

APN: 1219-10-002-027

Recording Requested By/ Return To:
HERITAGE LAW, A Division of
KALICKI COLLIER, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
Cecile Marie Congelos, Successor Trustee
1040 Lakeside Drive
Gardnerville, NV 89460

AFFIDAVIT OF DEATH OF SURVIVING SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

CECILE MARIE CONGELOS, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That HELEN ROSINA WIZNER, the Decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as HELEN ROSINA WIZNER, Surviving Settlor and Trustee of the *Joseph Edward Wizner and Helen Rosina Wizner Family Trust, dated February 13, 2003*, and any amendments thereto (hereinafter: the Trust) and named as one of the grantees in that certain Grant, Bargain, Sale Deed dated January 26, 2017, and recorded on January 27, 2017, as Document No. 2017-893912 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 201 Shadow Mountain Circle, Gardnerville, Douglas County, Nevada, and more precisely described as:

Lot 2, Block C of SIERRA RANCHO ESTATES NO. 1, filed in the Office of the Douglas County Recorder's Office on August 23, 1978, in Book 878, Page 1963, as Document No. 24464.

Pursuant to NRS 111.312, the above legal description was previously recorded in Affidavit – Death of Trustee recorded as Document No. 2018-910453 of Official Records of Douglas County, State of Nevada, on February 15, 2018.

The Trust was in effect at the date of death of Decedent and has not been revoke.

I, CECILE MARIE CONGELOS shall forthwith serve as sole Successor Trustee of the *Joseph Edward Wizner and Helen Rosina Wizner Family Trust, dated February 13, 2003*, and any amendments thereto.

I, CECILE MARIE CONGELOS, declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: June 30, 2021.




CECILE MARIE CONGELOS

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On June 30, 2021, before me a notary public, personally appeared CECILE MARIE CONGELOS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.



Notary Public

 MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025

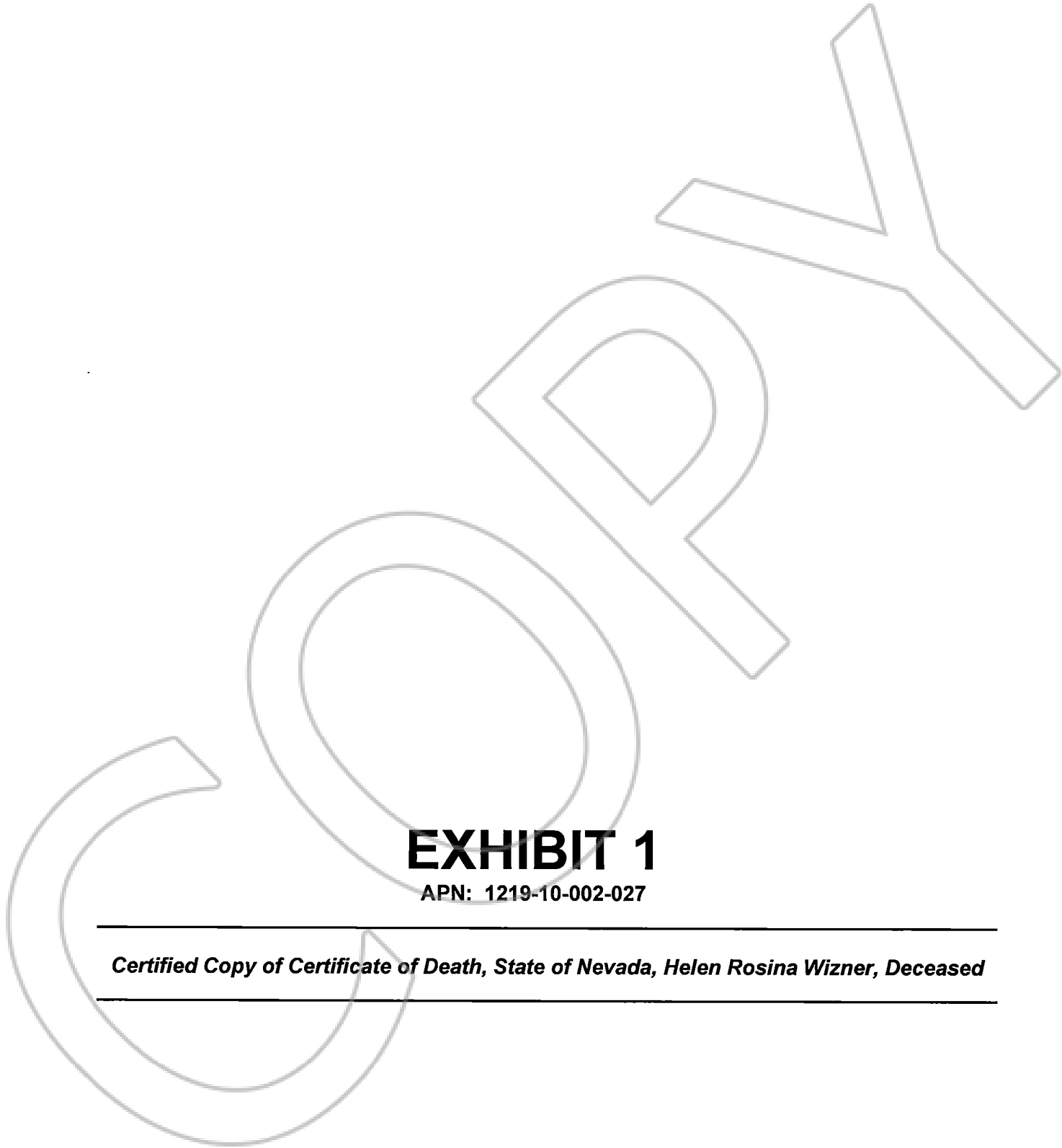


EXHIBIT 1

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Certified Copy of Certificate of Death, State of Nevada, Helen Rosina Wizner, Deceased

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4218615

CERTIFICATE OF DEATH.

2021014163
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) Helen Rosina WIZNER		2. DATE OF DEATH (Mo/Day/Year) June 15, 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 ar number) 201 Shadow Mountain Circle		3e.If Hosp. or inst. indicate DOA,OP/Emer. Rm, Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 88		8. DATE OF BIRTH (Mo/Day/Yr) July 26, 1932	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER [REDACTED]-3296	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY HOME		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 201 Shadow Mountain Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Alfred JAEGER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hilda STOKER		18a. INFORMANT- NAME (Type or Print) Cecile CONGELOS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1040 Lakeside Drive Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd 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) DOUGLAS VACEK DO SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) June 15, 2021		21c. HOUR OF DEATH 09:39	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR 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) 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) June 16, 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				Interval between onset and death	
(a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Electrolyte Imbalance DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) End Stage Senile Dementia DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) Etiology Unknown 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) 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	



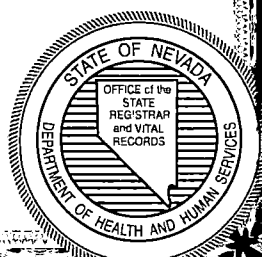
CERTIFIED COPY OF VITAL RECORDS

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: **6/23/2021**

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE