



KAREN ELLISON, RECORDER

APN: 1220-04-510-006

**RECORDING REQUESTED BY:**

Robert Carl Malkmus  
P.O. Box 1060  
Gardnerville, Nevada 89410

**MAIL TAX STATEMENTS TO:**

Robert Carl Malkmus  
P.O. Box 1060  
Gardnerville, Nevada 89410

*Pursuant to NRS 239B.030(4), I affirm that  
the instrument contained below does contain  
the social security number of any person.*

**AFFIDAVIT OF DEATH**

CAROLYNN KALIVODA, of legal age, being first duly sworn, deposes and says:

That Marilyn V. Malkmus, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same persons as Marilyn V. Malkmus, named as the owner of the Marilyn V. Malkmus Self Direct IRA, First Savings Bank as Custodian, in that certain deed dated 17 May 2010, and executed by Michael J. Murray and Melissa Murray, husband and wife, recorded on 19 May 2010 as Document No.: 0763960, of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada, commonly known as 1319 Toler Road, Gardnerville, Nevada, more particularly described as follows:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 6, as shown on the map of CARSON VALLEY ESTATES SUBDIVISION, UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on July 19, 1965, as Document No. 28834.

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Marilyn V. Malkmus died on 16 November 2021.

First Savings Bank Custodian for Robert Carl Malkmus IRA is the beneficiary of the First Savings Bank Custodian for Marilyn V. Malkmus Self-Directed IRA.

Pursuant NRS 111.312, this legal description was previously recorded at Document No. 0763960 on 19 May 2010.

DATED this 27<sup>th</sup> day of June, 2022.

  
CAROLYNN KALIVODA,  
IRA Administrator

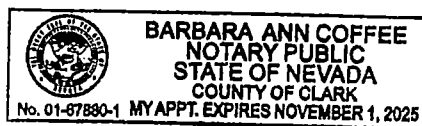
**ACKNOWLEDGEMENT**

STATE OF NEVADA    )  
                                  ) ss.  
COUNTY OF CLARK )

On June 27<sup>th</sup>, 2022, before me, the undersigned, a Notary Public in and for said County and State, personally appeared CAROLYNN KALIVODA known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official 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. 4249341

**CERTIFICATE OF DEATH**

2021028808  
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>Marilyn Verda MALKMUS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 16, 2021</b>		3a COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>1560 Orchard Road</b>		3e If Hosp or Inst indicate DOA,OP/Emer Rm. Inpatient(Specify) <b>Home</b>	
4 SEX <b>Female</b>		7a AGE-Last birthday (Years) <b>80</b>		8 DATE OF BIRTH (Mo/Day/Yr) <b>January 20, 1941</b>	
5. RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7b UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
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. MARI-AL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Robert Carl MALKMUS</b>			
13 SOCIAL SECURITY NUMBER <b>9754</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>ACCOUNTANT</b>		14b KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</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>1560 Orchard Road</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Alexander William DUGOID</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Betty Delosis GRUENDLER</b>		
18a INFORMANT- NAME (Type or Print) <b>Robert Carl MALKMUS</b>		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>1560 Orchard Road Gardnerville, Nevada 89410</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>PHILIP R MAYFIELD</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD887</b>		20c NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 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>DOUGLAS VACEK DO</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>November 18, 2021</b>		21c HOUR OF DEATH <b>09:41</b>		22b DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAM NER, OR CORONER) (Type or Print) <b>Douglas Vacek DO 850 6th Street Lovelock, NV 89419</b>				23b LICENSE NUMBER <b>1125</b>	
24a REGISTRAR (Signature) <b>DARAN GRISSOM</b>		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				Interval between onset and death	
(a) <b>Cardiac Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Electrolyte Imbalance</b>					
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(c) <b>Metastatic Bladder Cancer</b>					
DUE TO, OR AS A CONSEQUENCE OF.				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				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

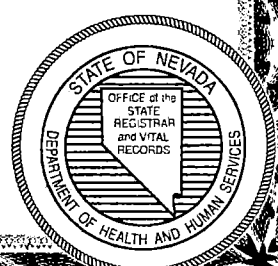
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

*[Signature]*

DATE ISSUED: **3/1/2022**

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