

APN: 1220-16-116-010

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



SHAWNYNE GARREN, RECORDER

Mail Future Tax Statements To:
Annette Kangas, Trustee
Roselyn V. Didier Family Trust
1225 Wintergreen Court
Gardnerville NV 89460

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, Annette Kangas, being of legal age and duly sworn, depose and say under penalty of perjury under the laws of the State of Nevada:

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

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Lot 10, as shown on the final map for Hidden Creek, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on April 11, 1995, in Book 495, Page 1452, as Document No. 359824.

(Pursuant to NRS 111.312, the above-legal description previously appeared in Grant Deed recorded with the Douglas County Recorder on November 26, 1997, as Document Number 0427164)

was acquired and held Roselyn V. Didier, as Trustee of the Roselyn V. Didier Family Trust, dated July 18, 1989, by Grant Deed executed by Roselyn V. Didier, on October 15, 1997, which deed was thereafter recorded with the Douglas County Recorder on November 26, 1997;

That Roselyn V. Didier died on March 9, 2023, as identified in Certificate of Death #2023005470, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit 1;

That Roselyn V. Didier is the same person as Roselyn V. Didier, Trustee of the Roselyn V. Didier Family Trust, dated July 18, 1989; and

That Affiant, Annette Kangas, is the successor Trustee named in the Roselyn V. Didier Family Trust upon Roselyn V. Didier's death. The Roselyn V. Didier Family Trust has not been revoked and the undersigned confirms that she has accepted appointment and is the sole Trustee of Trust.

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

Affiant further sayeth naught.

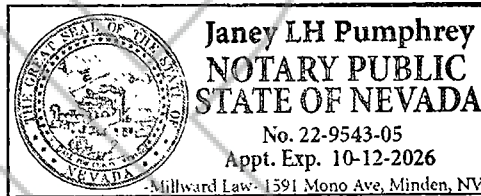
Date: 04/28/2023

Annette Kangas
ANNETTE KANGAS, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on the 28th day of April, 2023, by Annette Kangas.

Janey LH Pumphrey
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. 4338277

CERTIFICATE OF DEATH

2023005470
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) Roselyn Virginia DIDIER		2. DATE OF DEATH (Mo/Day/Year) March 09, 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) 917 Springfield Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOSES		7c. UNDER 1 DAY DAYS	
7d. UNDER 1 YEAR HOURS		7e. UNDER 1 DAY MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 02, 1932	
9a. STATE OF BIRTH (If not US/CA, name country) California		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 ██████████-9977		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) BEAUTICIAN		14b. KIND OF BUSINESS OR INDUSTRY BEAUTY SHOP	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 917 Springfield Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Emilio LORENZI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Clara FERRERA		
18a. INFORMANT- NAME (Type or Print) Annette KANGAS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1225 Wintergreen Court Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/State		19b. CEMETERY OR CREMATORY - NAME Holy Cross Catholic Cemetery		19c. LOCATION City or Town State Colma California 94014	
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 Esmeralda Place Minden NV 89423	
TRADE CALL - NAME AND ADDRESS Crosby-N. Gray & Co. Funeral Home 2 Park Road Burlingame CA 94010					
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 A BOTTENBERG DO 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) March 11, 2023		21c. HOUR OF DEATH 05:45		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) B A BOTTENBERG DO 4095 North Carson Street Carson City, NV 89706				23b. LICENSE NUMBER DO6674	
24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 15, 2023		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) Respiratory Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Chronic Obstructive Pulmonary Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Tobacco Use Disorder					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Coronary Artery Disease, Atrial Fibrillation, Hypertension, Hyperlipidemia, Peripheral Vascular Disease.				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.

3/22/2023

DATE ISSUED:

STATE REGISTRAR

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

