

APN: 1220-21-510

WHEN RECORDED MAIL TO:

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



00141620202109735080030036

KAREN ELLISON, RECORDER

MAIL TAX NOTICES TO:

Brandon Darrough, Successor Co-Trustee
255 Lisa Way
Carson City, Nevada 89706

AFFIDAVIT OF DEATH OF TRUSTEE

1. That Tadeusz K. Matuszewski, also known as Ted 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 December April 9, 2018, and executed by Tadeusz K. Matuszewski as Trustor.
2. At the time of the demise of the Decedent, the decedent was the record owner, as Trustee of the Ted Matuszewski Trust, of Real Property commonly known as 855 Tamarack Drive, Minden, Nevada 89423, which property is described in the Deed, which is recorded as, Document Number 0562896 of the Official Records on January 6, 2003. The property is situated in the County of Douglas, State of Nevada, more particularly described as follows:

All the real property situated in the County of Douglas, State of Nevada, described 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

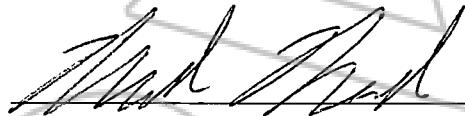
Pursuant to NRS 440.380, the attached certified Death Certificate contains the social security number of the Decedent.

...

Per NRS 111.312, this legal description was previously recorded on January 6, 2003 as Document No. 0562896

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

Dated this 27 day of August, 2021.

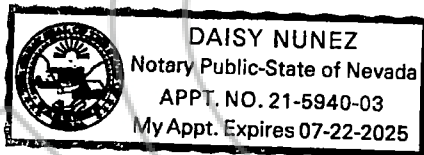


Brandon Darrough, Successor Co-Trustee

STATE OF NEVADA)
 :SS
CARSON CITY)

SUBSCRIBED and SWORN to before me this 27th day of August 2021, by Brandon Darrough.

[Seal]


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. 4230361

CERTIFICATE OF DEATH

2021019462
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Tadeusz Klemens MATUSZEWSKI		2. DATE OF DEATH (Mo/Day/Year) August 12, 2021		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 4142 Siena Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last Birthday (Years) 73	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) West Germany		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 20	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER 9894		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) PHYSICIAN		14b. KIND OF BUSINESS OR INDUSTRY MEDICAL	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 4142 Siena Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Klemens MATUSZEWSKI	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Kazimiera KARLOWSKI		18a. INFORMANT- NAME (Type or Print) Brandon DARROUGH			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 255 Lisa Way Carson City, Nevada 89706		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory	
	19c. LOCATION City or Town State Reno Nevada 89503		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP R MAYFIELD		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno		20d. SIGNATURE AUTHENTICATED		20e. ADDRESS 5890 S Virginia St. Suite 4-E Reno NV 89502	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MARILYN A BRANINBURG		21b. DATE SIGNED (Mo/Day/Yr) August 17, 2021		21c. HOUR OF DEATH 11:03	
REGISTRAR	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) MARILYN A BRANINBURG		22b. DATE SIGNED (Mo/Day/Yr) August 17, 2021	
	22c. LICENSE NUMBER		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 12, 2021		22e. PRONOUNCED DEAD AT (Hour) 11:03	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Marilyn A Braninburg 911 E Musser St Carson City, NV 89701		23b. LICENSE NUMBER		24a. REGISTRAR (Signature) BLAISE SATARIANO	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 17, 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).) (a) Pending	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) PENDING INVEST.		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
	25d. DESCRIBE HOW INJURY OCCURRED		25e. INJURY AT WORK (Specify Yes or No)		25f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
25g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE STATE Nevada		26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		



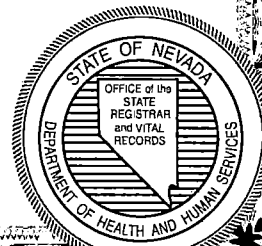
CERTIFIED COPY OF VITAL RECORDS

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: **8/23/2021**

Blaise Satariano
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