



KAREN ELLISON, RECORDER

APN: 1418-27-811-003

When Recorded, Please Return To:  
Millward Law, Ltd.  
1591 Mono Ave  
Minden, NV 89423

Mail Future Tax Statements To:  
Mark Chase  
Chase & Sheets CPA  
1243 Eddy Street  
Minden, NV 89423

**AFFIDAVIT OF DEATH OF TRUSTEE**

(The attached document does contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA            )  
  ) SS.  
DOUGLAS COUNTY            )

Affiant, Mark Chase, being of legal age and duly sworn, depose and say under penalty of perjury under the laws of the State of Nevada:

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

APN: 1418-27-811-003

**Lot 65, as shown on the map of CAVE ROCK ESTATES UNIT NO. 2, filed in the office of the County Recorder on July 29, 1968, Document No. 41604, Official Records of Douglas County, State of Nevada.**

**Together with an access easement over and across Lot 64 of said Cave Rock Estates Unit No. 2 described as follows:**

**Beginning at the most Westerly corner of said Lot 64; thence along the line common to Lots 64 and 65, South 31°30'40" East 8.94 feet; thence North 02°30'00" East 14.33 feet to the Southerly right-of-way line of Lark Circle; thence along a non-tangent curve concave to the Southeast which is the said Southerly right-of-way line of Lark Circle, through a central angle of 02°43'01" with radius of 180.00 feet, an arc length of 8.54 feet to the point of beginning.**

(Pursuant to NRS 111.312, the above-legal description previously appeared in Quitclaim Deed recorded with the Douglas County Recorder on March 24, 2022, as Document Number 2022-982915)

was acquired and held by Robert J. Nye, as Trustee of the Nye Trust, dated March 18, 2022, by Quitclaim Deed executed by Robert J. Nye on March 22, 2022, which deed was thereafter recorded with the Douglas County Recorder on March 24, 2022;

That Robert J. Nye died on April 18, 2022, as identified in Certificate of Death #2022009794, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit 1;

That Robert J. Nye is the same person as Robert J. Nye, Trustee of the Nye Trust, dated March 18, 2022; and

That Affiant, Mark Chase, is the successor Trustee under the above-referenced Trust, which was in effect at the time of Robert J. Nye's death, and the Trust has not been revoked.

**That this information is offered with personal knowledge and declared under penalty of perjury.**

Affiant further sayeth naught.

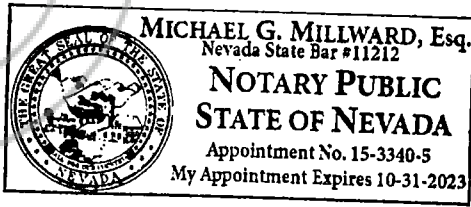
Date: 5-11, 2022

  
\_\_\_\_\_  
Mark Chase, Affiant

State of Nevada )  
Douglas County )

This instrument was signed and sworn to before me, a Notary Public, on May 11, 2022, by Mark Chase.

  
\_\_\_\_\_  
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. 4278837

**CERTIFICATE OF DEATH**

2022009794  
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>Robert Jay NYE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 18, 2022</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Zephyr Cove</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>269 Lark Circle</b>		3e. If Hosp. or inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</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>69</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 23, 1953</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to 1st marriage)	
13. SOCIAL SECURITY NUMBER <b>██████████-7530</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Bentley Nevada</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Zephyr Cove</b>	
15d. STREET AND NUMBER <b>269 Lark Circle</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>Arthur Paul NYE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Norma Jean LUTZ</b>		
18a. INFORMANT- NAME (Type or Print) <b>Camérón Wésley NYE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>269 Lark Circle Zephyr Cove, Nevada 89448</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funeral &amp; Cremations</b> <b>1600 Buckeye Rd Minden NV 89423</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>REED DOPF MD</b> <b>SIGNATURE AUTHENTICATED</b>			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>April 19, 2022</b>		21c. HOUR OF DEATH <b>00:47</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>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>13920</b>	
24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 19, 2022</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).)				Interval between onset and death	
PART I (a) <b>Respiratory Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Acute Respiratory Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Malignant, Metastatic Prostate Carcinoma</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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**

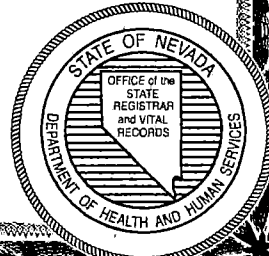
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **4/20/2022**

*[Signature]*

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**