

APN# 1320-29-117-044

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: Kimberly Tremaine

Address: 907 S. Mills Ave

City/State/Zip: Lodi CA 95242

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 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:**
Kimberly Tremaine

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-29-117-044

File No.: 143-2656410 (et)

Affidavit - Death of Trustee

State of NV)
County of DOUGLAS)ss.
)

Kimberly Tremaine, successor trustee ("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. **Michael Leslie Tremaine** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **May 22, 2022** at **Minden, NV** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **October 2, 2018** executed by **Michael Leslie Tremaine** 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 **July 6, 2021** which was recorded as Instrument No. **2021-970662** 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 8-13-2022

DECLARANT:

Kimberly Tremaine
Kimberly Tremaine, successor trustee

State of _____)

County of _____)ss
_____)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County _____ and State _____, this _____ day of _____, 20____ by _____, 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 See Attached

My Commission Expires: _____

Notary Name: CAROL A Clow

Notary Phone: 925-550-7096

Notary Registration Number: 2283893

County of Principal Place of Business San Joaquin

JURAT

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

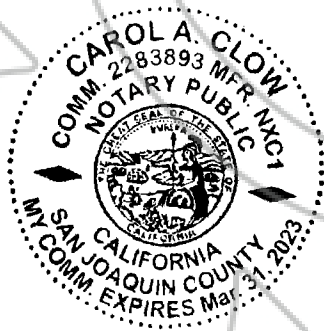
County of SAN JOAQUIN

Subscribed and sworn to (or affirmed) before me on this

13 day of AUGUST, 2022, by

KIMBERLY TREMAINE

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(Seal)

Signature _____

A handwritten signature in black ink, appearing to be 'Carol A. Clow', written over a horizontal line.

EXHIBIT 'A'

UNIT 170, AS SHOWN ON THE OFFICIAL PLAT OF WINHAVEN, UNIT NO. 5, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 10, 1994 IN BOOK 294 OF OFFICIAL RECORDS AT PAGE 1845, AS DOCUMENT NO. 329790.

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4285220

CERTIFICATE OF DEATH

2022013057
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

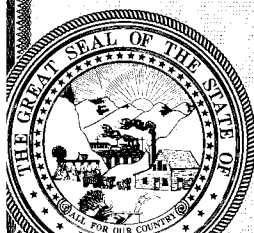
CERTIFIER

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) Michael Leslie TREMAINE | | 2. DATE OF DEATH (Mo/Day/Year) May 22, 2022 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Minden | | 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) 1093 Daphne Court | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 77 | |
| 9a. STATE OF BIRTH (if not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 14 | |
| 11. MARITAL STATUS (Specify) Widowed | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | | 8. DATE OF BIRTH (Mo/Day/Yr) March 30, 1945 | |
| 13. SOCIAL SECURITY NUMBER ██████████-1128 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| 15d. STREET AND NUMBER 1093 Daphne Court | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? Yes | |
| 16. FATHER/PARENT - NAME (First-Middle-Last Suffix) Harry Claude TREMAINE | | | 17. MOTHER/PARENT - NAME (First-Middle-Last Suffix) Anna HORN | | |
| 18a. INFORMANT - NAME (Type or Print) Kimberly Anna TREMAINE | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 907 S Mills Avenue Lodi, California 95242 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKES | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD967 | | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423 | |
| 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) EVAN W EASLEY MD | | | 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) May 26, 2022 | | 21c. HOUR OF DEATH 13:05 | | 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) | |
| 22e. PRONOUNCED DEAD AT (Hour) | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Evan W Easley MD 1520 Virginia Ranch Rd Gardnerville, NV 89410 | | | |
| 23b. LICENSE NUMBER 7446 | | 24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 31, 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) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Type 2 Diabetes Mellitus DUE TO, OR AS A CONSEQUENCE OF: (d) | | | |
| 26. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | | |
| 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.

Scott Spangler
STATE REGISTRAR

DATE ISSUED: 6/7/2022

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

