

Assessor's Parcel Number: 1320-29-110-046

Recording Requested by:
Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423



Mail Documents and Tax Statements to:
Robert A. Wirkus
1784 Lantana Drive
Minden, NV 89423

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. (Per NRS 239B.030(4))

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT - DEATH OF TRUSTEE

Robert A. Wirkus, of legal age, being first duly sworn, deposes and says:

1. Virginia Wirkus, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Virginia Wirkus, Trustor and Trustee of The Wirkus Family Trust dated March 12, 1998.

2. The decedent passed away on December 11, 2020. I am the surviving Trustor and Co-Trustee of the Trust.

3. At the time of the decedent's death, decedent was the record owner, as Trustee, by way of that certain Grant, Bargain and Sale Deed executed by Robert A. Wirkus and Virginia Wirkus, Grantor, recorded on 06/03/2009, as Document Number 0744364, Official Records, Douglas County Nevada, concerning the real property commonly known as 1784 Lantana Drive, Minden, NV 89423, and more particularly described as:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 425A in Block C as shown on that certain Record of Survey filed for record in the office of the County Recorder of Douglas County, Nevada, on June 17, 1998, in Book 698, Page 3978 as Document No. 442226, Official Records, being a Boundary Line Adjustment of the Final Map No. 1008-8 for WINHAVEN, UNIT NO. 8, a Planned Unit Development, filed for record in the Office of the County Recorder of Douglas County, Nevada, on September 11, 1997, in Book 997, of Official Records at Page 2125 as Document No. 421412, of Official Records.

4. I am the successor co-trustee of the Trust, which was in effect at the time of the death of the decedent, and which has not been revoked.

5. The subject property belongs to The Wirkus Family Trust dated March 12, 1998.

6. There is no federal estate tax due as the result of the death of the decedent.

7. There was no probate proceeding relative to the estate of Virginia Wirkus.

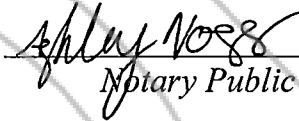
Dated: January 27, 2021.



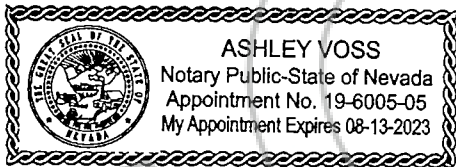
ROBERT A. WIRKUS,
Surviving Trustor and Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on January 27, 2021, by ROBERT A. WIRKUS.



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. 4184421

CERTIFICATE OF DEATH

2020028074

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) Virginia Anne WIRKUS			2 DATE OF DEATH (Mo/Day/Year) December 11, 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 address and number) 1784 Lantana Drive		3e If Hosp. or Inst. indicate DOA, OP/Emer Rm Inpatient (Specify) Home		4 SEX Female
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	7a AGE-Last birthday (Years) 82	7b UNDER 1 YEAR MOS DAYS	7c UNDER 1 DAY HOURS MINS	8 DATE OF BIRTH (Mo/Day/Yr) July 20, 1938
9a STATE OF BIRTH (If not US/CA, name country) Ohio		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) Robert Alexander WIRKUS
13 SOCIAL SECURITY NUMBER [REDACTED]-9257		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY		Ever in US Armed Forces? No
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas	15c CITY, TOWN OR LOCATION Minden	15d STREET AND NUMBER 1784 Lantana Drive		15e INSIDE CITY LIMITS (Specify Yes or No) Yes
16 FATHER/PARENT - NAME (First Middle Last Suffix) James Clifford MILFORD			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Kathleen PITZ			
18a INFORMANT - NAME (Type or Print) Robert A WIRKUS			18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1784 Lantana Drive Minden, Nevada 89423			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c LOCATION City or Town State Carson City Nevada 89701		
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD304	20c NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701			
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) DOUGLAS VACEK DO 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) December 16, 2020		21c HOUR OF DEATH 21:18	22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
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) Douglas Vacek DO 850 6th Street Lovelock, NV 89419					23b LICENSE NUMBER 1125	
24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 16, 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))					Interval between onset and death	
PART I						
(a) Cardiac Arrest						
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death	
(b) Congestive Heart Failure						
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death	
(c) Atherosclerotic Cardiovascular Disease						
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death	
(d) Hypertension						
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) No	27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No
28a ACC, SUICIDE, HOMICIDE, 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	



CERTIFIED COPY OF VITAL RECORDS

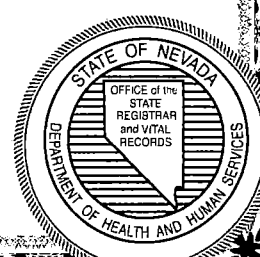
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

12/21/2020

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

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE