

APN: 1320-32-716-008
WHEN RECORDED RETURN TO:
Mike Pavlakis, Esq.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702



SHAWNYNE GARREN, RECORDER

MAIL TAX STATEMENTS TO:
Christine E. Vido, Trustee
P.O. Box 2865
Gardnerville, NV 89410

The person executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss
CARSON CITY)

CHRISTINE E. VIDO, being first duly sworn, deposes and says:

1. That THE FRITZ FAMILY TRUST was established on November 21, 2000, by ROBERT A. FRITZ and MARTHA A. FRITZ, as Grantors (Grantors) and Co-Trustees, and was amended on June 28, 2011 and on February 10, 2012.

2. That the surviving Grantor, MARTHA A. FRITZ, died on January 10, 2023, in Douglas County, Nevada, and a certified copy of her Certificate of Death issued by the State of Nevada is attached hereto and incorporated herein by this reference.

3. That due to the passing of the Grantor, the currently acting Trustee of THE FRITZ FAMILY TRUST is CHRISTINE E. VIDO.

4. That pursuant to that certain Grant, Bargain and Sale Deed recorded in the Official Records of Douglas County, State of Nevada, on April 4, 2014, as Document Number 840638, said Trust is the owner of all that certain parcel of real property commonly known as 1489 Douglas Avenue, Gardnerville, Douglas County, Nevada, more particularly described as follows:

SEE EXHIBIT "A" ATTACHED HERETO FOR LEGAL DESCRIPTION

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5. That due to the passing of MARTHA A. FRITZ, THE FRITZ FAMILY TRUST is irrevocable.

6. That this affidavit is made and executed in accordance with the laws of the State of Nevada.

7. That Affiant certifies and declares under penalty of perjury in accordance with the laws of the State of Nevada that the foregoing is true and correct.

DATED this 21 day of FEBRUARY, 2023.

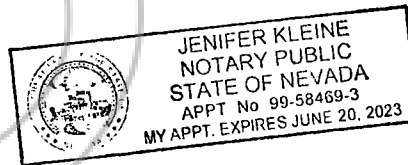


CHRISTINE E. VIDO

STATE OF NEVADA)
: ss.
CARSON CITY)

On February 21, 2023, personally appeared before me, a notary public, CHRISTINE E. VIDO, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.

NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4327802

CERTIFICATE OF DEATH

202300522
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) Martha Ann FRITZ | | 2. DATE OF DEATH (Mo/Day/Year) January 10, 2023 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) Carson Valley Medical Center | | 3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient | |
| 4. SEX Female | | 7a. AGE-Last birthda (Years) 82 | | 7b. UNDER 1 YEAR MOS DAYS | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7c. UNDER 1 DAY HOURS MIN | |
| 8. DATE OF BIRTH (Mo/Day/Yr) July 19, 1940 | | 9a. STATE OF BIRTH (If not US/CA, name country) New York | | 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) | |
| 13. SOCIAL SECURITY NUMBER 8991 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of HOUSEWIFE | | 14b. KIND OF BUSINESS OR INDUSTRY OWN HOME | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 72 Conner Way | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) George Reginald CLAY | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marian Evelyn KNISKERN | | |
| 18a. INFORMANT - NAME (Type or Print) Christine Elizabeth VIDO | | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 72 Conner Way 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) NORMA M FINKES SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD967 | | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423 | |
| 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) ARNALDO LAUS 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) January 13, 2023 | | 21c. HOUR OF DEATH 12:25 | | 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) | |
| 21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22e. PRONOUNCED DEAD AT (Hour) | | | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Arnaldo Laus MD 1155 Mill St Reno, NV 89502 | | | | 23b. LICENSE NUMBER 16015 | |
| 24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 17, 2023 | | 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) Acute cardiac arrest | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (b) acute respiratory failure | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (c) COVID-19 pneumonia | | | | | |
| 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. Aspiration Pneumonitis | | | | 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

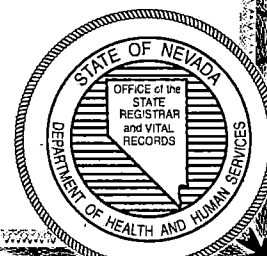
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

1/19/2023

DATE ISSUED:

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

EXHIBIT "A"

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL 1:

Lot 8, as set forth on the Official Map of SPRINGLANE, A PLANNED UNIT DEVELOPMENT, filed in the office of the County Recorder of Douglas County, Nevada on October 8, 1987, in Book 1087, Page 1066, as Document No. 163997, Official Records of Douglas County, State of Nevada.

EXCEPTING THEREFROM: Area 8-A which is all that portion of Lot 8 described as follows: **COMMENCING** at the Northwest corner of said Lot 8, as shown on aforesaid map which point is the **TRUE POINT OF BEGINNING**; thence South 44°57'41" East along the North line of said Lot 8 a distance of 4.00 feet; thence leaving said North line South 45°02'19" West a distance of 22.09 feet; thence South 47°30'00" West a distance of 45.97 feet to the South line of said Lot 8; thence along said South line North 33°30'00" West a distance of 0.36 feet; thence along the West line of said Lot 8 North 30°23'24" East a distance of 12.38 feet; thence North 47°30'00" East, a distance of 34.00 feet; thence North 45°02'19" East a distance of 22.00 feet to the **POINT OF BEGINNING**.

PARCEL 2:

An easement for the exclusive use and enjoyment over and upon Area 8-A as described in Deed recorded in the office of the County Recorder of Douglas County, Nevada on December 6, 1988 in Book 1288, Page 662, Document No. 192055, of Official Records.

Note: Legal description previously contained in Book 0197, Page 1019, Document No. 404363 recorded on January 10, 1997.

Assessor's Parcel Number(s): 1320-32-716-008