

**APN: 1220-22-110-120**



KAREN ELLISON, RECORDER

Recorded at the Request of:  
HERITAGE LAW  
1625 Highway 88, Suite 304  
Minden, Nevada 89423

Mail Future Tax Statements To:  
JOHN S. PEKAR, Trustee  
1417 James Road  
Gardnerville, NV 89460

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law.

**AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST**

STATE OF NEVADA            )  
                                          : ss.  
COUNTY OF DOUGLAS        )

JOHN S. PEKAR, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of his own personal knowledge:

That FAYE R. PEKAR, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit B** and incorporated herein by reference, is the same person as FAYE R. PEKAR, Settlor of the *Pekar Living Trust, dated May 23, 2011*, and any amendments thereto, Grantee in that certain Grant, Bargain, Sale Deed dated May 23, 2011, and recorded on May 27, 2011, as Document No. 0783892, of Official Records of Douglas County, State of Nevada, which deed pertains to real property commonly known as 1417 James Road, Gardnerville, Douglas County, State of Nevada, more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF**

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed recorded on May 27, 2011, as Document No. 0783892.

JOHN S. PEKAR shall forthwith serve as sole Trustee of the *Pekar Living Trust, dated May 23, 2011*, and any amendments thereto.


I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

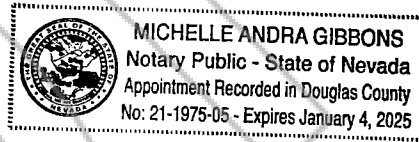
Dated: June 29, 2022.

  
\_\_\_\_\_  
JOHN S. PEKAR, Surviving Grantor and Trustee

STATE OF NEVADA            )  
                                          : ss.  
COUNTY OF DOUGLAS    )

On June 29, 2022, before me, a Notary Public, personally appeared JOHN S. PEKAR, personally know to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is subscribed to this instrument, and acknowledged that he executed it.

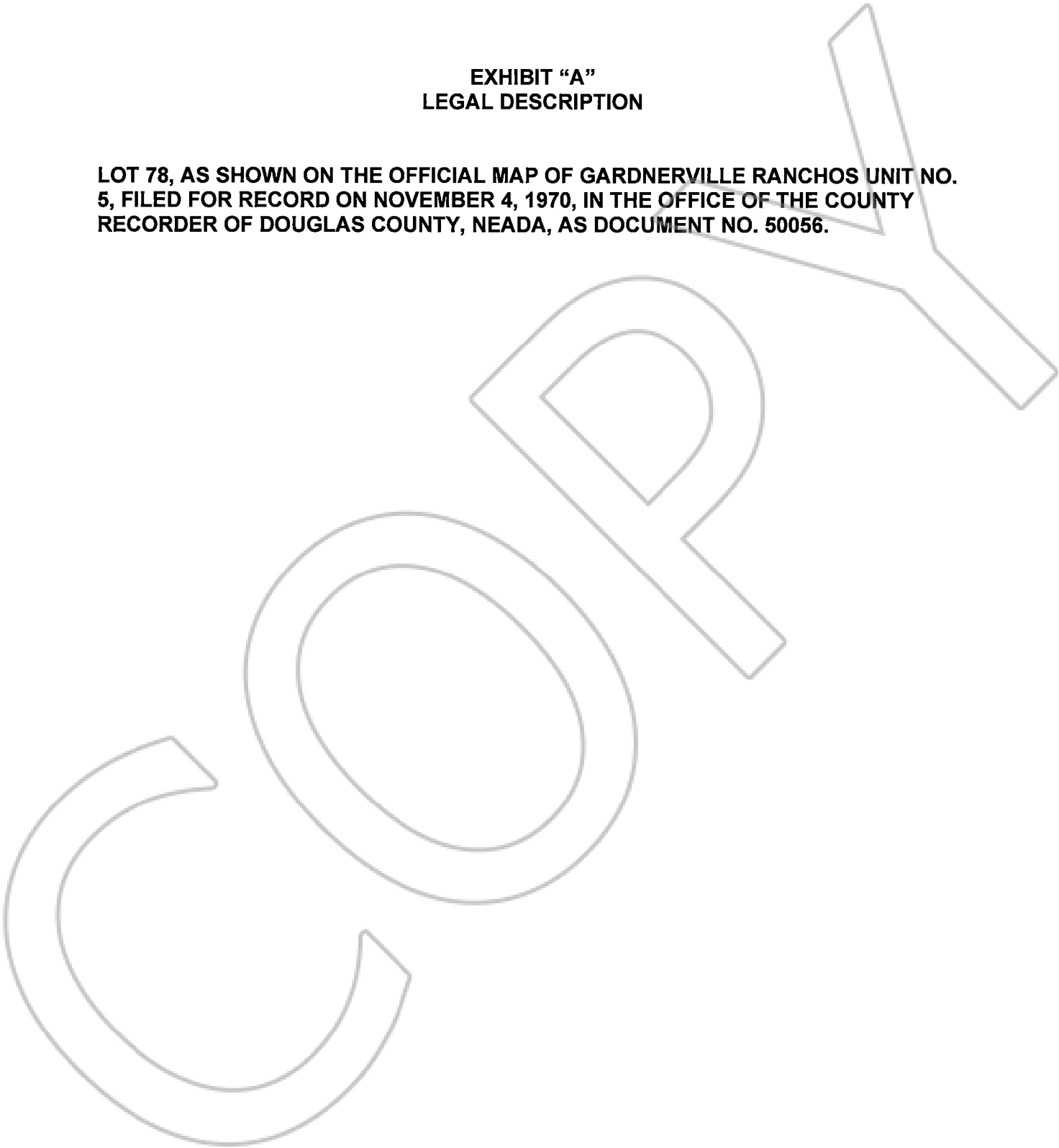
  
\_\_\_\_\_  
Notary Public



**APN: 1220-22-110-120**

**EXHIBIT "A"  
LEGAL DESCRIPTION**

**LOT 78, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 5, FILED FOR RECORD ON NOVEMBER 4, 1970, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEADA, AS DOCUMENT NO. 50056.**





# EXHIBIT B

*Pekar Living Trust*  
Grantor: FAYE R. PEKAR  
Date of Death: May 31, 2022

---

***Nevada Certificate of Death, Faye R. Pekar***

---

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

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4286712

**CERTIFICATE OF DEATH**

**2022013474**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

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>Faye Ruth PEKAR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 31, 2022</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,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>87</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 12, 1934</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Pennsylvania</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)	
13. SOCIAL SECURITY NUMBER <b>5325</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Caseworker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>GOVERNMENT</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>1417 James Road</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>Robert Curtis PEKAR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Rose LEMANSKY</b>		
18a. INFORMANT - NAME (Type or Print) <b>John Scott PEKAR</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3057 Oakland # 1 South Lake Tahoe, California 96150</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>PHILIP R MAYFIELD</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD887</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>5890 S Virginia St. Suite 4-E 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>SIGNATURE AUTHENTICATED</b> <b>HOLLY PORTER APRN</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>June 02, 2022</b>		21c. HOUR OF DEATH <b>07:10</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>Holly Porter APRN 1155 Mill St Reno, NV 89502</b>				23b. LICENSE NUMBER <b>APRN002628</b>	
24a. REGISTRAR (Signature) <b>KATHERINE J SULLIVAN</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 03, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input 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>Acute On Chronic Respiratory Failure With Hypoxia And Hypercarbia</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF <b>Pneumonia</b>				Interval between onset and death	
(b) <b>DUE TO, OR AS A CONSEQUENCE OF: COVID_19</b>				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF: Uncertain Etiology</b>				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Hypertension, Chronic Kidney Disease Stage 3, Obesity, Chronic Obstructive Pulmonary Disease</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	

**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.

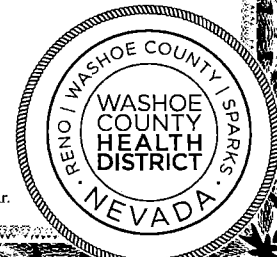
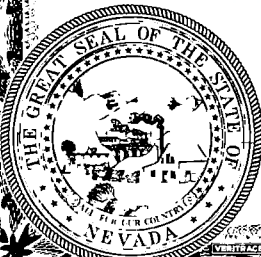
DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

**6/6/2022**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE