

APN: 1220-16-113-015

**RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:**

Justin J. Sinner, Esq.  
c/o ALLING & JILLSON, LTD.  
276 Kingsbury Grade, Suite 2000  
Post Office Box 3390  
Lake Tahoe, Nevada 89449-3390

Pursuant to *NRS 440.380*, I, the undersigned, affirm that this document submitted for recording does contain personal information of any person or persons.

**NOTICE OF DEATH OF TRUSTEE**

**COMES NOW** Douglas J. Matthew, Jr., and being first duly sworn, deposes and says:

1. He is the sole serving Trustee of The D&O Matthew Trust;
2. That he was a Co-Trustee with Ophelia "Fay" Matthew;
3. That as Trustees, Ophelia "Fay" Matthew and Douglas J. Matthew, Jr., acquired title to certain real property as follows:

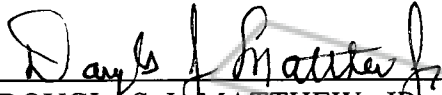
"Lot 60, in Block C, as shown on the final map of PLEASANTVIEW PHASE III, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 4, 1992, in Book 1292, page 815, as Document No.. 294729.

Assessors Parcel No. 1220-16-113-015."

4. That Ophelia "Fay" Matthew, died in Douglas County, State of Nevada, on or about June 17, 2023. The State of Nevada issued a Death Certificate Number 2023013984 attached hereto as **Exhibit A** and incorporated herein by reference.
5. Pursuant to the trust instrument which states, "In the event of the death of either Ophelia Fay Matthew and Douglas J. Matthew, Jr., or if for any reason whatsoever one of them ceases to serve as Trustee hereunder, the other shall serve

as sole Trustee hereunder.” Now, therefore, be it known the undersigned is acting as sole Trustee of The D&O Matthew Trust.

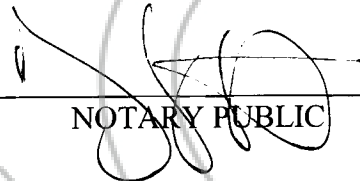
IN WITNESS WHEREOF, Grantor and Trustee has executed this document at Douglas County, Nevada, on this 26<sup>th</sup> day of July, 2023.

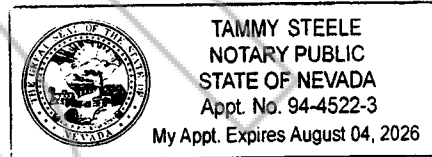
  
\_\_\_\_\_  
DOUGLAS J. MATTHEW, JR., Surviving  
Grantor and Trustee of The D&O Matthew  
Trust

STATE OF NEVADA        )  
  ) ss.  
COUNTY OF DOUGLAS    )

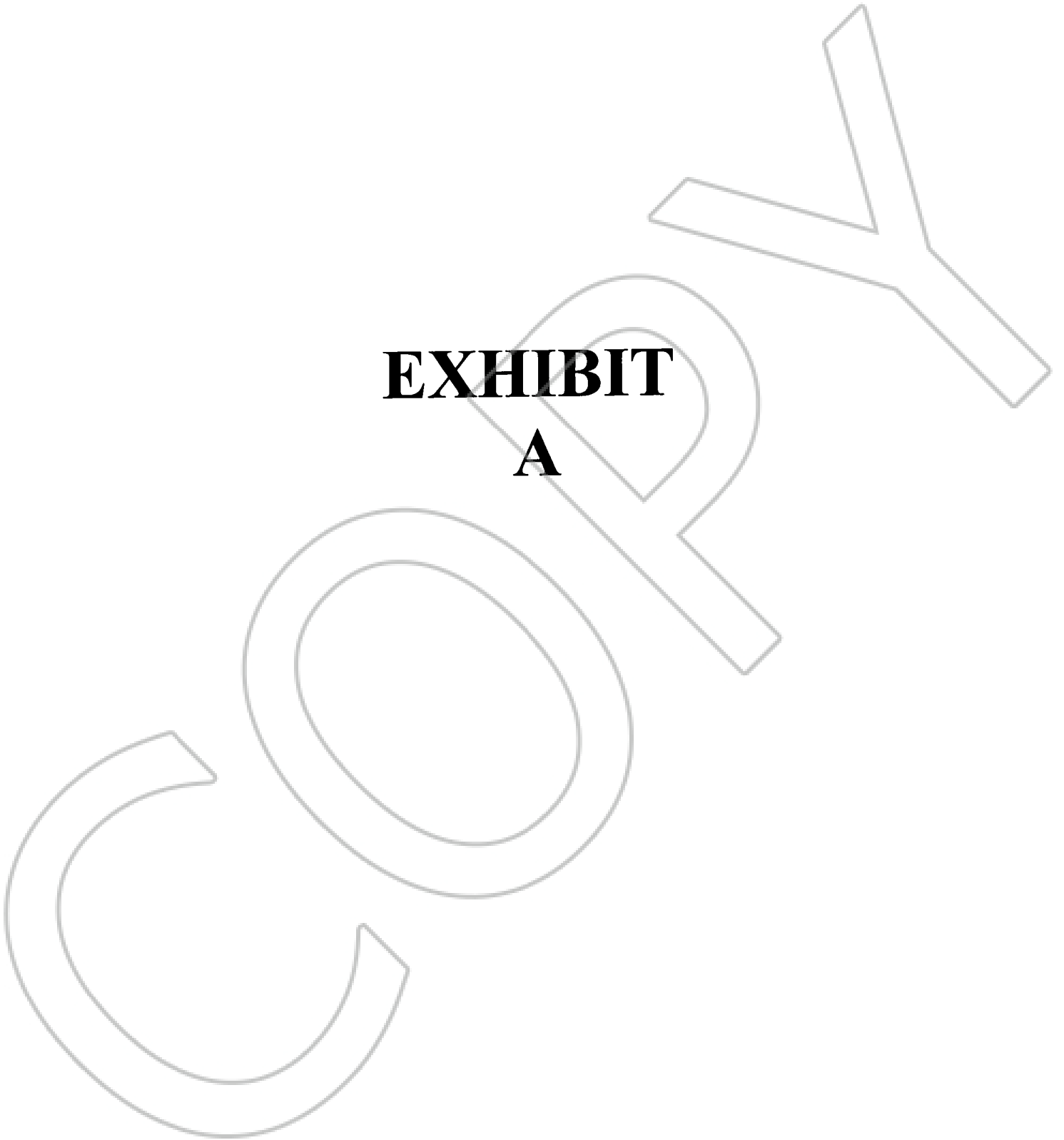
This instrument was acknowledged before me on July 26, 2023, by Douglas J. Matthew, Jr.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
NOTARY PUBLIC



**EXHIBIT  
A**



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4355708

**CERTIFICATE OF DEATH**

2023013984  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Ophelia L MATTHEW</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 17, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>1233 Wintergreen Court</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>Yes - Mexican</b>		7a. AGE-Last birthday (Years) <b>77</b>	
	7b. UNDER 1 YEAR <b>MOS DAYS HOURS MINS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 06, 1945</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Douglas J MATTHEW Jr</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>7137</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>HOMEMAKER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>HOMEMAKER</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1233 Wintergreen Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Herry SAENZ</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Sophie SOTO</b>		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) <b>Douglas J MATTHEW Jr</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1233 Wintergreen Court Gardnerville, Nevada 89460</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>HARRISON CODY BILLIAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD943</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #63 Carson City NV 89706</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTERAR	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>NITA SCHWARTZ MD</b> 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) <b>June 27, 2023</b>		21c. HOUR OF DEATH <b>14:03</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
	24a. REGISTRAR (Signature) <b>MARLI MORAIGNE REINHEIMER</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 27, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) <b>Cerebral Atherosclerosis</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) 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 I.				26. AUTOPSY (Specify Yes or No) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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. Thierney*

DATE ISSUED: **7/5/2023**

STATE REGISTRAR

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

