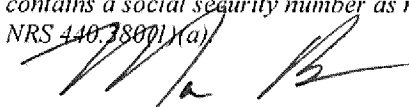


+This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.780(1)(a)


ANDERSON, DORN & RADER, LTD.

APN: 1318-03-212-011

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

ROBERT E. FOX, Trustee
P. O. BOX 531015
Henderson, NV 89053

AFFIDAVIT OF DEATH OF TRUSTEE

I, ROBERT E. FOX, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated August 22, 2005, YOSHIKO K. OSWALD, executed the YOSHIKO K. OSWALD TRUST (the "Trust").

(2) YOSHIKO K. OSWALD deceased on November 6, 2022, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said YOSHIKO K. OSWALD.

(3) Said trust appointed me to serve as sole Trustee upon the death of YOSHIKO K. OSWALD.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

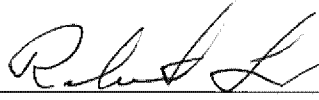
(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Washoe, State of Nevada, on January 25, 2023.



ROBERT E. FOX, Trustee of the
YOSHIKO K. OSWALD TRUST, dated August 22, 2005

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on January 25, 2023, by ROBERT E. FOX.



Notary Public

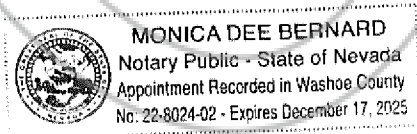


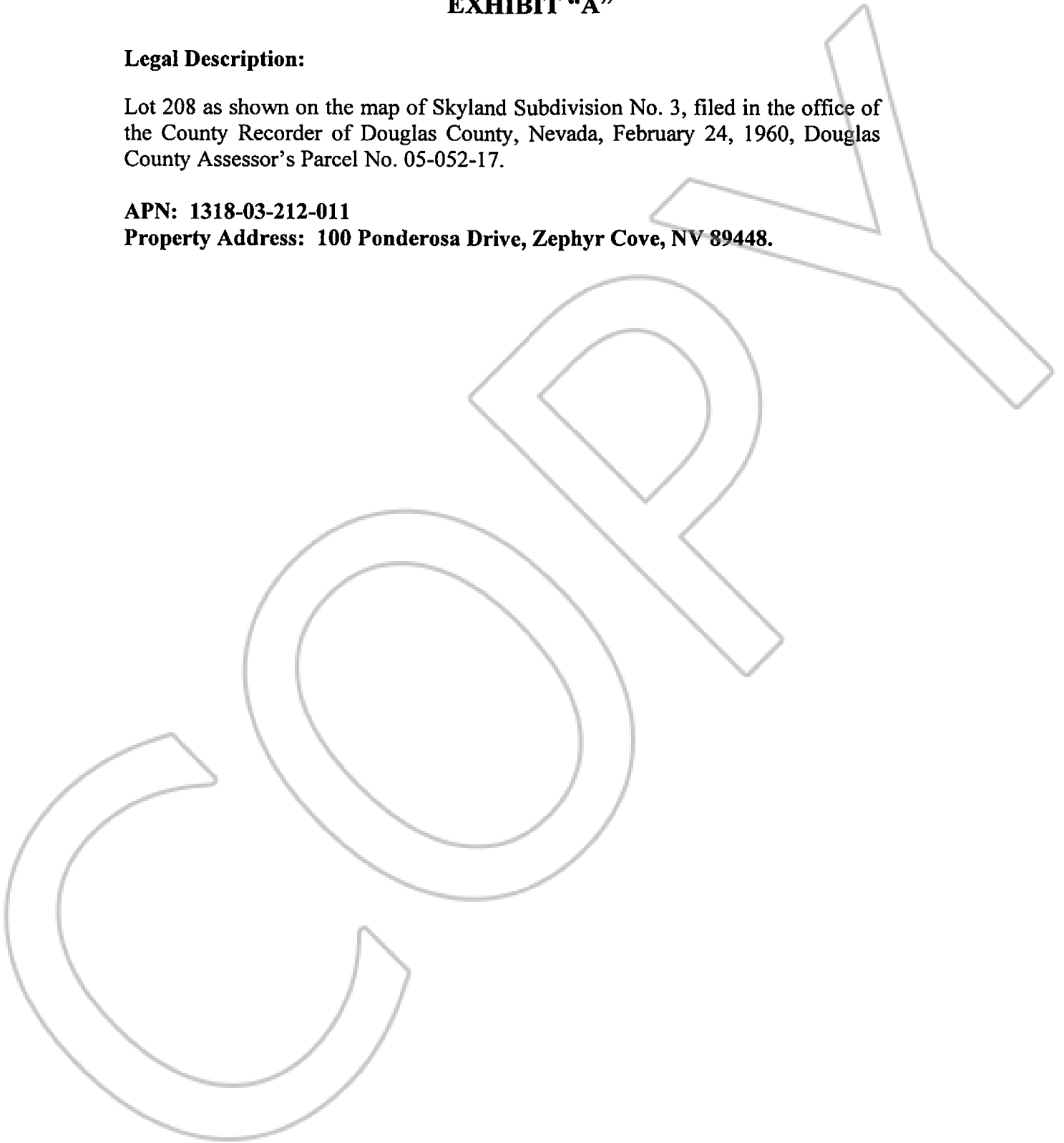
EXHIBIT "A"

Legal Description:

Lot 208 as shown on the map of Skyland Subdivision No. 3, filed in the office of the County Recorder of Douglas County, Nevada, February 24, 1960, Douglas County Assessor's Parcel No. 05-052-17.

APN: 1318-03-212-011

Property Address: 100 Ponderosa Drive, Zephyr Cove, NV 89448.



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. 4315755

2022026377
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) Yoshiko K OSWALD		2. DATE OF DEATH (Mo/Day/Year) November 06, 2022		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1482 Arroyo Verde Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Other Residence	
4. SEX Female		5. RACE (Specify) Japanese		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 25, 1931		9a. STATE OF BIRTH (If not US/CA, name country) Japan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 0		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED] 7965		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Horse Racing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 100 Ponderosa Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix)			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT- NAME (Type or Print) Robert FOX		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1482 Arroyo Verde Drive Henderson, Nevada 89012			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89122	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RYAN BOWEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD810		20c. NAME AND ADDRESS OF FACILITY Simple Cremation - Henderson 129 W Lake Mead Pkwy Ste 21 Henderson NV 89015	
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) SIGNATURE AUTHENTICATED BRIAN J PALMER APRN			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 09, 2022		21c. HOUR OF DEATH 22:37		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) Brian J Palmer APRN 4141 University Center Dr Las Vegas, NV 89119				23b. LICENSE NUMBER APRN818244	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 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 (a) Probable Occult Primary Carcinomatosis Of The Abdomen DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Dementia, Protein Calorie Malnutrition				25. AUTOPSY (Specify Yes or No) No	
26. WAS CASE REFERRED TO CORNER (Specify Yes or No) No		27. WAS CASE REFERRED TO CORNER (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 TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**

By: *Susan Zannus*

DATE ISSUED: 11/16/2022

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

