

APN: 1220-21-510-193

WHEN RECORDED MAIL TO:

Handelin Law, Ltd.
P.O. Box 4568
Carson City, Nevada 89702

MAIL TAX NOTICES TO:

Brandon Darrough
255 Lisa Way
Carson City, Nevada 89706



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF TRUSTEE

1. That Linda M. Matuszewski, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person named as Trustee in that certain Certificate of Trust dated April 9, 2018 and executed by Linda M. Matuszewski as Trustor.
2. At the time of the demise of the Decedent, the decedent was the record owner, as Trustee of the Linda M. Matuszewski 1996 Trust dated June 11, 1996, of Real Property commonly known as 780 Wagon Drive, Gardnerville, Nevada 89460 which property is described in the Deed which is recorded as Document Number 2018-912993 of the Official Records on April 16, 2018. The property is situated in the County of Douglas, State of Nevada. The legal description of said property is as follows:

Lot 283, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the Office of the County Recorder of Douglas County, Nevada as Document No. 66512, and on Record of Survey recorded October 1, 1982, in Book 1082, of Official Records at page 006, as Document No. 71399

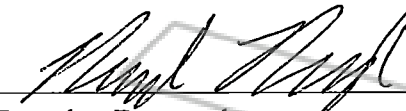
Pursuant to NRS 440.380, the attached certified Death Certificate contains the social security number of the Decedent.

3. I, Brandon Darrough, am the named Successor Trustee under the above-referenced Trust, which was in effect at the time of death of the Decedents mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.

Per NRS 111.312, this legal description was previously recorded on April 16, 2018 as Document No. 2018-912993.

I declare under penalty of perjury, that the foregoing is true and correct.

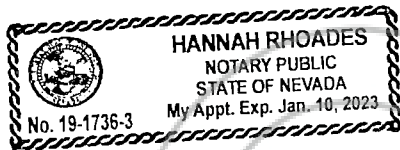
Dated this 21 day of April 2021.



Brandon Darrough

STATE OF NEVADA)
 :SS
CARSON CITY)

SUBSCRIBED and SWORN to before me this 21 day of April 2021, by Brandon Darrough.





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. 4196740

CERTIFICATE OF DEATH

2021003973
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Linda Margaret CAMAIONI MATUSZEWSKI			2. DATE OF DEATH (Mo/Day/Year) February 10, 2021		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) Renown Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)		4. SEX Female
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 70	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) March 30, 1950
	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Tadeusz MATUSZEWSKI	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████-2088		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Consultant		14b. KIND OF BUSINESS OR INDUSTRY Advertising		Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Carson City	15c. CITY, TOWN OR LOCATION Carson City	15d. STREET AND NUMBER 4142 Siena Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Sylvio CAMAIONI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret TIBERIO			
	18a. INFORMANT- NAME (Type or Print) Tadeusz MATUSZEWSKI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4142 Siena Dr Carson City, Nevada 89703				
DISPOSITION	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 THOMAS 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	TRADE CALL - NAME AND ADDRESS						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) Julie Schrader 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) JULIE SCHRADER DO SIGNATURE AUTHENTICATED			
	21b. DATE SIGNED (Mo/Day/Yr) February 12, 2021		21c. HOUR OF DEATH 15:28		22b. DATE SIGNED (Mo/Day/Yr) February 12, 2021		22c. HOUR OF DEATH 15:28
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) February 10, 2021		22e. PRONOUNCED DEAD AT (Hour) 15:28	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Julie Schrader DO 990 E Ninth St Reno, NV 89512			23b. LICENSE NUMBER DO2116			
REGISTRAR	24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 16, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
	PART I (a) Complications Of Subdural Hematoma						Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:						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. Chronic Alcoholism						26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) January 31, 2021	28c. HOUR OF INJURY 0104	28d. DESCRIBE HOW INJURY OCCURRED Ground Level Fall			
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence		28g. LOCATION 4142 Siena Drive	STREET OR R.F.D. No.	CITY OR TOWN Carson City	STATE Nevada

AKA: Linda Margaret CAMAIONI MATUSZEWSKI



CERTIFIED COPY OF VITAL RECORDS

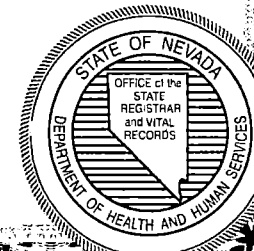
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

2/18/2021

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

Julie Schrader
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE