

APN: 1319-03-710-017

When Recorded, Please Return To:

Millward Law, Ltd
1591 Mono Ave
Minden, NV 89423

Mail Future Tax Statements To:

Elizabeth Alice Knasiak
1839 Bougainville Dr.
Minden, NV 89423



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF TRUSTEE

(The attached document **does** contain the social security number of a person as required by NRS 440.380)

AFFIANT, Mark Chase, being of sound mind and body, hereby testifies under Penalty of Perjury under the laws of the State of Nevada as follows:

That he is over the age of 18,

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

LOT 34, IN BOOK H, OF THE FINAL MAP OF GENOA LAKES PHASE 1, A PLANNED UNIT DEVELOPMENT, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 16,1993, IN BOOK 393 OF OFFICEL RECORDS, AT PAGE 3260, DOCUMENTS NO. 302137.

(Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed recorded on October 30, 2008, as Document Number 732199)

was acquired and held by Elizabeth Alice Knasiak and Decedent, James William Knasiak, as Trustees of the 1998 Knasiak Family Trust dated January 28, 1998, by Grant, Bargain, and Sale Deed executed by First American Title, on October 27, 2005, which deed was thereafter recorded with the Douglas County Recorder on October 30, 2008;

That Decedent, James William Knasiak, died on August 20, 2019, as identified in Certificate of Death #2019016777, issued by the Department of Health and Human Services of the State of Nevada attached hereto as **Exhibit 1**;

That James William Knasiak is the same person as James W. Knasiak, Trustee of the 1998 Knasiak Family Trust dated January 28, 1998; and

That Affiant, Mark Chase, and Elizabeth Alice Knasiak are the Co-Trustees under the above-referenced Trust, which was in effect at the time of death of the decedent mentioned above, and which has not been revoked.

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

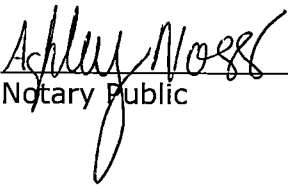
Date: September 29, 2020



Mark Chase, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me, Ashley Voss, a notary Public, on September 29, 2020, by Mark Chase.



Notary Public



COPY

Exhibit 1

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4099177

CERTIFICATE OF DEATH

2019016777
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) James William KNASIAK		2. DATE OF DEATH (Mo/Day/Year) August 20, 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 ar number) Carson Tahoe Regional Medical Center		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76	
9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Betty PINTER			
13. SOCIAL SECURITY NUMBER [REDACTED]-2597		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Collections	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 293 Genoa Highlands Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Stanley KNASIAK			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Martha KULPIT		
18a. INFORMANT- NAME (Type or Print) Betty KNASIAK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 293 Genoa Highlands Circle Genoa, Nevada 89411			
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 Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) TODD CHAPMAN MD 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)		
21b. DATE SIGNED (Mo/Day/Yr) August 26, 2019		21c. HOUR OF DEATH 17:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Todd Chapman MD 1470 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER 5933	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 27, 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) Endocarditis Of Prosthetic Aortic Valve					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unknown Etiology					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				25. AUTOPSY (Specify Yes or No) No	
26. 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 STREET OR R.F.D. No CITY OR TOWN STATE	

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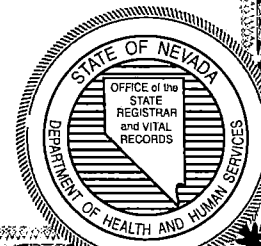
CERTIFIED COPY OF VITAL RECORDS

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: 8/27/2019

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

Ann Shughart
Administrator
STATE REGISTRAR



[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]