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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

A.P.N.: 1320-35-001-001

Recording Requested By:)
Diane Cooling)
P.O. Box 3042)
Gardnerville, NV 89423)

When Recorded Mail to:)
Diane Cooling)
P.O. Box 3042)
Gardnerville, NV 89423)

Mail Tax Statements to:)
Diane Cooling)
P.O. Box 3042)
Gardnerville, NV 89423)

AFFIDAVIT – DEATH OF CO-TRUSTEE

I, DIANE E. ORTENZIO-COOLING, of legal age, being first duly sworn, declare under penalty of perjury that:

WALTER E. COOLING, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WALTER E. COOLING named as Co-Trustee in the Declaration of Trust executed October 1, 2000, by Walter E. Cooling and Diane E. Ortenzio-Cooling as Grantors.

WALTER E. COOLING, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WALTER E. COOLING, named as one of the parties in that certain deed dated October 24, 2000, and executed by Betty Jane Shrum, Trustee of the Betty Jane Shrum Trust (Grantor) to Walter E. Cooling and Diane E. Ortenzio-Cooling, Co-Trustees of the Walter Cooling Family Trust, dated October 1, 2000 (Grantees), recorded on November 16, 2000, as Document No. 0503417, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

See Exhibit "A".

Subject to:


1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all and singular, the tenements, hereditaments and appurtenances, thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

WALTER E. COOLING, the deceased Co-Trustee, died on February 12, 2022, as shown in the attached certified copy of Certificate of Death.

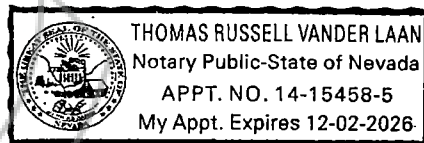
The Affiant is the Wife of the deceased Co-Trustee and now the sole Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such and now holds the title as DIANE E. ORTENZIO-COOLING, Trustee of the Walter Cooling Family Trust, dated October 1, 2000.

Executed on this June 6, 2023, in Douglas County, State of Nevada.


DIANE E. ORTENZIO-COOLING
Trustee of the Walter Cooling Family Trust
dated October 1, 2000

STATE OF NEVADA)
): ss
COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this June 6, 2023, by DIANE E. ORTENZIO-COOLING.





NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4267553

CERTIFICATE OF DEATH

2022004484
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 AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Water E COOLING		2. DATE OF DEATH (Mo/Day/Year) February 12, 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 and number) Carson Tahoe Regional 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) 77		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 19, 1944		9a. STATE OF BIRTH (If not US/CA, name country) Maryland		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Diane ORTENZIO	
13. SOCIAL SECURITY NUMBER ██████████-9134		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) POLICE OFFICER		14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1550 Lombardy Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter Fredrick COOLING	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hilda Elizabeth TAYLOR		18a. INFORMANT- NAME (Type or Print) Diane ORTENZIO-COOLING		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 3042 Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG RAU 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) February 18, 2022		21c. HOUR OF DEATH 20:45		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 10991				24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 22, 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 (a) Ventricular Fibrillation Interval between onset and death: 1 Minute DUE TO, OR AS A CONSEQUENCE OF: (b) Covid Pneumonia Interval between onset and death: 10 Days DUE TO, OR AS A CONSEQUENCE OF: (c) Interval between onset and death: (d) Interval between onset and death:					
PART II OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part 1. Chronic Respiratory Failure, Coronary Artery Disease, Paroxysmal Atrial Fibrillation, COPD, Chronic Kidney Disease, History Renal Transplant On Immunosuppressives				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	



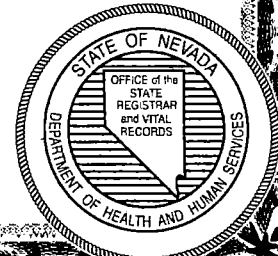
CERTIFIED COPY OF VITAL RECORDS

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:

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

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE