

APN: 1220-16-510-092

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

Mail Future Tax Statements To:
Lisa Marie Quistgard
1373 Marlette Circle
Gardnerville NV 89460



SHAWNYNE GARREN, RECORDER

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, Lisa Marie Quistgard, 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 1373 Marlette Circle, Gardnerville, situated in the State of Nevada, County of Douglas, APN: 1220-16-510-092, more precisely described in **Exhibit A** attached hereto and incorporated herein, was acquired and held by James G. Watroba, as Trustee of the James G. Watroba 2015 Revocable Trust, dated October 8, 2015, by Transfer Deed executed by James G. Watroba on July 20, 2017, which deed was thereafter recorded with the Douglas County Recorder on July 26, 2017;

That James G. Watroba died on January 25, 2022, as identified in Certificate of Death #2022001744, issued by the Department of Health and Human Services of the State of Nevada attached hereto as **Exhibit B**;

That James G. Watroba is the same person as James G. Watroba, Trustee of the James G. Watroba 2015 Revocable Trust, dated October 8, 2015; and

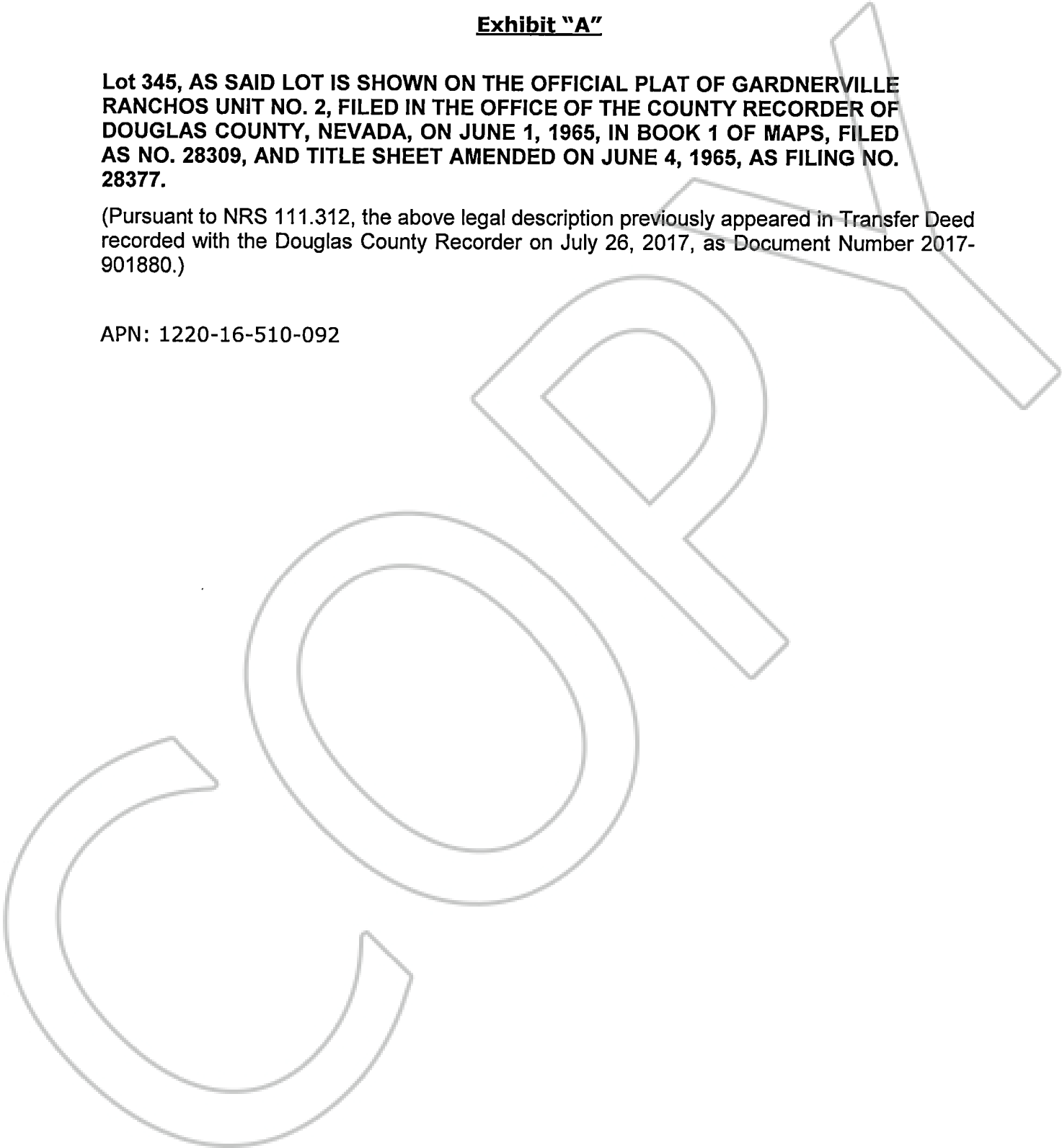
That Affiant, Lisa Marie Quistgard, is the successor Trustee under the above-referenced Trust, which was in effect at the time of James G. Watroba's death, and the Trust has not been revoked.

Exhibit "A"

Lot 345, AS SAID LOT IS SHOWN ON THE OFFICIAL PLAT OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 1, 1965, IN BOOK 1 OF MAPS, FILED AS NO. 28309, AND TITLE SHEET AMENDED ON JUNE 4, 1965, AS FILING NO. 28377.

(Pursuant to NRS 111.312, the above legal description previously appeared in Transfer Deed recorded with the Douglas County Recorder on July 26, 2017, as Document Number 2017-901880.)

APN: 1220-16-510-092



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4263281

CERTIFICATE OF DEATH

2022001744
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) James George WATROBA		2 DATE OF DEATH (Mo/Day/Year) January 25, 2022		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) 1373 Marlette Circle		3e.If Hosp or Instl. indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
4 SEX Male		6. Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 95	
5 RACE (Specify) White		7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS	
8 DATE OF BIRTH (Mo/Day/Yr) August 17, 1926		9a STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER [REDACTED]-2788		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Restaurant Owner		14b KIND OF BUSINESS OR INDUSTRY Food and Beverage	
15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1373 Marlette Circle		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed-Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) John WATROBA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Abeline VAN CRAEYNST		
18a INFORMANT- NAME (Type or Print) Lisa Marie QUISTGARD		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1373 Marlette Circle Gardnerville, Nevada 89460			
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) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) NITA SCHWARTZ MD			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 26, 2022		21c HOUR OF DEATH 10:00		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b LICENSE NUMBER 9114		24a REGISTRAR (Signature) DARAN GRISSOM		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 27, 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) Adult Respiratory Distress Syndrome		Interval between onset and death			
(b) Pneumonia		Interval between onset and death			
(c) COVID-19		Interval between onset and death			
(d) 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 1				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

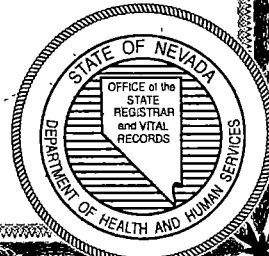
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **1/31/2022**

[Signature]

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