

APN: 1420-07-714-007

When Recorded, Please Return To:

Millward Law, Ltd
1591 Mono Ave
Minden, NV 89423

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Erika Lynn Seid
1812 E. Lafayette Place #407
Milwaukee, WI 53202



00121112202009550220040045

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:

A parcel of land located within a portion of the Southeast 1/4 (SE 1/4) of Section 7, Township 14 North, Range 20 East, M.D.B. & M., Douglas County, Nevada, described as follows:

Parcel 3, as set forth on Parcel Map for SUNRIDGE HEIGHTS OFFICE PARK filed in the office of the County Recorder of Douglas County, State of Nevada, on December 11, 1995, Book 1295, Page 1256, Document No. 376559.

(Pursuant to NRS 111.312, the above legal description previously appeared in Grant Deed recorded on December 26, 2001, as Document Number 0530896)

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 Deed executed by James William Knasiak, on December 24, 2001, which deed was thereafter recorded with the Douglas County Recorder on December 26, 2001;

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**;

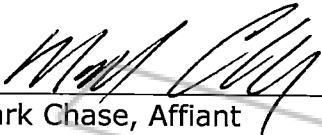
That James William Knasiak is the same person as James W. Knasiak, Trustee of the 1998 Knasiak Family Trust dated January 28, 1998; and

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the above-referenced Trust, which was in effect at the time of death of the decedent mentioned above, and which has not been revoked.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 | |
| 4. SEX Male | | 5. RACE (Specify) White | | 6 Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 76 | | 7b. UNDER 1 YEAR MOS | | 7c. UNDER 1 DAY HOURS | |
| 8 DATE OF BIRTH (Mo/Day/Yr) May 08, 1943 | | 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 | | Ever in US Armed Forces? 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) | | 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) 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) | | | | 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. | | | | 26 AUTOPSY (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 | |
| 28e. INJURY AT WORK (Specify Yes or No) | | 28f PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | | 28d. DESCRIBE HOW INJURY OCCURRED | |
| 28g LOCATION | | STREET OR R.F.D No | | CITY OR TOWN STATE | |

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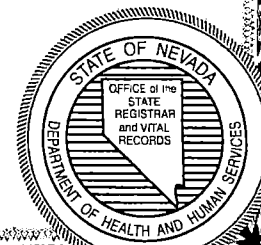
CERTIFIED COPY OF VITAL RECORDS

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 J. [Signature]
Administrator
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE