

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



ANDERSON, DORN & RADER, LTD.

APN: 1320-26-002-028

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

MARGARET M. FRICK, Trustee
1608 Heron Cove Court
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF TRUSTEE

I, MARGARET M. FRICK, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated May 5, 2015, FREDRICK M. WOLIN and I executed the WOLIN LIVING TRUST (the "Trust").
- (2) FREDRICK M. WOLIN deceased on August 30, 2022, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said FREDRICK M. WOLIN.
- (3) Said trust appointed me to serve as sole Trustee upon the death of FREDRICK M. WOLIN.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

(5) The following described real property is part of the Trust estate. See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.


(8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Washoe, State of Nevada, on November 4, 2022.


MARGARET M. FRICK, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on November 4, 2022, by MARGARET M. FRICK, Trustee.


Notary Public

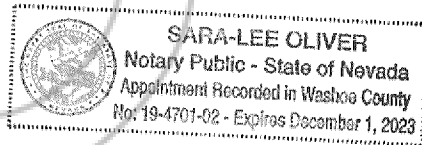


EXHIBIT "A"

Legal Description:

PARCEL 1 AS SET FORTH ON THAT CERTAIN PARCEL MAP FOR MARY AND MICHAEL JARRETT AND GEBHARRT REVOCABLE TRUST AGREEMENT RECORDED MARCH 22, 1993, IN BOOK 393 OF OFFICIAL RECORDS, PAGE 4000, AS DOCUMENT NO. 302422, DOUGLAS COUNTY, STATE OF NEVADA.

APN: 1320-26-002-028

Property Address: 1608 HERON COVE COURT, GARDNERVILLE, NV 89410

COOPER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4303441

CERTIFICATE OF DEATH

2022021608
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

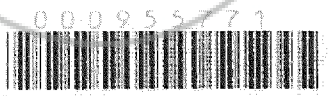
CERTIFIER

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) Fredrick Martin WOLIN		2. DATE OF DEATH (Mo/Day/Year) August 30, 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 address and number) Gardnerville Heath and Rehabilitation Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm (Inpatient)(Specify) Nursing 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 HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 16, 1944		9a. STATE OF BIRTH (if not US/CA, name country) Finland		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Margaret FRICK	
13. SOCIAL SECURITY NUMBER 7545		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Environmental Engineer		14b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1608 Heron Cove Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever In US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Irving WOLIN			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Ella WARHOE		
18a. INFORMANT- NAME (Type or Print) Margaret Monahan FRICK			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1608 Heron Cove Court Gardnerville, Nevada 89410		
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) PHILIP R MAYFIELD		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5690 S Virginia St. Suite 4-E Reno NV 89502	
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 STEPHEN T HEWITT DO					
21b. DATE SIGNED (Mo/Day/Yr) September 12, 2022		21c. HOUR OF DEATH 17:45		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	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703		23b. LICENSE NUMBER DO1107		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 12, 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		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
(a) Cardiopulmonary Arrest		Interval between onset and death Mins			
(b) End Stage Renal Disease		Interval between onset and death Yrs			
(c) Congestive Heart Failure		Interval between onset and death Yrs			
(d) Diabetes		Interval between onset and death Yrs			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
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: **9/15/2022**

[Signature]
STATE REGISTRAR

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

