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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1220-21-110-024

Recording requested by:)
Vander Laan Law Firm LLC)
1624 10th Street, Suite 3)
Minden, NV 89423)

When recorded mail to:)
Sandra Pawliszyn)
961 Riverview Drive)
Gardnerville, NV 89460)

Mail tax statement to:)
Sandra Pawliszyn)
961 Riverview Drive)
Gardnerville, NV 89460)

AFFIDAVIT – DEATH OF TRUSTEE

I, SANDRA LEE PAWLISZYN, of legal age, being first duly sworn, declare under penalty of perjury that:

LONNIE ANN SELDEN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LONNIE A. SELDEN named as one of the parties (grantee) in that certain deed dated May 17, 2005, and executed by Lonnie A. Selden (grantor) to Lonnie A. Selden, Trustee of THE TED AND LONNIE SELDEN FAMILY TRUST U/D/T December 21, 1995 (grantee), recorded on March 14, 2007, as Document No. 0697014 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 53, as set forth on the FINAL MAP OF TILLMAN ESTATES, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 12, 1994, in Book 494, Page 2192, as Document No. 334956, Official Records, Douglas County, Nevada

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

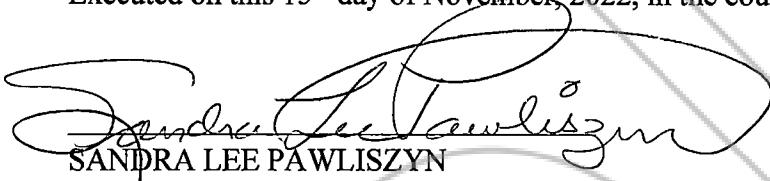
Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

LONNIE A. SELDEN, the deceased party, died on May 18, 2022, as shown in the attached certified copy of Certificate of Death.

The Affiant is the daughter of the deceased party and pursuant to the terms of THE TED AND LONNIE SELDEN FAMILY TRUST U/D/T December 21, 1995, now the sole acting Trustee of THE TED AND LONNIE SELDEN FAMILY TRUST U/D/T December 21, 1995, now holding title as SANDRA LEE PAWLISZYN, Trustee, or her successors in Trust, under THE TED AND LONNIE SELDEN FAMILY TRUST U/D/T December 21, 1995.

Executed on this 15th day of November, 2022, in the county of Douglas, state of Nevada.

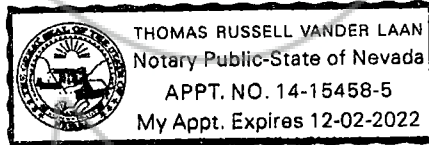


SANDRA LEE PAWLISZYN

Trustee of THE TED AND LONNIE SELDEN FAMILY TRUST U/D/T December 21, 1995

STATE OF NEVADA)
): ss
 COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on this 15th day of November, 2022, by SANDRA LEE PAWLISZYN.




 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4284363

CERTIFICATE OF DEATH

2022012581
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) Lonnie Ann SELDEN | | 2. DATE OF DEATH (Mo/Day/Year) May 18, 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 and number) 961 Riverview Drive | | 3e. If Hosp or Inst. indicate DOA,OP/Emr Rm Inpatient(Specify) Home | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | 7a. AGE-Last birthday (Years) 89 | 7b. UNDER 1 YEAR MOS DAYS | 7c. UNDER 1 DAY HOURS MINS |
| 9a. STATE OF BIRTH (If not US/CA, name country) Colorado | | 9b. CITIZEN OF WHAT COUNTRY United States | 10. EDUCATION 16 | 11. MARITAL STATUS (Specify) Widowed | 8. DATE OF BIRTH (Mo/Day/Yr) December 15, 1932 |
| 13. SOCIAL SECURITY NUMBER [REDACTED] 2915 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) |
| 15a. RESIDENCE - STATE Nevada | 15b. COUNTY Douglas | 15c. CITY, TOWN OR LOCATION Gardnerville | 15d. STREET AND NUMBER 961 Riverview Drive | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Lon Lee GATELEY | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lucy Lola Mae VERMILYEA | | |
| 18a. INFORMANT - NAME (Type or Print) Sandra PAWLISZYN | | 18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 961 Riverview Drive Gardnerville, Nevada 89460 | | | |
| 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 SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD967 | 20c. NAME AND ADDRESS OF FACILITY Fitz-Henry'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) NITA SCHWARTZ 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) May 23, 2022 | | 21c. HOUR OF DEATH 13:00 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22c. HOUR OF DEATH |
| 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 EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 9114 | |
| 24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 24, 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 | | | | | Interval between onset and death |
| (a) Myeloproliferative Disease Without Remission 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) DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 | | | | 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

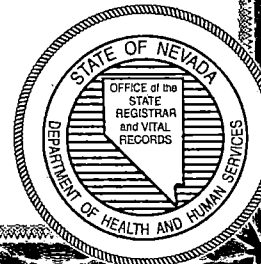
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Scott Spangler

DATE ISSUED:

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