

WHEN RECORDED MAIL TO:

Nancy Rey Jackson, Successor Trustee of
the 2022 Frolich Family trust Dated
September 7, 2022

1133 East River Ln

Gardnerville, NV 89450

The undersigned hereby affirms that this document
submitted for recording includes a death certificate
which contains a social security number as required
by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02303124-RLT

APN No.: 1219-03-002-042

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Nancy Rey Jackson, being duly sworn, deposes and says:

1. Matthew Frolich, the decedent mentioned in attached copy of Certificate of Death, is the same person as Matthew Frolich and E Lorraine Frolich as Trustees of the 2022 Frolich Family Trust dated September 7, 2022 named as one of the trustee(s) in that certain Quitclaim Deed dated Sept 7 2022, executed by Matthew Frolich and E. Lorraine Frolich, husband and wife as community property with right of survivorship to Matthew Frolich and E Lorraine Frolich as Trustees of the 2022 Frolich Family Trust dated September 7, 2022 , recorded on Sept 9, 2022 as instrument number 2022-989319, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Nancy Rey Jackson , am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as ~~successor trustee of the aforementioned trust and do hereby~~ assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: October 30, 2023

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4309515

2022023957
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

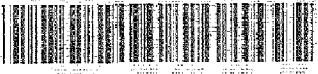
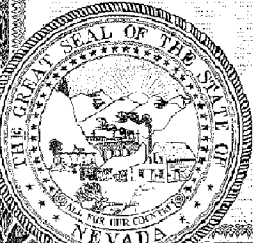
CERTIFIER

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) Matthew FROLICH		2. DATE OF DEATH (Mo/Day/Year) October 03, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not other, give street and number) Carson Valley 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) 99		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 18, 1923		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) Edith Lorraine GIEBELHAUS	
13. SOCIAL SECURITY NUMBER ██████-7884		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
SCHOOL TEACHER		HIGH SCHOOL		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 216 Autumn Hills Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Johannes MATEUS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith Ellen FRASER		
18a. INFORMANT - NAME (Type or Print) Edith Lorraine FROLICH			18b. MAILING ADDRESS (Street or R.F.D. No; City or Town; State; Zip) PO BOX 711 1267 US HWY 395 North 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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St Suite 4-E Reno NV 89502	
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) VADIM GLADWILL 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) October 11, 2022		21c. HOUR OF DEATH 09:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Vadim Gladwill MD 1107 Highway 395 Gardnerville, NV 89410					23b. LICENSE NUMBER 22564
24a. REGISTRAR (Signature): SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 11, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input 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) Acute Hypoxic Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) Pulmonary Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) Heart Failure With Preserved Ejection Fraction					
PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I: Atrial Fibrillation with Rapid Ventricular Response Pleural Effusion On Right Comf. Measures Only Peripheral Vascular Disease Moderate Tricuspid Insufficiency Moderate Aortic Insufficiency Grade 2 Diastolic Dysfunction				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	



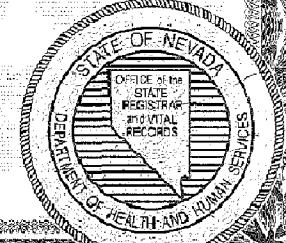
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **10/14/2022**

Scott Sheldon Spangler
STATE REGISTRAR

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



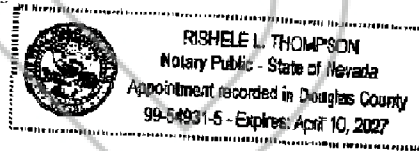
Nancy Rey Jackson
Nancy Rey Jackson, Successor Trustee

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 10/30/2023,
by Nancy Rey Jackson

NOTARY PUBLIC



1616 8th Street
PO Box 218
Minden, NV 89423
Phone (775) 782-9025
Fax (775) 783-6413



Recorder@douglasnv.us
www.douglascountynv.gov

Office of Douglas County Recorder
Shawnyne Garren – Recorder

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.

Signature

October 30, 2023

Date

Tammy May

Printed Name