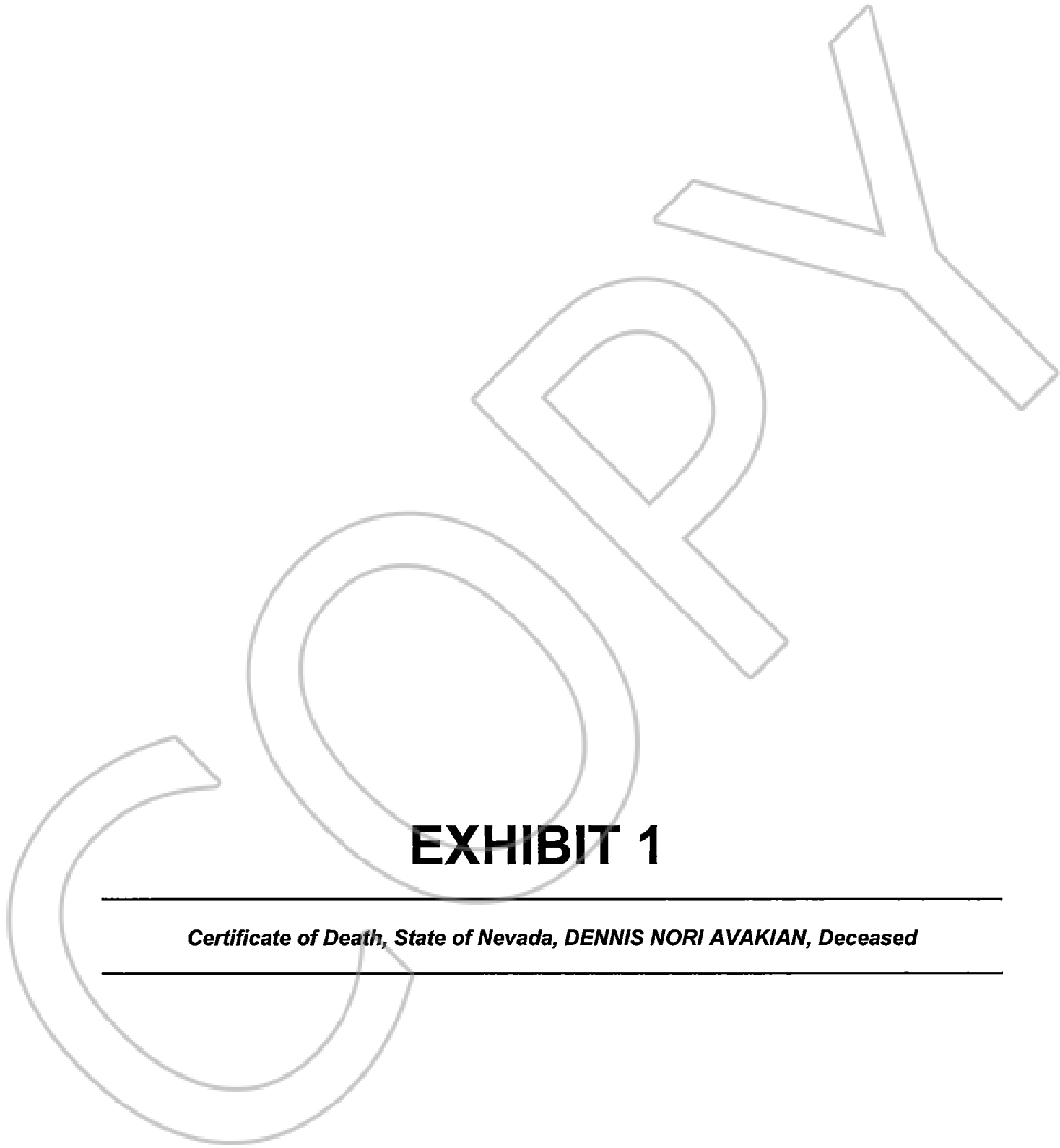


EXHIBIT 1

Certificate of Death, State of Nevada, DENNIS NORI AVAKIAN, Deceased

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4157693

CERTIFICATE OF DEATH

2020015648
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) Dennis Nori AVAKIAN		2 DATE OF DEATH (Mo/Day/Year) July 24, 2020		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Minden		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) 1765 Torina Way		3e If Hosp or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 77	
9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 18	
13 SOCIAL SECURITY NUMBER ██████████ 4581		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1765 Torina Way		15e INSIDE CITY LIMITS (Specify Yes or No) No		11 MARITAL STATUS (Specify) Married	
12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sandra KAFKA		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 YEAR DAYS		7e. UNDER 1 DAY MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 14, 1942	
11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sandra KAFKA		14b KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
14a USUAL OCCUPATION (Give Kind of Work Done During Most of) General Contractor		14b KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		Ever in US Armed Forces? Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Nori AVAKIAN		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian ARASHADIAN			
18a INFORMANT- NAME (Type or Print) Sandra AVAKIAN		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1765 Torina Way Minden, Nevada 89423			
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) DENICE PORTILLO		20b FUNERAL DIRECTOR LICENSE NUMBER FD872		20c NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED DOUGLAS VACEK DO					
21b DATE SIGNED (Mo/Day/Yr) July 27, 2020		21c HOUR OF DEATH 14:31		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)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV 89419		23b LICENSE NUMBER 1125		22d PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) WESLEY T STOREY		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 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		Interval between onset and death			
(a) Cardiac Arrest		Interval between onset and death			
(b) Electrolyte Imbalance		Interval between onset and death			
(c) Metastatic Pancreatic Cancer		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Congestive Heart Failure				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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	
28i CITY OR TOWN		28j STATE			

000826765



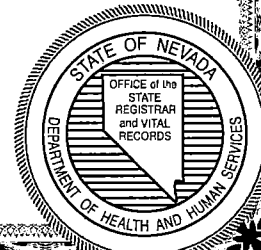
CERTIFIED COPY OF VITAL RECORDS

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: **8/10/2020**

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE