

APN# 1220-16-411-009

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Faiferek Living Trust

Address: 486 Hwy 339

City/State/Zip: Yerington NV 89447

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)



Signature

E.TOBIAS

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
FAIFEREK LIVING TRUST

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-16-411-009**

File No.: 143-2667720 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Lee A. Faiferek** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Roland J. Faiferek** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on MARCH 30, 2023 at Yerington, NV (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **January 25, 2006** executed by **Lee A. Faiferek and Roland J. Faiferek** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **GRANT BARGAIN AND SALE DEED** dated **2/1/2021** which was recorded as Instrument No. **2021-964051** in Book **n/a**, Page **n/a**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 10-3-23

**DECLARANT:**

Lee A. Faiferek  
**Lee A. Faiferek**

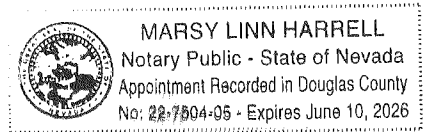
State of Nevada )  
 )ss  
County of Douglas )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 3 day of October, 2023 by Lee A. Faiferek, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature Marsy Linn Harrell  
My Commission Expires: 6-10-2026



Notary Name: Marsy Linn Harrell Notary Phone: 775-782-5211  
Notary Registration Number: 22-7504-05 County of Principal Place of Business Douglas

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4342079

**CERTIFICATE OF DEATH**

2023006992  
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

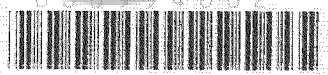
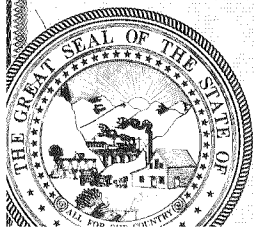
CERTIFIER

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) <b>Roland Joseph FAIFEREK</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 30, 2023</b>		3a. COUNTY OF DEATH <b>Lyon</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Yerington</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>486 Hwy 339</b>		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>78</b>	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 04, 1944</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Lee KIMBALL</b>			
13. SOCIAL SECURITY NUMBER <b>██████████-2308</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>██████████</b>		<b>CARPENTER</b>		<b>CONSTRUCTION</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lyon</b>		15c. CITY, TOWN OR LOCATION <b>Yerington</b>	
15d. STREET AND NUMBER <b>486 Hwy 339</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Constantine FAIFEREK</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary SMAGON</b>		
18a. INFORMANT - NAME (Type or Print) <b>Lee FAIFEREK</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>486 Hwy 339 Yerington, Nevada 89447</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>GERALD HITCHCOCK</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD614</b>		20c. NAME AND ADDRESS OF FACILITY <b>Freitas Ruprecht Funeral Home PO BOX 1271 Yerington NV 89447</b>	
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) <b>JEFFREY BASA MD</b> 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) <b>April 03, 2023</b>		21c. HOUR OF DEATH <b>18:15</b>		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	
22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706</b>				23b. LICENSE NUMBER <b>8079</b>	
24a. REGISTRAR (Signature) <b>MARLI MORAI GNE REINHEIMER</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 03, 2023</b>		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) <b>Lung Cancer</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Unknown Etiology</b>					
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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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

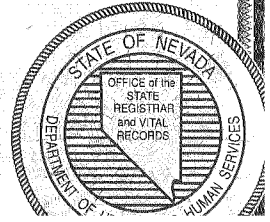
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **5/4/2023**

*Cody L. Phinney*

STATE REGISTRAR

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



**EXHIBIT 'A'**

**LOT 2, BLOCK A, AS SHOWN ON THE FINAL MAP OF MOUNTAIN SHADOW APARTMENTS,  
RECORDED FEBRUARY 5, 1992, IN BOOK 292, PAGE 472, DOCUMENT NO. 270423,  
OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.**

