



KAREN ELLISON, RECORDER

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)

Natalia K. Vander Laan, Esq.

**APN: 1022-32-210-001**

**Recording requested by:** )  
Denise Ziola )  
2066 Comstock Dr. )  
Gardnerville, NV 89410 )

**When recorded mail to:** )  
Denise Ziola )  
2066 Comstock Dr. )  
Gardnerville, NV 89410 )

**Mail tax statement to:** )  
Denise Ziola )  
2066 Comstock Dr. )  
Gardnerville, NV 89410 )

**AFFIDAVIT – DEATH OF CO-TRUSTEE**

I, DENISE EILEEN MITCHELL ZIOLA, of legal age, being first duly sworn, declare under penalty of perjury that:

NORMAN RUDOLPH ZIOLA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NORMAN RUDOLPH ZIOLA SR. named as Co-Trustee in the Declaration of Trust executed on March 30, 2021, by Denise Eileen Mitchell Ziola and Norman Rudolph Ziola Sr. as Grantors.

NORMAN RUDOLPH ZIOLA SR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NORMAN RUDOLPH ZIOLA SR., named as one of the parties in that certain deed dated March 30, 2021, and executed by Denise Eileen Mitchell Ziola and Norman Rudolph Ziola Sr. (Grantors) to Denise Eileen Mitchell Ziola and Norman Rudolph Ziola Sr., trustees of the Denise Eileen Mitchell Ziola and Norman Rudolph Ziola Sr. Revocable Living Trust dated March 30, 2021, and any amendments thereto (Grantees), recorded on April 21, 2021, as Document No. 2021-965914, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 32 of TOPAZ SUBDIVISION, as the same appears upon Plat of said subdivision, duly filed in the office of the County Recorder of Douglas County, State of Nevada on August 10, 1954, as Document No. 9774.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, and issues or profits thereof.

NORMAN RUDOLPH ZIOLA SR., the deceased Co-Trustee, died on May 12, 2021, as shown in the attached certified copy of Certificate of Death.

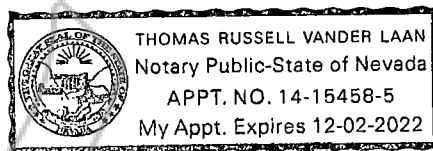
The Affiant is the Wife of the deceased Co-Trustee and now the sole Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such.

Executed on this July 13, 2021, in Douglas County, State of Nevada.

  
 \_\_\_\_\_  
 DENISE EILEEN MITCHELL ZIOLA

STATE OF NEVADA            )  
   ): ss  
 COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this July 13, 2021, by DENISE EILEEN MITCHELL ZIOLA.



  
 \_\_\_\_\_  
 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4213039

**CERTIFICATE OF DEATH**

2021012187  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Norman Rudolph <b>ZIOLA</b>		2. DATE OF DEATH (Mo/Day/Year) May 12, 2021		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 2066 Comstock		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm Inpatient (Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify: No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Kansas		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) Denise Eileen ESTABROOK			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-9974		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homicide Detective		14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY-TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 2066 Comstock		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) UNK UNK UNK	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) UNK UNK UNK		18a. INFORMANT - NAME (Type or Print) Denise Eileen ZIOLA			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2066 Comstock Gardnerville, Nevada 89410				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV, 89423	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JUSTIN FRICKE</b> SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		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) <b>JUSTIN FRICKE</b> SIGNATURE AUTHENTICATED	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) May 20, 2021		22c. HOUR OF DEATH 09:14	
CAUSE OF DEATH	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) Deputy Justin Fricke P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 0523	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 20, 2021		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) <b>PENDING</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (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.				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) PENDING INVEST.		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 Nevada		

000873828



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.

6/4/2021

DATE ISSUED:

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

