

APN# 1220-21-510-244

**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

DOUGLAS COUNTY, NV **2024-1007015**  
Rec:\$40.00  
Total:\$40.00 **04/24/2024 11:47 AM**  
MILLWARD LAW, LTD. Pgs=5



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: 1220-21-510-244**

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 770 Wheeler Way, Gardnerville, NV, situated in the State of Nevada, County of Douglas, APN: 1220-21-510-244, 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 September 19, 2019, which deed was thereafter recorded with the Douglas County Recorder on September 27, 2019;

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.

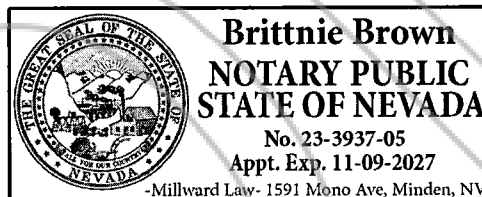
Date: April 11, 2024

  
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.

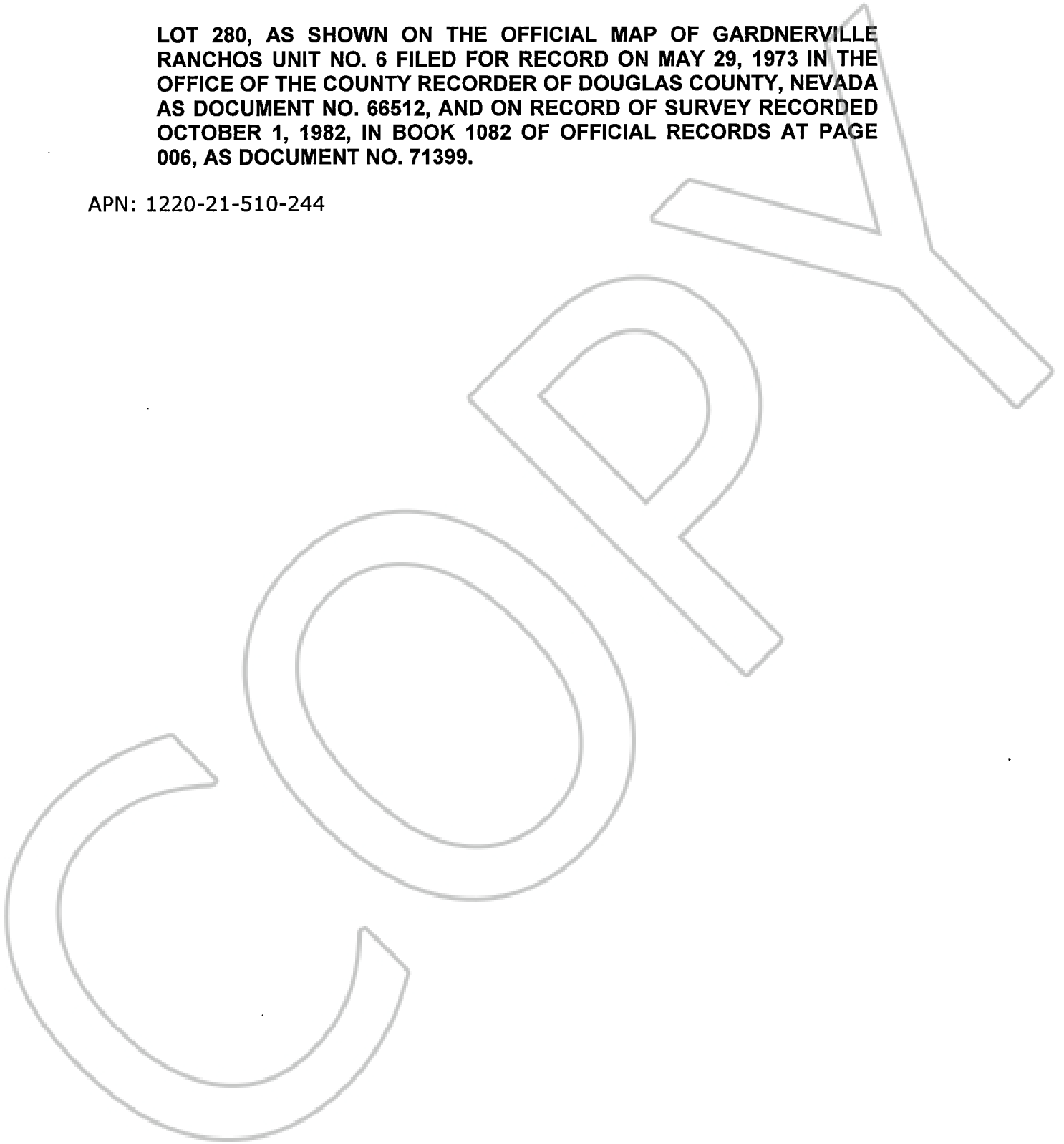
  
Notary Public



**Exhibit "A"**

**LOT 280, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 6 FILED FOR RECORD ON MAY 29, 1973 IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA AS DOCUMENT NO. 66512, AND ON RECORD OF SURVEY RECORDED OCTOBER 1, 1982, IN BOOK 1082 OF OFFICIAL RECORDS AT PAGE 006, AS DOCUMENT NO. 71399.**

APN: 1220-21-510-244



**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) <b>Anthony CAMPA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 26, 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 and number) <b>780 Lyell Way</b>		3e. If Hosp. or Inst. indicate OOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>85</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Texas</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>5779</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Barter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Bar</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>780 Lyell Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No)		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 17, 1938</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Adolph CAMPA</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nelita VEDAGURY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Nikki Sue CAMPA</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>780 Lyell Way Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MERCEDES Q QUARTUCCI</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD983</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry'S Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423</b>	
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) <b>SIGNATURE AUTHENTICATED ILEANA C DEFTU MD</b>			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>November 30, 2023</b>		21c. HOUR OF DEATH <b>20:00</b>		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)		23b. LICENSE NUMBER <b>12431</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Ileana C Deftu MD 235 West 6th Street Reno, NV 89503</b>				23c. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>ANNAH M HOWARD</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 30, 2023</b>		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) <b>Atherosclerotic Heart Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Chronic Kidney Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Hypertension</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Unknown Etiology</b>				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) <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		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
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	



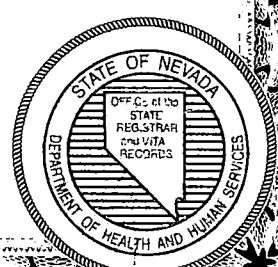
CERTIFIED COPY OF VITAL RECORDS

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. Hiney*  
STATE REGISTRAR

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

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE