

APN: 1320-30-815-011

**RECORDING REQUESTED BY and  
AFTER RECORDING**

**MAIL THIS AFFIDAVIT TO:**

Gene M. Kaufmann, Esq.  
SULLIVAN LAW  
1625 State Route 88, Suite 401  
Minden, NV 89423



KAREN ELLISON, RECORDER

**MAIL TAX STATEMENTS TO:**

Thomas Trelenberg, Trustee  
1646 County Road  
Minden, NV 89423

I the undersigned hereby affirm that this document submitted for recording **contains** the social security number of a person or persons as required by law. *[Per NRS 440.380(1)(a) and 40.525(5)]*

**AFFIDAVIT OF DEATH OF TRUSTEE**

THOMAS TRELENBERG, being of legal age, being first duly sworn, deposes and says:

1. This Affidavit of Death of Trustee refers to the TRELENBERG FAMILY TRUST DATED JULY 17, 1992, (the "Trust") under a revocable trust agreement executed by MARILYN TRELENBERG, also known as MARILYN E. TRELENBERG and MARILYN ELIZABETH TRELENBERG, as the Grantor.
2. The original Grantor and Trustee of the Trust was MARILYN TRELENBERG, also known as MARILYN E. TRELENBERG and MARILYN ELIZABETH TRELENBERG.
3. In accordance with the terms of the Trust, I, THOMAS TRELENBERG, am the successor Trustee and empowered to act as sole Trustee for the Trust after the death of MARILYN TRELENBERG, also known as MARILYN E. TRELENBERG and MARILYN ELIZABETH TRELENBERG. I hereby affirm my incumbency as successor Trustee, and declare my intention to act as the current sole Trustee of the TRELENBERG FAMILY TRUST DATED JULY 17, 1992.
4. I declare and affirm that MARILYN TRELENBERG, also known as MARILYN E. TRELENBERG and MARILYN ELIZABETH TRELENBERG, died on November 16, 2021. I also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death is the same person as MARILYN TRELENBERG, also known as MARILYN E. TRELENBERG and MARILYN ELIZABETH TRELENBERG, Trustee of the TRELENBERG FAMILY TRUST DATED JULY 17, 1992.
5. MARILYN E. TRELENBERG is the named Trustee and Grantee in that certain Grant, Bargain and Sale Deed, granting to MARILYN E. TRELENBERG, Trustee, and subsequent Trustees of the TRELENBERG FAMILY TRUST DATED JULY 17, 1992, all right, title and interest in the following identified real property:

APN:..... 1320-30-815-011

Commonly Known As:..... 1646 County Road, Minden, NV 89423

Recorded On: .....February 20, 2001

As Document Number:.....0508976

In Book:.....0201

On Pages: .....3646-3647

Official Records of:.....Douglas County, Nevada

Legal Description: .....Lot 7, as shown on the map of Greenbelt No. 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 8, 1976, as Document No. 86596. Book 427, Page 761, No. 08481.

- 6. The assets held under this Trust are to be held under the following title:  
THOMAS TRELENBERG, TRUSTEE  
TRELENBERG FAMILY TRUST DATED JULY 17, 1992
- 7. The TRELENBERG FAMILY TRUST DATED JULY 17, 1992 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 8. I hereby declare my authority to act as the authorized current sole Trustee. As the sole Trustee, I have all Trustee powers to sell, encumber, retain, or otherwise manage all property belonging to the TRELENBERG FAMILY TRUST DATED JULY 17, 1992, including, but not limited to, the above-described real property, including any portion thereof.
- 9. I make this affirmation under penalty of perjury on February 10, 2022.

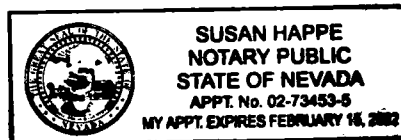
  
 \_\_\_\_\_  
 THOMAS TRELENBERG, Trustee  
 TRELENBERG FAMILY TRUST DATED JULY 17, 1992

**JURAT**

State of Nevada )  
County of Douglas )

Signed and sworn to (or affirmed) before me on February 10, 2022, by THOMAS TRELENBERG.

  
 \_\_\_\_\_  
 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. 4248963

**CERTIFICATE OF DEATH**

2021028879  
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 STARTING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Marilyn Elizabeth TRELENBERG</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 16, 2021</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, CR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) <b>Skyline Estates Senior Living</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Assisted Living Facility</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthca (Years) <b>88</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Michigan</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 05, 1933</b>	
13. SOCIAL SECURITY NUMBER <b>██████████9542</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b. KIND OF BUSINESS OR INDUSTRY <b>MEDICAL</b>	
15a. RESIDENCE STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>2861 N Mountain Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph KETKO</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Clara SWANTEK</b>		
18a. INFORMANT-NAME (Type or Print) <b>Tom TRELENBERG</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1646 Country Road Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N. Lompa Ln Carson City NV 89701</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>IRENE LAMBIRIS MD</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>November 19, 2021</b>		21c. HOUR OF DEATH <b>03:17</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Irene Lambiris MD 7842 W Sahara Ave Las Vegas, NV 89117</b>				23b. LICENSE NUMBER <b>14832</b>	
24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 19, 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					
(a) <b>Age Related Cognitive Decline</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF.					
(b) <b>Unknown Etiology</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF.					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF.					
(d) Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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	



CERTIFIED COPY OF VITAL RECORDS

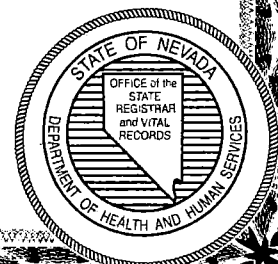
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 12/1/2021

*Jan Grisham*

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