

**APN: 1220-09-413-010**

**RECORDING REQUESTED BY AND RETURN TO:**

Schulze Law Group  
140 West Huffaker Lane, Suite 510  
Reno, NV 89511

**SEND ALL TAX STATEMENTS TO:**

Stephen Sufka  
1478 Cardiff Drive  
Gardnerville, NV 89410

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

**Please complete Affirmation Statement below:**

- I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B.030)
- I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law: NRS 440.380(1)(a)  
(State specific law)

  
\_\_\_\_\_  
M. HARTMAN

**APN: 1220-09-413-010**

**RECORDING REQUESTED BY:**

Schulze Law Group  
140 West Huffaker Lane, Suite 510  
Reno, NV 89511

**WHEN RECORDED MAIL TO:**

Schulze Law Group  
140 West Huffaker Lane, Suite 510  
Reno, NV 89511

**MAIL TAX STATEMENTS TO:**

Stephen Sufka  
1478 Cardiff Drive  
Gardnerville, NV 89410

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**AFFIDAVIT OF SUCCESSOR TRUSTEE**

I, STEPHEN SUFKA, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated June 17, 2010 JAMES P. SUFKA and KATHARINE SUFKA executed the SUFKA LIVING TRUST as amended ("Trust").
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of JAMES P. SUFKA and KATHARINE SUFKA.
- (3) JAMES P. SUFKA died on August 25, 2015 at Reno, Nevada, a resident of Douglas County, Nevada per Affidavit of Successor Trustee recorded on November 20, 2015, Document No. 2015-873092.
- (4) KATHARINE SUFKA died on November 13, 2023 at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate.
- (5) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
- (6) The following described real property is part of the trust estate: See **Exhibit "A"** attached.

- (7) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.
- (8) No other person has a right to the interest of the Trust in the described property.
- (9) The described property shall be transferred to me as Successor Trustee.

Executed on May 2, 2024, at Reno, Nevada.

  
\_\_\_\_\_  
STEPHEN SUFKA

On May 2, 2024, before me, M. Hartman a Notary Public, in and for said County and State personally appeared **STEPHEN SUFKA** who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the persons, or entity upon behalf on which the person acted, executed the instrument.

I certify under PENALTY OF PURJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
*Notary Public*



MY Commission Expires: 12/26/2025

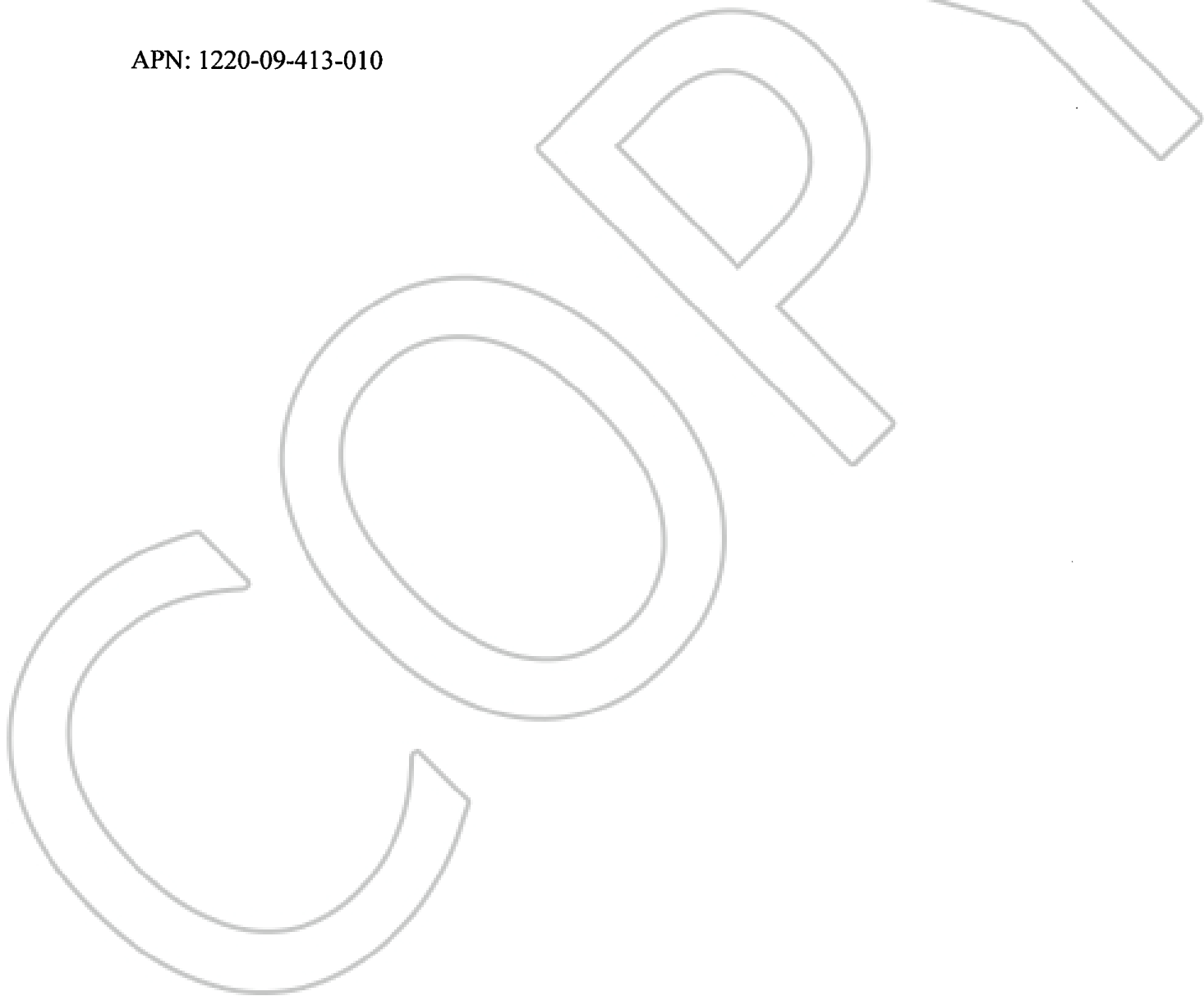
**“MAIL TAX STATEMENT” – SAME AS ABOVE**

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

The land referred to herein is situated in the State of Nevada, County of Douglas City of GARDNERVILLE described as follows:

Lot 10, as shown on the Final Map of SILVERANCH UNIT 2-A, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 2, 1994, in Book 994, Page 342, as Document No. 345409.

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

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

CASE FILE NO. 4380952

**CERTIFICATE OF DEATH**

2023024868  
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>Katharine Lee SUFKA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 13, 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>1027 Silveranch Drive</b>		3e. If Hosp. or Inst. indicate DOA,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>74</b>	
7b. UNDER 1 YEAR MOS    DAYS		7c. UNDER 1 DAY HOURS    MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 28, 1949</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>17</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>-7573</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Preschool Teacher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</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>1027 Silveranch Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ernest Montrose ALLEN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Jessie Elizabeth COCKING</b>		
18a. INFORMANT- NAME (Type or Print) <b>Stephen James SUFKA</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1478 Cardiff Drive Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JEFFREY M BAUGHN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD993</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</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 NITA SCHWARTZ 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 15, 2023</b>		21c. HOUR OF DEATH <b>15:03</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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W Washington Street Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>ANNAH M HOWARD SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 15, 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>Malignant Neoplasm Of Peritoneum, Unspecified</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
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>				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**

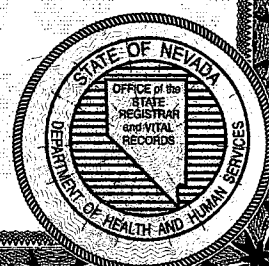
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **11/16/2023**

*Cody P. Hiney*

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