

APN# 1420-08-216-004



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: JAMES E. MARTIN

Address: 3507 LONG DR.

City/State/Zip: MINDEN & 9-423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

AFFIDAVIT OF SURVIVING TRUSTEE

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)

James E. Martin
Signature

JAMES E. MARTIN
Printed Name

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

AFFIDAVIT OF SURVIVING TRUSTEE

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

James Edward Martin hereby swears and affirms under penalty of perjury that the following assertions are true:

1. Rose Marie Martin, one of the Grantors and Co-Trustees of the James Edward Martin and Rose Marie Martin Family Trust, dated July 11, 1998, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 3 day of March, 2019, in the State of Nevada.

2. The James Edward Martin and Rose Marie Martin Family Trust was established by and held by Rose Marie Martin and Affiant, husband and wife, as Grantors and Co-Trustees, and all assets of said Trust are community property with right of survivorship.

see Exhibit A

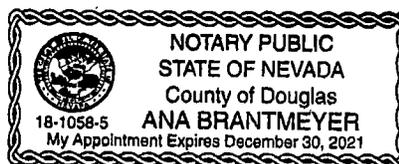
3. Affiant is the surviving and currently acting Trustee of said Trust, and is designated and empowered pursuant to the terms of said Trust to serve as sole Trustee.

Dated this _____ day of 9-18-, 2020.

James Edward Martin
James Edward Martin

Subscribed and Sworn to before me
this 18th day of September, 2020,
by James Edward Martin.

Ana Brantmeyer
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. 4070020

CERTIFICATE OF DEATH

2019004725
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) Rose Marie MARTIN		2 DATE OF DEATH (Mo/Day/Year) March 03, 2019		3a COUNTY OF DEATH Carson City	
3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name,If not either, give street and Carson Tahoe Regional Medical Center Emergency Room / Outpatient		3e If Hosp or Inst indicate DOA, OP/Emer, Rm Inpatient (Specify) Female	
4 RACE (Specify) White		5 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 77	
6		7b UNDER 1 YEAR MOS DAYS HOURS MINS		7c UNDER 1 DAY	
8 DATE OF BIRTH (Mo/Day/Yr) August 29, 1941		9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) James E MARTIN	
13 SOCIAL SECURITY NUMBER 3302		14a USUAL OCCUPATION (Give Kind of Work Done During Most of HAIRDRESSER		14b KIND OF BUSINESS OR INDUSTRY Cosmetology	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 3507 Long Drive		15e INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Joseph SALMERI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rose CEFALU		
18a INFORMANT - NAME (Type or Print) James E MARTIN		18b MAILING ADDRESS (Street or R F D No. City or Town State, Zip) 3507 Long Drive 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) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
TRADE CALL - NAME AND ADDRESS					
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) RUTH RHINES SIGNATURE AUTHENTICATED			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) RUTH RHINES SIGNATURE AUTHENTICATED		
21b DATE SIGNED (Mo/Day/Yr) April 05, 2019		21c HOUR OF DEATH		22b DATE SIGNED (Mo/Day/Yr) April 05, 2019	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH 20:10		22d PRONOUNCED DEAD (Mo/Day/Yr) March 03, 2019	
22e PRONOUNCED DEAD AT (Hour, 20:10		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 911 E Musser St. Carson City, NV 89701			
23b LICENSE NUMBER 9307		24a REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 05, 2019	
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) Chronic Lymphocytic Leukemia Interval between onset and death (b) Small Lymphocytic Lymphoma Interval between onset and death (c) Interval between onset and death (d) Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26 AUTOPSY (Specify Yes or No) Yes	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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	

STATE REGISTRAR



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: 4/9/2019

Lucy Shytle
SIGNATURE AUTHENTICATED

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

