

APN# 1420-07-511-010

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Sebek Revocable Living Trust dated 5/26/19

Address: 1000 Sunburst Dr

City/State/Zip: Carson City NV 89705

**AFFIDAVIT DEATH OF TRUSTEE**

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

EMILY TOBIAS

Printed Name

This document was executed  
in counter-part and  
shall be deemed as one.

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
The Denice K. Sebek Rev Living  
Trust

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1420-07-511-010**

File No.: 143-2651584 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Edward C. Sebek and Stacey V. Keyser, as Successor Co-Trustees** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Denice Katherine Sebek** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **March 21, 2022** at **Carson City, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 26, 2019** executed by **Denice K. Sebek** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **5/26/19** which was recorded as Instrument No. **2019-929918** in Book **N/A**, Page **N/A**, of Official Records of **DOUGLAS** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 5/12/2022

DECLARANT:  
Edward C. Sebek

Edward C. Sebek, as Successor Co-Trustee

DECLARANT:  
Stacey V. Keyser  
Stacey V. Keyser, as Successor Co-Trustee

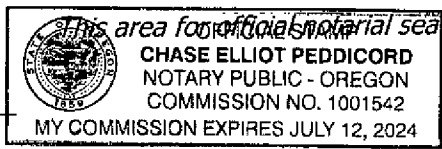
State of Oregon )  
County of Washington )ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Washington and State Oregon, this 6<sup>th</sup> day of May, 2022 by Stacey Victoria Keyser, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Chase Elliot Peddicord

My Commission Expires: 07/12/2024



Notary Name: \_\_\_\_\_ Notary Phone: \_\_\_\_\_  
Notary Registration Number: \_\_\_\_\_ County of Principal Place of Business: \_\_\_\_\_

Dated: \_\_\_\_\_

**DECLARANT:**

\_\_\_\_\_

State of NV )  
 )ss  
County of Douglas )

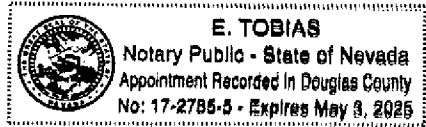
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 12 day of May, 2022 by Edward C. Seber, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature [Handwritten Signature]

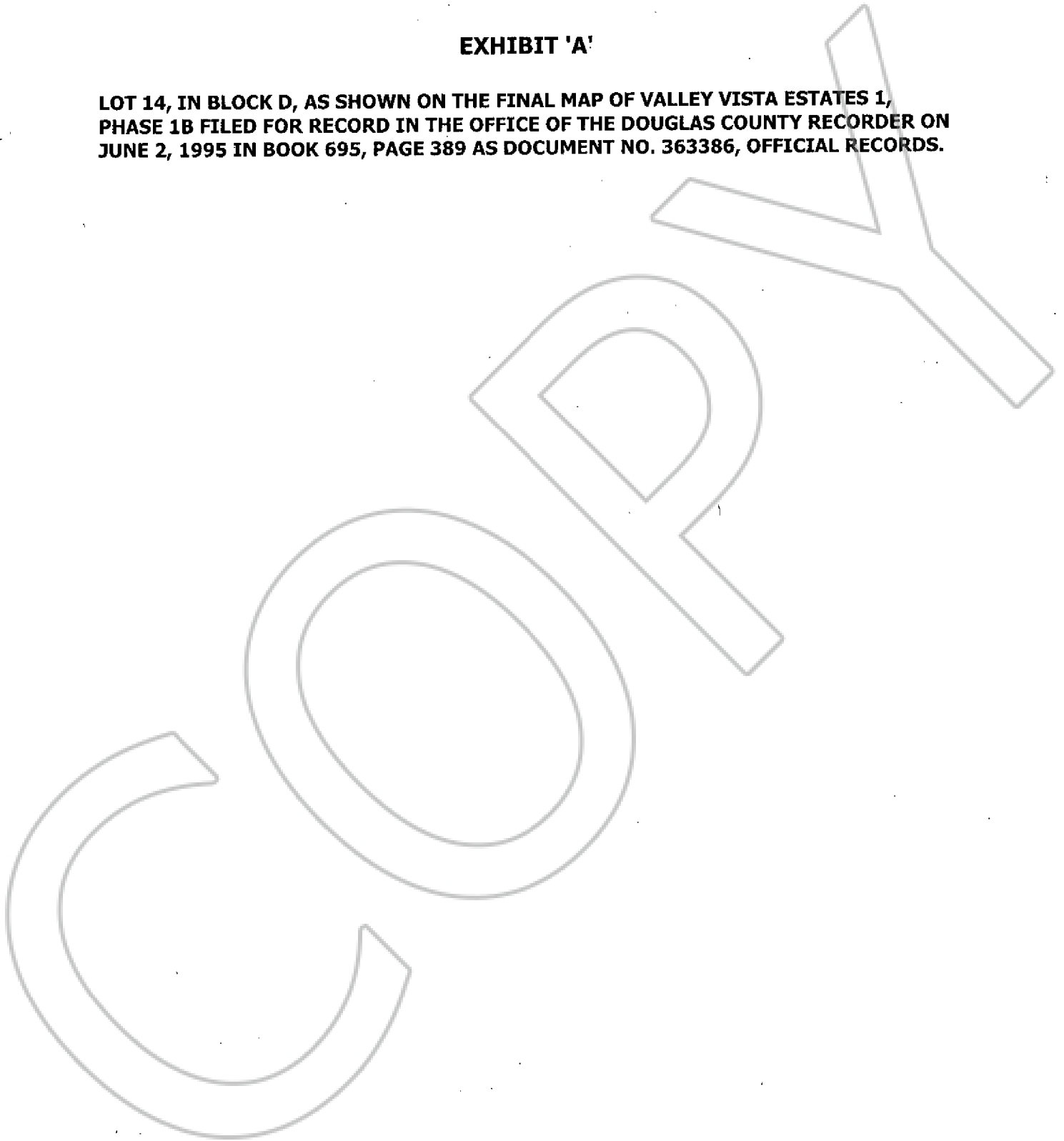
My Commission Expires: 5/3/25



Notary Name: E. Tobias Notary Phone: 775-782-5111  
Notary Registration Number: 17-2785-5 County of Principal Place of Business 5/3/25

**EXHIBIT 'A'**

**LOT 14, IN BLOCK D, AS SHOWN ON THE FINAL MAP OF VALLEY VISTA ESTATES 1,  
PHASE 1B FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON  
JUNE 2, 1995 IN BOOK 695, PAGE 389 AS DOCUMENT NO. 363386, OFFICIAL RECORDS.**



**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4274269

**CERTIFICATE OF DEATH**

2022007532  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Denise Katherine SEBEK</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 21, 2022</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Emergency Room / Outpatient</b>	
DECEDENT	4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>78</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Montana</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>0924</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
POSITION	15d. STREET AND NUMBER <b>897 Meadow Vista Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harvey SHARP</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rose SEDORIK</b>		18a. INFORMANT - NAME (Type or Print) <b>Edward C SEBEK</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>1000 Sunburst Dr Carson City, Nevada 89705</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706</b>	
CERTIFIER	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>SIGNATURE AUTHENTICATED DUSTIN J HOLLAND MD</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>March 22, 2022</b>		21c. HOUR OF DEATH <b>12:14</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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>Dustin J Holland MD 925 Ironwood Drive, Suite 2102 Minden, NV 89423</b>		23b. LICENSE NUMBER <b>20068</b>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 22, 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).) PART I		26. AUTOPSY (Specify Yes or No) <b>No</b>			
CONDITIONS IF ANY WHICH MAY RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) <b>Cardiopulmonary Arrest</b>		Interval between onset and death <b>30</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
	(b) <b>Unknown</b>		Interval between onset and death		28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	
(c) <b>Unknown</b>		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
(d) <b>Unknown</b>		Interval between onset and death		28c. HOUR OF INJURY		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		
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		

000922840



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:

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



*[Signature]*  
STATE REGISTRAR

