

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



ANDERSON, DORN & RADER, LTD.

APN: 1320-29-110-051

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:

SUSAN A. VITT, Trustee
1798 Lantana Drive
Minden, NV 89423

AFFIDAVIT OF DEATH OF TRUSTEE

I, SUSAN A. VITT, 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 March 24, 2016, THOMAS F. VITT and I executed the ("Trust").
- (2) THOMAS F. VITT deceased on May 16, 2023, at Minden, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said THOMAS F. VITT.
- (3) Said trust appointed me to serve as sole Trustee upon the death of THOMAS F. VITT.
- (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 July 25, 2023.




SUSAN A. VITT, Trustee of the VITT
LIVING TRUST


STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on July 25, 2023, by SUSAN A. VITT, as Trustee.



Notary Public

 REBECCA M. CONTI
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No. 21-8175-02 - Expires May 21, 2025

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Notary Public - State of Nevada
Appointment Recorded in Washoe County
No. 21-8175-02 - Expires May 21, 2025
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Expires May 21, 2025

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

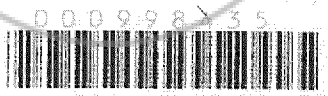
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4350067

CERTIFICATE OF DEATH

2023011722
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Thomas Fowler VITT		2. DATE OF DEATH (Mo/Day/Year) May 16, 2023		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1798 Lantana Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) September 05, 1948		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) Married		12. SURVIVING SPOUSE'S NAME (Last, name prior to first marriage) Susan Ann MILLIGAN	
PARENTS	13. SOCIAL SECURITY NUMBER 4408		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) PHARMACIST		14b. KIND OF BUSINESS OR INDUSTRY PHARMACY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1798 Lantana Dr		15e. INSIDE CITY LIMITS (Specify Yes or No)		16. FATHER/PARENT - NAME (First Middle Last Suffix) Lorenzo Fowler VITT	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Modeste Mary HEIDER		18a. INFORMANT - NAME (Type or Print) Susan Ann VITT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1798 Lantana Dr Minden Nevada 89423	
TRADE CALL	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 Esmeralda Place Minden NV 89423	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RALPH D HERBIG 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) May 26, 2023		21c. HOUR OF DEATH 02:13		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	22b. DATE SIGNED (Mo/Day/Yr)		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) Ralph D Herbig DO 897 Ironwood Dr Minden, NV 89423			
CAUSE OF DEATH	23b. LICENSE NUMBER DO984		24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 30, 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 (a) Hypoxic Encephalopathy DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (c) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (d) N/A			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	Interval between onset and death Minutes		Interval between onset and death Minutes		Interval between onset and death Years	
	Interval between onset and death N/A		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) Yes				
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

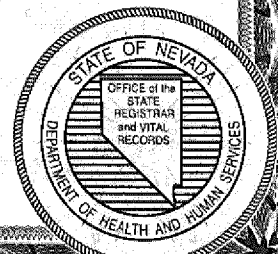
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Cody D. Higgins

DATE ISSUED: 5/31/2023

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"

Legal Description:

LOT 418A, IN BLOCK C, AS SHOWN ON THAT CERTAIN RECORD OF SURVEY FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON JUNE 17, 1998, IN BOOK 698, AT PAGE 3978 AS DOCUMENT NO. 442226, OFFICIAL RECORDS BEING A BOUNDARY LINE ADJUSTMENT OF THE FINAL MAP NO. 1008-8 FOR WINHAVEN, UNIT NO. 8, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON SEPTEMBER 11, 1997 IN BOOK 997 AT PAGE 2125 AS DOCUMENT NO. 421412, OF OFFICIAL RECORDS.

APN: 1320-29-110-051

Property Address: 1798 LANTANA DRIVE, MINDEN, NV 89423