

APN: 1220-24-201-003



Recorded at the Request of/Return To:

HERITAGE LAW

1625 State Route 88, Suite 304

Minden, NV 89423

SHAWNYNE GARREN, RECORDER

Mail Future Tax Statements To:

PAUL J. TOOTIKIAN, Trustee

714 Pint Circle

Gardnerville, NV 89410

The undersigned hereby affirms that the document Submitted for recording DOES contain personal information as required by law: Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
: ss.
COUNTY OF DOUGLAS)

PAUL J. TOOTIKIAN, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of his own personal knowledge:

That ALBERT SAMUEL TOOTIKIAN, the Decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as Exhibit 1 and incorporated herein by reference, is the same persons as ALBERT SAMUEL TOOTIKIAN, Settlor of the Albert Samuel Tootikian Living Trust, dated December 11, 2008, and any amendments thereto, and named as Grantor in that certain Quitclaim Deed executed on March 13, 2014, by ALBERT S. TOOTIKIAN, and recorded on March 13, 2014, as Document No. 0839453 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 714 Pinto Circle, Gardnerville, County of Douglas, State of Nevada, and more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A" AND INCORPORATED BY REFERENCE

Pursuant to NRS 111.312, the above legal description was previously recorded in the Quitclaim Deed recorded as Document No. 0839453 of Official Records of Douglas County, State of Nevada, on March 13, 2014.

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**EXHIBIT "A"
LEGAL DESCRIPTION**

All that portion of the southwest ¼ of the northwest ¼ of section 24, township 12 north, range 20 east, M.D.B.&M., situate in the county of Douglas, State of Nevada, more particularly described as follows:

Being all of parcel No. 3 on that parcel map for Ruhestroth Co., filed for record on July 10, 1975, in the Office of the County Recorder of Douglas County, Nevada, as File No. 81559.



EXHIBIT 1

***Nevada Certificate of Death for ALBERT SAMUEL TOOTIKIAN
Date of Death: March 31, 2024***

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4405914

CERTIFICATE OF DEATH

2024007148
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) Albert Samuel TOOTIKIAN		2. DATE OF DEATH (Mo/Day/Year) March 31, 2024		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 24, 1934		9a. STATE OF BIRTH (If not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 4939		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 714 Pinto Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jacob TOOTIKIAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maria ASADURIAN		
18a. INFORMANT- NAME (Type or Print) Paul TOOTIKIAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 28631 Grandon Street Livonia, Michigan 48150			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NADIA NINA SANDOVAL		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD1007		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Creations 1600 Buckeye Rd Minden NV 89423	
TRADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) IGNATIUS K KYEREMEH			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) IGNATIUS K KYEREMEH		
21b. DATE SIGNED (Mo/Day/Yr) April 03, 2024		21c. HOUR OF DEATH 12:07		22b. DATE SIGNED (Mo/Day/Yr) March 31, 2024	
22c. HOUR OF DEATH 12:07		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 31, 2024		22e. PRONOUNCED DEAD AT (Hour) 12:07	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ignatius K Kyeremeh 1038 Buckeye Rd Minden, NV 89423					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) ANNAH M HOWARD		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 03, 2024		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) Coronary Artery Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) 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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOML, 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

Cody Phinney

STATE REGISTRAR

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.

4/5/2024

DATE ISSUED:

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

ANY ALTERATION OR ERASURE VOID. THIS CERTIFICATE

