

WHEN RECORDED MAIL TO:

Tia Kelly-Mandel  
2545 Hayward Dr  
Burlingame, CA 94010

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02203187-RLT

APN No.: 1220-24-601-045

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of Douglas }

Tia Kelly-Mandel, being duly sworn, deposes and says:

1. Martin Paul Joyce, the decedent mentioned in attached copy of Certificate of Death, is the same person as Martin Joyce, Trustee of The Martin Joyce 2022 Trust named as one of the trustee(s) in that certain Grant Bargain Sale Deed dated January 25, 2022, executed by Martin P Joyce, as his sole and separate property to Martin Joyce, Trustee of The Martin Joyce 2022 Trust, recorded on January 26, 2022 as instrument number 2022-980333, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Tia Kelly-Mandel, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

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

7/27/22

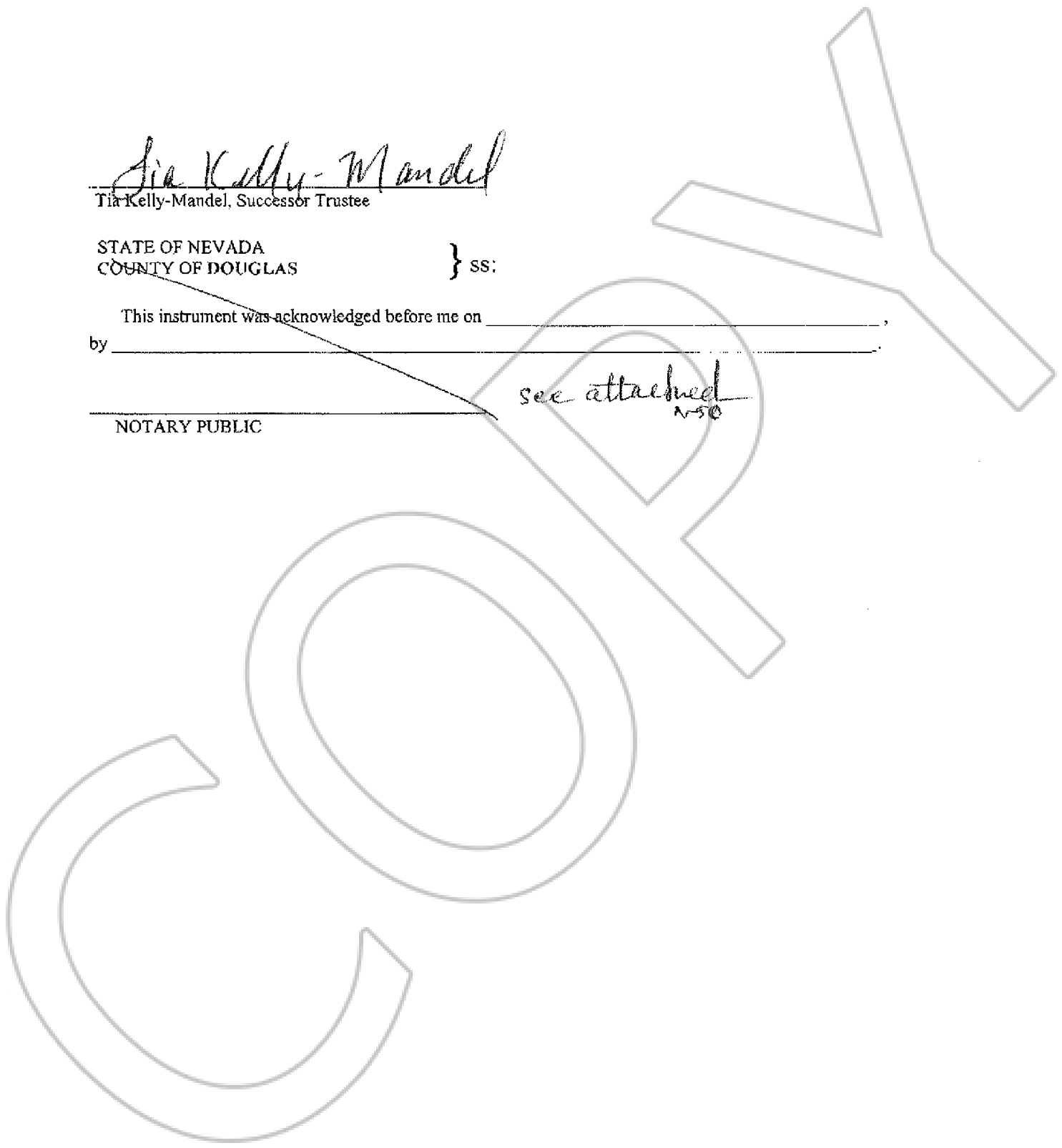
Tia Kelly-Mandel  
Tia Kelly-Mandel, Successor Trustee

STATE OF NEVADA }  
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on \_\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

*see attached*  
N-50



# California All-Purpose Certificate of Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of SAN MATEO S.S.

On 07-27-2022 before me, MA S. OO. NOTARY PUBLIC

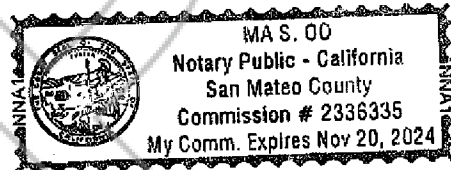
personally appeared TIA KELLY-MANDEL

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

*MA S. OO*



## OPTIONAL INFORMATION

### Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of AFFIDAVIT- DEATH OF TRUSTEE- SUCCESSION OF SUCCESSOR TRUSTEE

containing \_\_\_\_\_ pages, and dated \_\_\_\_\_.

The signer(s) capacity or authority is/are as:

- Individual(s)
- Attorney-in-fact
- Corporate Officer(s) \_\_\_\_\_
- Guardian/Conservator
- Partner - Limited/General
- Trustee(s)
- Other: \_\_\_\_\_

representing: \_\_\_\_\_

### Method of Signer Identification

Proved to me on the basis of satisfactory evidence:

form(s) of identification  credible witness(es)

Notarial event is detailed in notary journal on:

Page # \_\_\_\_\_ Entry # \_\_\_\_\_

Notary contact: \_\_\_\_\_

Other

Additional Signer  Signer(s) Thumbprints(s)

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

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

CASE FILE NO. 4281653

**CERTIFICATE OF DEATH**

2022011290  
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) Martin Paul JOYCE		2. DATE OF DEATH (Mo/Day/Year) May 03, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street an number) 1973 Mule Lane		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 24, 1943		9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 5205		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Electronics	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1973 Mule Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Martin John JOYCE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice Mary SESNEY		
18a. INFORMANT - NAME (Type or Print) Tia KELLY		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2545 Hayward Drive Burlingame, California 94010			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Creations 1600 Buckeye Rd Minden NV 89423	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED REED DOPF MD					
21b. DATE SIGNED (Mo/Day/Yr) May 05, 2022		21c. HOUR OF DEATH 18:00		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		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) Reed Dopf MD, 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 06, 2022		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) Respiratory Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Malignant, Metastatic Salivary Carcinoma				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. Diabetes				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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**

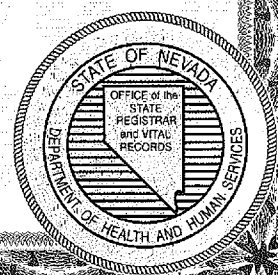
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

5/9/2022

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

*Scott Spangler*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Order No.: 02203187-RLT

**EXHIBIT A**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

A portion of the Southeast 1/4 of the Northeast 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B. & M., Douglas County, Nevada, described as follows:

Commencing at the East 1/4 corner of said Section 24, as set forth on that certain parcel map for PHIL SULLIVAN, that was filed for record in the office of the County Recorder of Douglas County, Nevada, on the 16th day of June, 1980, in Book 680, at Page 1330, as Document No. 45330 of Official Records;

Thence North 00°07'45" East, 331.00 feet along the East line of said Section 24, to the Southeast corner of Parcel D, as set forth on said parcel map;

Thence West 205.60 feet along the South line of said Parcel D to the POINT OF BEGINNING;

Thence continuing West, 142.36 feet;

Thence North 331.00 feet;

Thence East, 142.36 feet;

Thence South 331.00-feet to the POINT OF BEGINNING.

Being a portion of Parcel D, as shown on the parcel map for PHIL SULLIVAN, recorded in the office of the County Recorder, Douglas County, Nevada, on June 16, 1980, in Book 680, Page 1330, as Document No. 45330. The aforementioned map being a resubdivision of Lot 6, as shown on the map of RUHENSTROTH RANCHOS, recorded in the office of the Recorder, Douglas County, Nevada, on April 14, 1954, as Document No. 27706.

APN: 1220-24-601-045

Note: Document No. 2022-980333 is provided pursuant to the requirements of Section 6.NRS 111.312.