

APN: 1420-27-401-002

When Recorded, Please Return To:
Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423

Mail Future Tax Statements To:
Lillian Dubroka
1403 Kim Place
Minden, NV 89423



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF TRUSTEE

(The attached document **does** contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA)
) SS.
DOUGLAS COUNTY)

I, Lillian Dubroka, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

That all of the real property commonly known as 1403 Kim Place, Minden, Nevada, situated in the State of Nevada, County of Douglas, APN: 1420-27-401-002, more precisely described in **Exhibit A** attached hereto and incorporated herein, was acquired and held by Richard L. Kortzeborn, as Trustee of the Richard L. Kortzeborn February 9th 1999 Revocable Living Trust, dated February 9, 1999, by Grant, Bargain, and Sale Deed executed by Richard L. Kortzeborn on March 1, 1999, which deed was thereafter recorded with the Douglas County Recorder on March 1, 1999;

That Richard Lee Kortzeborn died on January 9, 2022, as identified in Certificate of Death #2022000261, issued by the Department of Health and Human Services of the State of Nevada attached hereto as **Exhibit B**;

That Richard Lee Kortzeborn is the same person as Richard L. Kortzeborn, as Trustee of the Richard L. Kortzeborn February 9th 1999 Revocable Living Trust; and

That Affiant, Lillian Dubroka, is a beneficiary under the above-referenced Trust, which was in effect at the time of Richard Lee Kortzeborn's death, and the Trust has not been revoked.

That this information is offered with personal knowledge and declared under penalty of perjury.

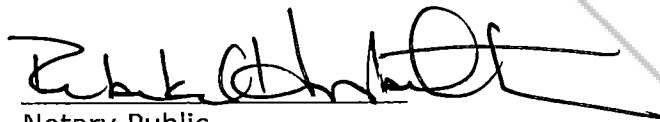
Affiant further sayeth naught.

Date: 9-15-, 2022


Lillian Dubroka, Affiant

State of Nevada)
) ss.
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on September 15, 2022, by Lillian Dubroka.


Notary Public

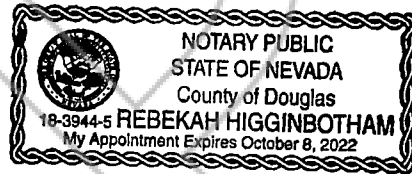
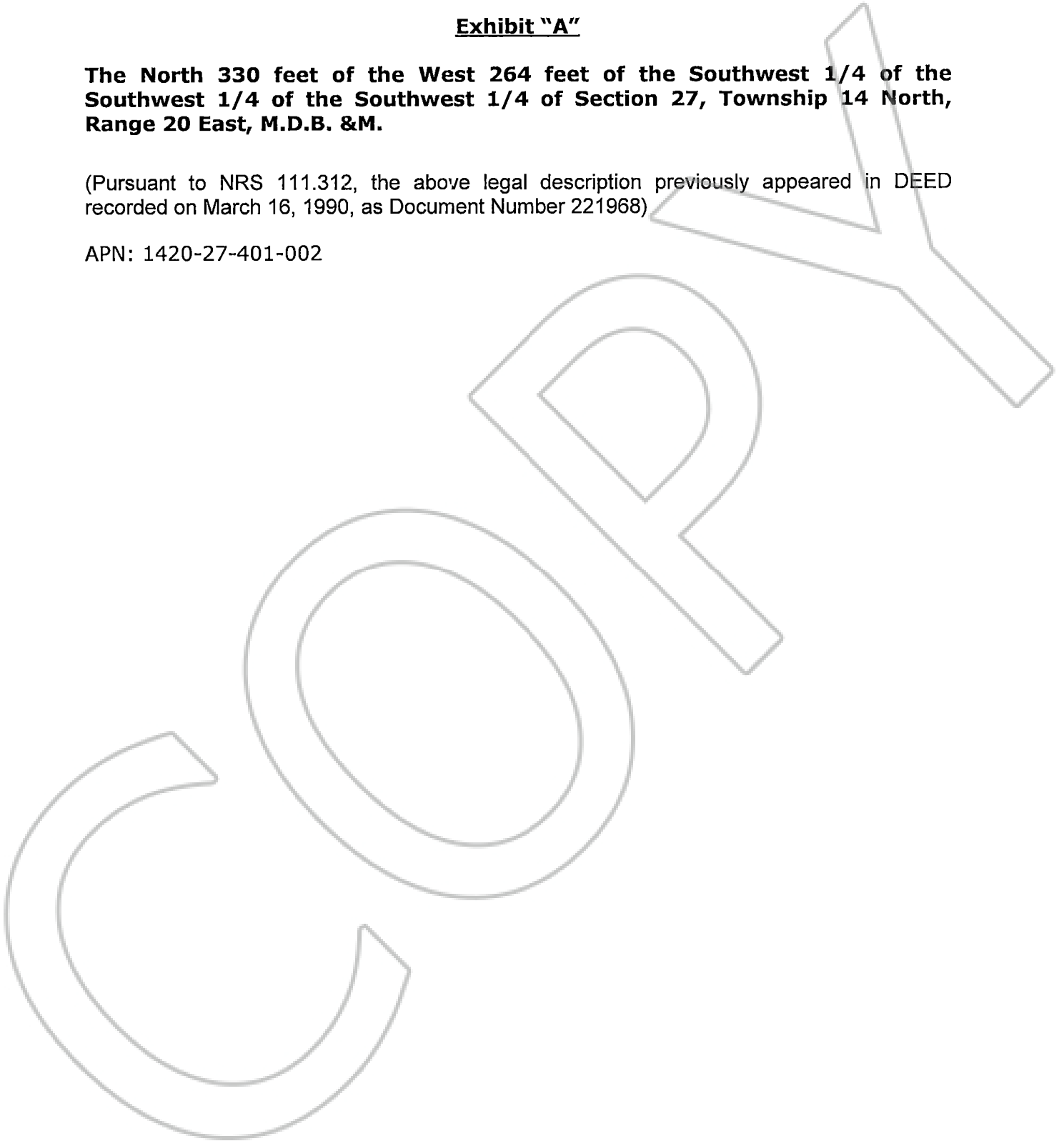


Exhibit "A"

The North 330 feet of the West 264 feet of the Southwest 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 27, Township 14 North, Range 20 East, M.D.B. &M.

(Pursuant to NRS 111.312, the above legal description previously appeared in DEED recorded on March 16, 1990, as Document Number 221968)

APN: 1420-27-401-002



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4259620

CERTIFICATE OF DEATH

2022000261
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

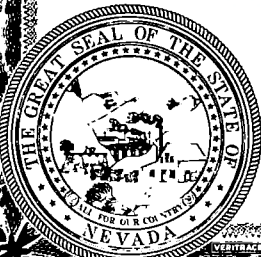
CERTIFIER

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) Richard Lee KORTZEBORN		2. DATE OF DEATH (Mo/Day/Year) January 09, 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 and number) 1403 Kim Place		3e If Hosp or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) Home	
4 SEX Male		7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 14, 1934		9a STATE OF BIRTH (If not US/CA, name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 10		11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████ 7927		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Dealer		14b KIND OF BUSINESS OR INDUSTRY CASINO	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1403 Kim Place		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward J KORTZEBORN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Johanna L SAUTTER		
18a INFORMANT- NAME (Type or Print) Lilian L DUBROKA		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1403 Kim Place Minden, Nevada 89423			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) JEFFREY BASA MD SIGNATURE AUTHENTICATED			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) January 10, 2022		21c. HOUR OF DEATH 16:31		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) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706			
23b. LICENSE NUMBER 8079		24a REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 11, 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) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
Interval between onset and death		Interval between onset and death			
Interval between onset and death		Interval between onset and death			
Interval between onset and death		Interval between onset and death			
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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC. SUICIDE, HOMICIDE, UNDETERMINED 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

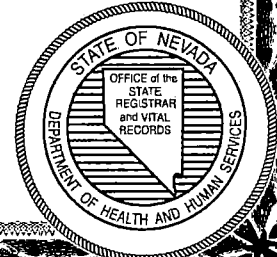
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

State Registrar

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

1/12/2022



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE