

APN# 1420-28-214-004

Recording Requested by/Mail to:

Name: Day R. Williams, Esq.

Address: 1601 Fairview Drive, Suite C

City/State/Zip: Carson City, NV 89701

Mail Tax Statements to:

Name: Karlene R. Jensen

Address: 2910 Rio Vista Court

City/State/Zip: Minden, NV 89423



00162717202209920340030039

KAREN ELLISON, RECORDER

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)

Robin A. Williams

Signature

Robin A. Williams

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

When recorded mail to:
Day R. Williams, Esq.
1601 Fairview Dr. #C
Carson City NV 89701-5860

AFFIDAVIT—DEATH OF TRUSTEE

STATE OF NEVADA)
):ss
CARSON CITY)

KARLENE RAE JENSEN, of legal age, being first duly sworn, deposes and says: That MARK R. DUSI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARK R. DUSI, Trustee of The Mark R. Dusi Declaration of Trust, dated 12/11/1996, named as one of the parties in that certain Grant, Bargain and Sale Deed dated March 29, 2018 signed by Mark R. Dusi and Karlene J. Jensen, as unmarried people as joint tenants with right of survivorship, recorded as Document No. 2018-912236 in the Official Records of Douglas County, State of Nevada, covering the following described property situated in Minden, State of Nevada, commonly known as 2910 Rio Vista Court, Minden NV 89423, more particularly described as follows:

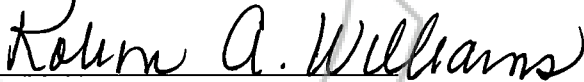
Lot 207, Block F, as shown on the final map #PD99-02-06 for Saratoga Springs Estate Unit 6, a Planned Development, recorded in the office of the County Recorder of Douglas County, Nevada, on June 28, 2002, in Book 0602, at Page 10142, as Document No. 546028.

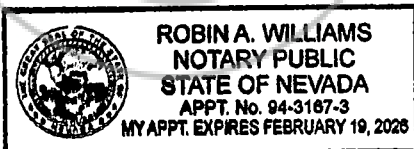
Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

KARLENE RAE JENSEN is now the sole Trustee of the Mark R. Dusi Declaration of Trust, dated 12/11/1996.


KARLENE RAE JENSEN

SUBSCRIBED AND SWORN TO before me
this 28th day of November, 2022
by KARLENE RAE JENSEN.


NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4315689

CERTIFICATE OF DEATH

2022026684
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) Mark Robert DUSI		2. DATE OF DEATH (Mo/Day/Year) November 05, 2022		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/ Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 67		7b. UNDER 1 YEAR MOS _____ DAYS _____		7c. UNDER 1 DAY HOURS _____ MINS _____	
8. DATE OF BIRTH (Mo/Day/Yr) November 29, 1954		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kariene JENSEN	
13. SOCIAL SECURITY NUMBER ██████████-5686		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Systems Analyst		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2910 Rio Vista Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert DUSI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marilyn LEHNHOFF		
18a. INFORMANT- NAME (Type or Print) Karlene JENSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2910 Rio Vista Ct Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Templeton Cemetery		19c. LOCATION City or Town State Paso Robles California 93446	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
TRADE CALL - NAME AND ADDRESS Chapel of the Roses 3450 El Camino Real Atascadero CA 93422					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROSS ALBRIGHT 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) November 14, 2022		21c. HOUR OF DEATH 09:37		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Ross Albright MD 748 S Meadows Pkwy Reno, NV 89521				23b. LICENSE NUMBER 12790	
24a. REGISTRAR (Signature) KATHERINE J SULLIVAN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 14, 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) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) _____					
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

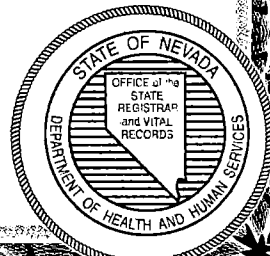
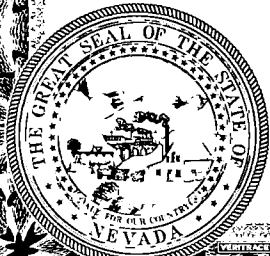
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Katherine J Sullivan

DATE ISSUED: 11/16/2022

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