

APN: 1420-33-701-043

When Recorded, Please Return To:
Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

Mail Future Tax Statements To:
Michael G. Millward, Esq.
1591 Mono Ave.
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

(The attached document **does** contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA)
) SS.
DOUGLAS COUNTY)

I, Michael G. Millward, Esq., Co-Trustee of the Duane A. Martinson Trust, dated December 12, 2007, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

That all of the real property commonly known as 2670 Del Norte, Minden, Nevada, situated in the State of Nevada, County of Douglas, APN: 1420-33-701-043, more precisely described in **Exhibit A**, attached hereto and incorporated herein, was acquired and held by Duane A. Martinson, Trustee of the Duane A. Martinson Trust, dated December 12, 2007, by Trust Transfer Deed executed by Duane A. Martinson on December 12, 2007, which deed was thereafter recorded with the Douglas County Recorder on January 9, 2008;

That Duane Arthur Martinson died on October 2, 2022, as identified in Certificate of Death #2022023638, issued by the Department of Health and Human Services of the State of Nevada attached hereto as **Exhibit B**;

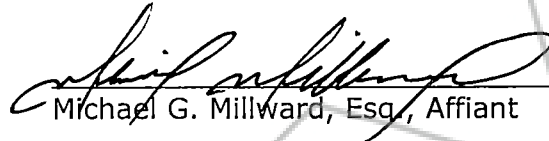
That Duane Arthur Martinson is the same person as Duane A. Martinson, Trustee of the Duane A. Martinson Trust, dated December 12, 2007; and

That Affiant, Michael G. Millward, Esq., is the successor Co-Trustee under the above-referenced Trust, which was in effect at the time of Duane Arthur Martinson's death, and the Trust has not been revoked.

That this information is offered with personal knowledge and declared under penalty of perjury.

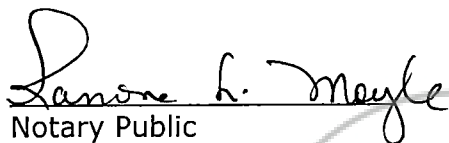
Affiant further sayeth naught.

Date: 1/12, 2023


Michael G. Millward, Esq., Affiant

State of Nevada)
) ss.
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on January 12th, 2023, by Michael G. Millward, Esq.


Notary Public

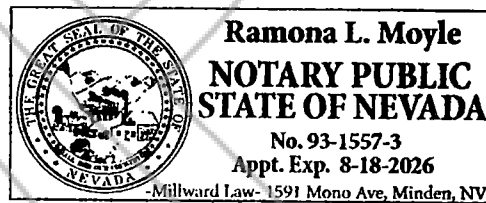


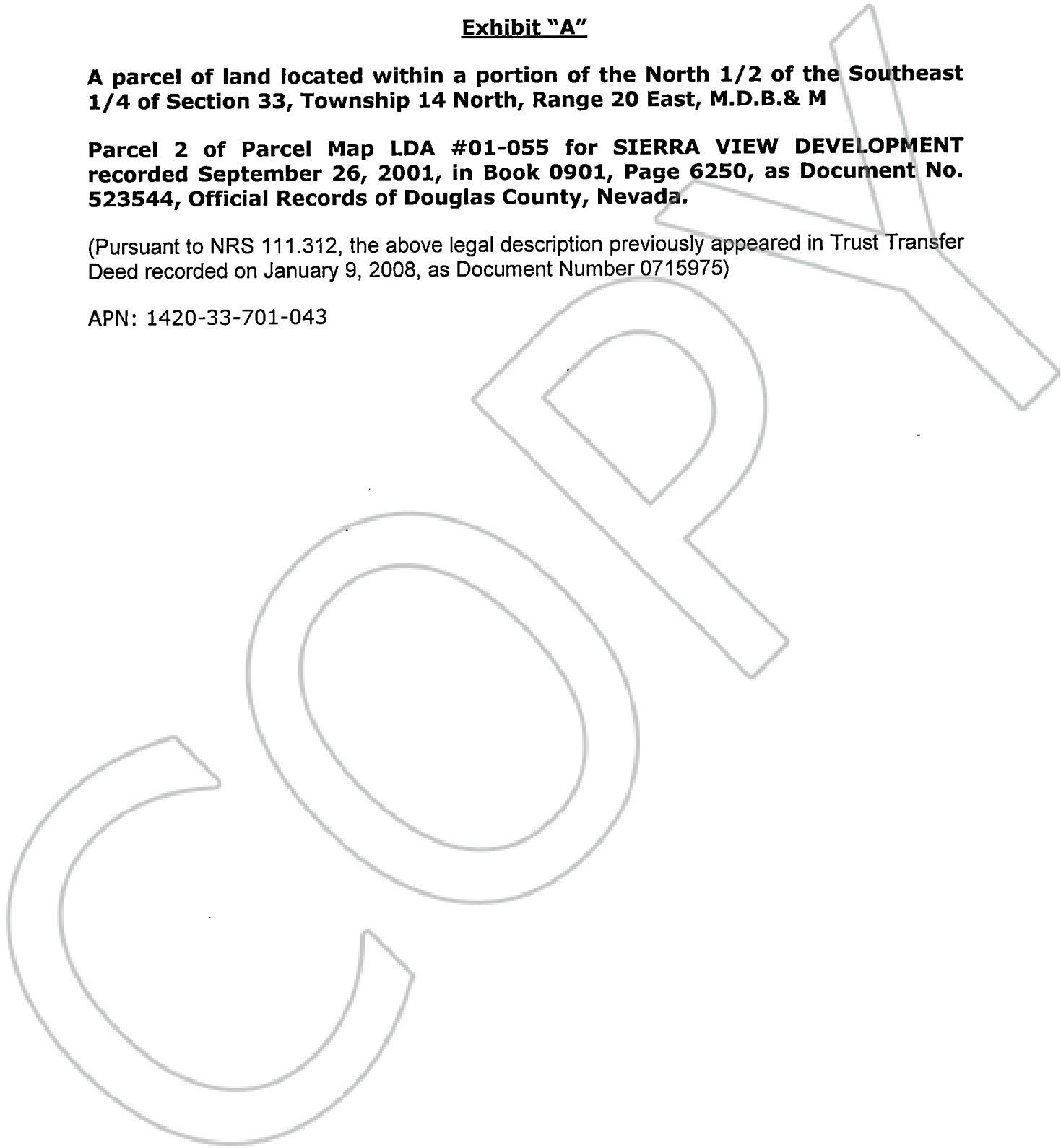
Exhibit "A"

A parcel of land located within a portion of the North 1/2 of the Southeast 1/4 of Section 33, Township 14 North, Range 20 East, M.D.B.& M

Parcel 2 of Parcel Map LDA #01-055 for SIERRA VIEW DEVELOPMENT recorded September 26, 2001, in Book 0901, Page 6250, as Document No. 523544, Official Records of Douglas County, Nevada.

(Pursuant to NRS 111.312, the above legal description previously appeared in Trust Transfer Deed recorded on January 9, 2008, as Document Number 0715975)

APN: 1420-33-701-043



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4309378

CERTIFICATE OF DEATH

2022023638
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) Duane Arthur MARTINSON		2. DATE OF DEATH (Mo/Day/Year) October 02, 2022		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
9a. STATE OF BIRTH (If not US/CA, name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) November 01, 1942	
13. SOCIAL SECURITY NUMBER ██████████ 1939		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY AIRLINE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2670 Del Norte Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) November 01, 1942	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Curtis O MARTINSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Luella A ANDERSON		
18a. INFORMANT- NAME (Type or Print) Carla SIMS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2670 Del Norte Court Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MERCEDES Q QUARTUCCI		20b. FUNERAL DIRECTOR LICENSE NUMBER FD983		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) SQUIRE D HEPWORTH MD					
21b. DATE SIGNED (Mo/Day/Yr) October 06, 2022		21c. HOUR OF DEATH 02:52		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Squire D Hepworth MD 1600 Medical Pkwy Carson City, NV 89703		23b. LICENSE NUMBER 18140		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 06, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" 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) Non ST Elevation Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Septic Shock DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Left Lower Lobe Pneumonia DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Ischemic Cardiomyopathy, Acute Kidney Injury				26. AUTOPSY (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	
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	



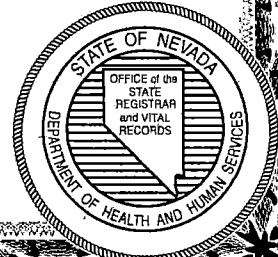
CERTIFIED COPY OF VITAL RECORDS

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: **10/12/2022**

Scott Spangler
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