



KAREN ELLISON, RECORDER

After Recording, Mail to:

Denise A. Paley, Trustee  
2090 Fish Springs Rd.  
Gardnerville, NV 89410

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The undersigned affirms that this document, and all exhibits which may be attached hereto, DOES contain the social security number of any person, pursuant to NRS 443.380.

## **AFFIDAVIT OF DEATH OF CO-TRUSTEE**

Denise A. Paley, of 2090 Fish Springs Rd., Gardnerville, NV 89410, being first duly sworn, does hereby swear under penalty of perjury under the laws of the State of Nevada that the following statements are true:

1. By instrument dated June 23, 2000, Anton N. Paley and Denise A. Paley, as Trustors and Trustees, executed the Anton N. Paley and Denise A. Paley Living Trust dated June 23, 2000, referred to herein after as the "Trust". The Trust was amended by Amendment dated December 11, 2012 and Second Amendment dated March 22, 2018.

2. The Trust authorizes the surviving Trustor to serve as Trustee upon the death or incapacity of either Trustor.

3. Anton N. Paley died on January 7, 2021. Attached hereto as Exhibit "A" is a certified copy of the death certificate of Anton N. Paley.

4. Pursuant to the terms of the Trust, Denise A. Paley has consented to act and has assumed the powers and duties as the sole Trustee of the Trust.

5. Denise A. Paley is authorized under the terms of the Trust and applicable provisions of Nevada Revised Statutes to act as the sole Trustee with respect to the Trust's interest in any property.

6. The following described real property is part of the Trust estate:

A residence located at 2090 Fish Springs Rd. Way, in the town of Gardnerville, County of Douglas, State of Nevada more particularly described as follows:

Lot 13 as shown on the Official Map of FISH SPRINGS ESTATES, filed in the office of the

County Recorder on August 30, 1973, as Document No. 68451, Official Records of Douglas County, State of Nevada. APN 1221-06-001-015

This legal description was previously recorded on January 2, 2013 in Book 0113 at Page 246 as Document No. 0815526.


7. The following described property is also a part of the Trust estate:

That certain real property situated in the State of California, County of San Diego, described as follows:

Lot 12 of Vista Calavera Unit No. 1, according to the map thereof #7978, filed in the Office of the County Recorder of said County. APN 168-170-12.

8. No other person has a right to the interest of the Trust in the described property.

DATED this 3<sup>rd</sup> day of August, 2021

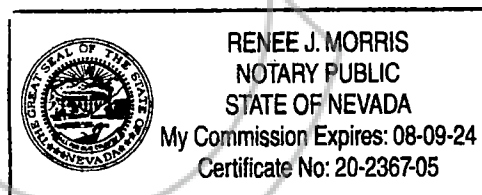
  
DENISE A. PALEY, Trustee of the ANTON N. PALEY AND DENISE A. PALEY LIVING TRUST dated June 23, 2000

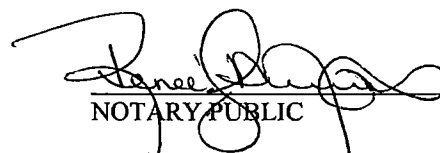
STATE OF NEVADA )  
 ) : ss.  
COUNTY OF DOUGLAS )

On August 3, 2021, before me, Reneé J. Morris, Notary Public, personally appeared Denise A. Paley, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Seal



  
NOTARY PUBLIC

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

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4189895

**CERTIFICATE OF DEATH**

**2021001403**  
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) <b>Anton Nicolaus PALEY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 07, 2021</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OPI/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>67</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 21, 1953</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Denise Anne MOWERY</b>		
13. SOCIAL SECURITY NUMBER <b>██████-3583</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Mechanical Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Energy</b>		
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		
15d. STREET AND NUMBER <b>2090 Fish Springs Rd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Peter N PALEY</b>		
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Oxana SELENA</b>		18a. INFORMANT- NAME (Type or Print) <b>Denise Anne PALEY</b>		18b. MAILING ADDRESS (Street or R F D. No, City or Town, State, Zip) <b>2090 Fish Springs Rd Gardnerville, Nevada 89410</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>HARRISON CODY BILLIAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD943</b>		20c. NAME AND ADDRESS OF FACILITY <b>Truckee Meadows Cremation and Burial</b> <b>616 South Wells Avenue Reno NV 89502</b>		
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) <b>BRYNJA BOWMAN APRN</b> 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) <b>January 11, 2021</b>		21c. HOUR OF DEATH <b>19:24</b>		22b. DATE SIGNED (Mo/Day/Yr)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER /(Type or Print)		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) <b>Brynja Bowman APRN 1155 Mill St Reno, NV 89502</b>				
23b. LICENSE NUMBER <b>APRN812985</b>				24a. REGISTRAR (Signature) <b>BLAIR J HEDRICK</b> SIGNATURE AUTHENTICATED		
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 21, 2021</b>		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) <b>Multiorgan Failure</b>						
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(b) <b>Encephalopathy</b>						
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) <b>Tumor Lysis Syndrome</b>						
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) <b>Acute Myeloblastic Leukemia With Metastasis</b>						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Splenomegaly</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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		

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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.

DEPUTY REGISTRAR

*Signature Authenticated*

DATE ISSUED: 1/22/2021 This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE