

APN# 1220-21-810-026

Recording Requested by/Mail to:

Name: Michael G. Millward

Address: 1591 Mono Ave.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Nikki Campa

Address: 780 Lyell Way

City/State/Zip: Gardnerville, NV 89460



SHAWNYNE GARREN, RECORDER

Affidavit of Death of Co-Trustee

Title of Document (required)

Please complete the Affirmation Statement below:

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

- Affidavit of Death** – NRS 440.380 (1)(A) & NRS 40.525 (5) **Military Discharge** – NRS 419.020 (2)
 Other NRS _____ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Signature

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1220-21-810-026

Prepared by and return to when recorded:

Michael G. Millward
1591 Mono Ave.
Minden, NV 89423

Mail Future Tax Statements To:

Nikki Campa
780 Lyell Way
Gardnerville, NV 89460

AFFIDAVIT OF DEATH OF CO-TRUSTEE

(The attached document does contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

I, Nikki Campa, 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 650 Joette Drive, Gardnerville, NV, situated in the State of Nevada, County of Douglas, APN: 1220-21-810-026, more precisely described in **Exhibit A** attached hereto and incorporated herein, was acquired and held by Anthony Raul Campa and Nikki Campa, as Trustees of the Anthony Raul Campa and Nikki Campa Revocable Trust, dated July 20, 2005, by Grant, Bargain, and Sale Deed executed by Anthony Campa and Nikki Campa, on May 25, 2018, which deed was thereafter recorded with the Douglas County Recorder on May 31, 2018;

That Anthony Raul Campa died on November 26, 2023, as identified in Certificate of Death #2023025978, issued by the Department of Health and Human Services of the State of Nevada, attached hereto as **Exhibit B**;

That Anthony Campa is the same person as Anthony Raul Campa, Trustee of the Anthony Raul Campa and Nikki Campa Revocable Trust, dated July 20, 2005; and

That Affiant, Nikki Campa, is the successor Trustee under the above-referenced Trust, which was in effect at the time of Anthony Raul Campa's death, and the Trust has not been revoked.

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

Date: April 11, 2024


Nikki Campa, Affiant

State of Nevada)
) ss.
Douglas-County)

This instrument was signed and sworn to before me, a Notary Public, on April 11, 2024, by Nikki Campa.



Notary Public

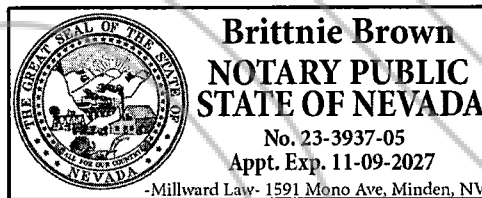
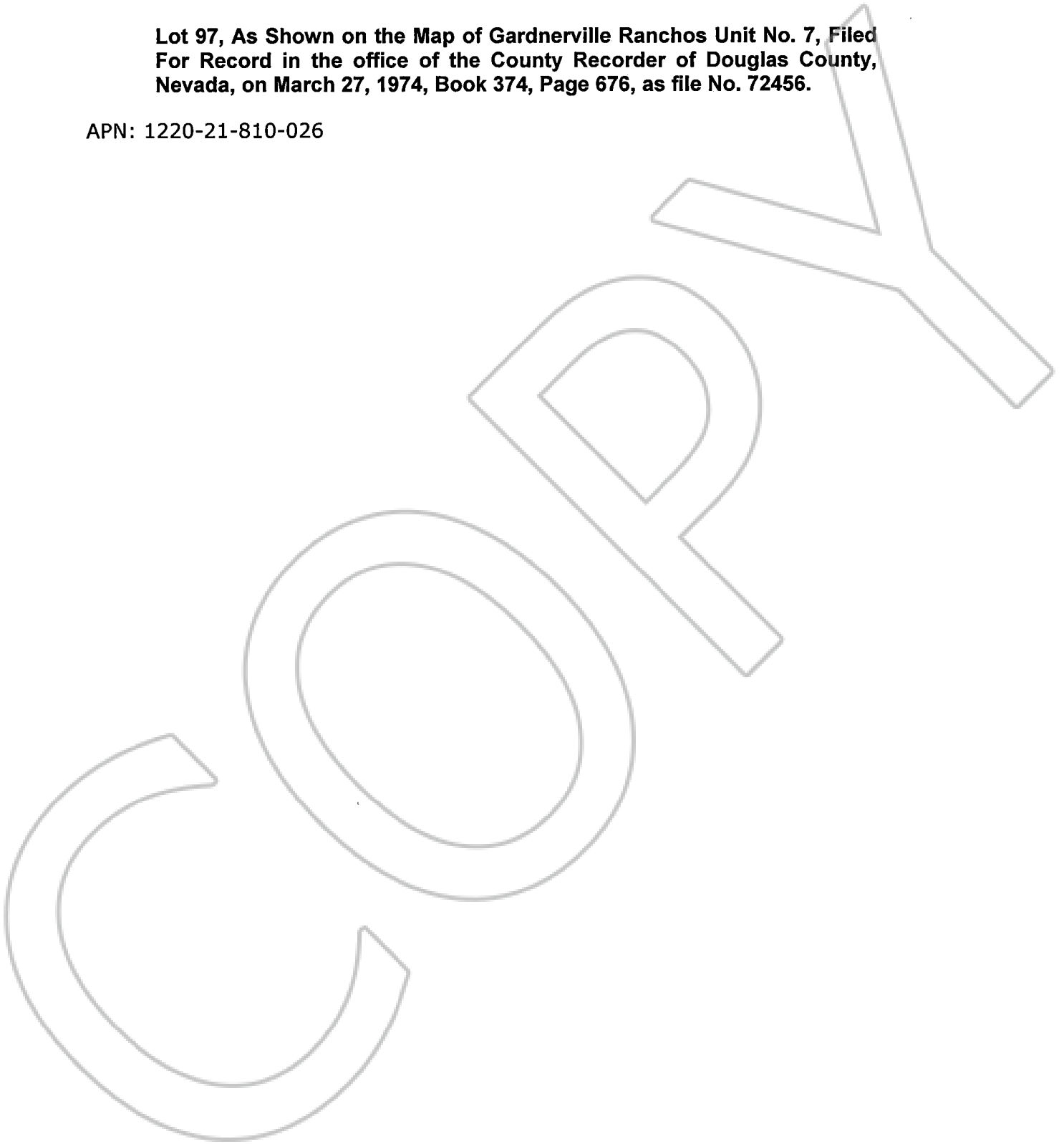


Exhibit "A"

Lot 97, As Shown on the Map of Gardnerville Ranchos Unit No. 7, Filed For Record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, Book 374, Page 676, as file No. 72456.

APN: 1220-21-810-026



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4382900

CERTIFICATE OF DEATH

2023025978
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) Anthony CAMPA		2. DATE OF DEATH (Mo/Day/Year) November 26, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 780 Lyell Way		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
9a. STATE OF BIRTH (if not US/CA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████████-5779		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Bar	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 780 Lyell Way		15e. INSIDE CITY LIMITS (Specify Yes or No)		8. DATE OF BIRTH (Mo/Day/Yr) November 17, 1938	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Adolph CAMPA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nelita VEDAGURY		
18a. INFORMANT- NAME (Type or Print) Nikki Sue CAMPA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 780 Lyell Way Gardnerville, Nevada 89460			
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) MERCEDES Q QUARTUCCI		20b. FUNERAL DIRECTOR LICENSE NUMBER FD983		20c. NAME AND ADDRESS OF FACILITY Fitzhenry'S Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
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) ILEANA C DEFTU 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) November 30, 2023		21c. HOUR OF DEATH 20:00		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ileana C Deftu MD 235 West 6th Street Reno, NV. 89503	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. LICENSE NUMBER 12431			
24a. REGISTRAR (Signature) ANNAH M HOWARD		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 30, 2023		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) Atherosclerotic Heart Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Chronic Kidney Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Unknown Etiology				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	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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

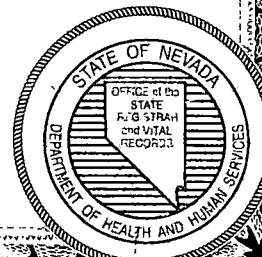
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Cody D. Hinney

DATE ISSUED: **12/4/2023**

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