

APN # 1420-08-211-058

Recording Requested By:
Michael J Cooke (Trustee)

When recorded mail document to:

NAME: Michael J. Cooke
ADDRESS: 7515 E Zayante Rd
CITY: Felton
STATE & ZIP: CA 95018



00173208202310009080030034

SHAWNYNE GARREN, RECORDER

Above Space for Recorder's Use Only

AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada
County of Douglas }

Michael J. Cooke, of legal age, being first duly sworn, deposes and says:

- Helga Marita Roghers, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person named as Trustee in the certain Declaration of Trust dated March 3, 2020 executed by Helga Marita Roghers on March 3, 2020 as trustor(s).
- At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on February 15, 2017, as instrument No. 2017-894754, in the Official Records of Douglas County, State of Nevada, covering the following described property situated in the said County, State of Nevada:

See Exhibit "A" Attached Hereto And Made A Part Hereof

- I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated 9/23/23 [Signature]

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 ~~Nevada~~ CALIFORNIA
County of SANTA CRUZ }

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 23 day of SEPTEMBER 2023 by MICHAEL J. COOKE proved to me on the basis of satisfactory evidence to be the persons(s) who appeared before me.

[Signature] (Seal)
Notary Signature

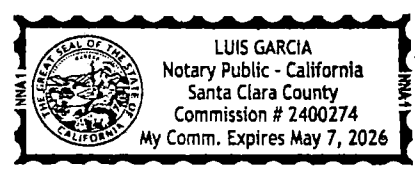


Exhibit "A"

Legal Description:

All that parcel of land as shown on the maps filed for record on Document No. 338607 and 340968, in the office of the Douglas County Nevada Recorders office, described as:

Beginning at the most Easterly point of the Park (open space) parcel as shown on said Document No. 338607; thence the following five courses:

1. South 46°12'23" West, 15.00 feet along the Westerly right of way of Capricorn Drive
2. North 43°47'37" West, 137.39 feet to the North line of said Park
3. North 89°56'10" East, 150.15 feet
4. South 43°47'37" East, 33.59 to the Westerly right of way of said Capricorn Drive
5. South 46°12'23" West, 93.50 feet to the point of the beginning.

Said land is further described as lot 12A, Block H, on Record of Survey Supporting a Boundary Lot Line Adjustment, recorded July 16, 1996 in Book 796, Page 2361, Document No. 392125, in the Office of the County Recorder of Douglas County, State of Nevada.

NOTE(NRS 111.312): The above metes and bounds description appeared previously in that certain Grant, Bargain, Sale Deed, recorded in the office of the County Recorder of Douglas County, Nevada on December 6, 2016, as Document No. 2016-891669, of Official Records.

Property Address: 3542 North Sunridge Dr, Carson City, Nevada 89705
APN: 1420-08-211-058

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

3052023177768

CERTIFICATE OF DEATH

3202331002684

| | | | | | |
|--|--|--|--|---|--|
| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY / NO BRANCHES, WRITEOUTS OR ALTERATIONS VS-11 (REV 3/05) | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) HELGA | | 2. MIDDLE MARITA | | 3. LAST (Family) ROGHERS | |
| 4A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | 4. DATE OF BIRTH mm/dd/ccyy 04/29/1943 | | 5. AGE Yrs. <input type="checkbox"/> IF UNDER ONE YEAR <input type="checkbox"/> IF UNDER 24 HOURS Martha Days Hours Minutes F | |
| 9. BIRTH STATE/FOREIGN COUNTRY AUSTRIA | | 10. SOCIAL SECURITY NUMBER ██████████-8601 | | 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 12. MARITAL STATUS/SRDP* (at Time of Death) DIVORCED | | 7. DATE OF DEATH mm/dd/ccyy 08/09/2023 | | 8. HOUR (24 Hours) 2030 | |
| 13. EDUCATION - Highest Level/Degree (Use worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 14/15. WAS DECEDENT HISPANIC/LATINO/AS/PANISH? (If yes, see worksheet on back) | | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FLIGHT ATTENDANT | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRAVEL AND TRANSPORTATION | | 19. YEARS IN OCCUPATION 36 | |
| 20. DECEDENT'S RESIDENCE (Street and number, or location) 5655 NORTH LAKE BLVD | | | | | |
| 21. CITY CARNELIAN BAY | | 22. COUNTY/PROVINCE PLACER | | 23. ZIP CODE 96140 | |
| 24. YEARS IN COUNTY 36 | | 25. STATE/FOREIGN COUNTRY CA | | | |
| 26. INFORMANT'S NAME, RELATIONSHIP MARITA F. C. SALOMON, DAUGHTER | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1822 PULLMAN LANE, REDONDO BEACH, CA 90278 | | | |
| 28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST - | | 29. MIDDLE - | | 30. LAST (BIRTH NAME) - | |
| 31. NAME OF FATHER/PARENT - FIRST RUDOLPH | | 32. MIDDLE UNKNOWN | | 33. LAST GOSCH | |
| 34. BIRTH STATE AUSTRIA | | 35. NAME OF MOTHER/PARENT - FIRST PAOLA | | 36. MIDDLE UNKNOWN | |
| 37. LAST (BIRTH NAME) RAUCH | | 38. BIRTH STATE AUSTRIA | | | |
| 39. DISPOSITION DATE mm/dd/ccyy 08/18/2023 | | 40. PLACE OF FINAL DISPOSITION RES. OF ROGHERS FAMILY 5655 NORTH LAKE BLVD, CARNELIAN BAY, CA 96140 | | | |
| 41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE | | 42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED | | | |
| 43. LICENSE NUMBER - | | 44. NAME OF FUNERAL ESTABLISHMENT TRUCKEE TAHOE MORTUARY | | 45. LICENSE NUMBER FD1191 | |
| 46. SIGNATURE OF LOCAL REGISTRAR ▶ ROBERT LEE OLDHAM, MD | | 47. DATE mm/dd/ccyy 08/15/2023 | | 48. SIGNATURE OF LOCAL REGISTRAR | |
| 101. PLACE OF DEATH RESIDENCE - HOSPICE | | 102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | |
| 104. COUNTY PLACER | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5655 NORTH LAKE BLVD | | 106. CITY CARNELIAN BAY | |
| 107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) METASTATIC COLON CANCER PRIMARY | | Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. | | 108. DEATH REPORTED TO CORONER? Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PRELIMINARY NUMBER | |
| 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) PARTIAL RIGHT COLECTOMY 01/21/2014, RIGHT LIVER RESECTION 02/26/2018 | | 113A. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | | |
| 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/ccyy (B) mm/dd/ccyy 04/27/2023 08/09/2023 | | 115. SIGNATURE AND TITLE OF CERTIFIER ▶ JOHANNA SHOOP KOCH, MD | | 116. LICENSE NUMBER G55964 | |
| 117. DATE mm/dd/ccyy 08/15/2023 | | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOHANNA SHOOP KOCH, MD 880 ALDER AVE, INCLINE VILLAGE, NV 89451 | | | |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined | | 120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 121. INJURY DATE mm/dd/ccyy | |
| 122. HOUR (24 Hours) | | 122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | | |
| 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | | | | |
| 125. LOCATION OF INJURY (Street and number, or location, and city, and zip) | | | | | |
| 126. SIGNATURE OF CORONER / DEPUTY CORONER | | 127. DATE mm/dd/ccyy | | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | |
| STATE REGISTRAR | | A B C D E | | FAX AUTH.# CENSUS TRACT | |

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF PLACER



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

09/01/2023

Robert L. Oldham MD

ROBERT L. OLDHAM, MD
HEALTH OFFICER AND LOCAL REG REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAPLACEROJ