

I the undersigned hereby affirms that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 239B.030

APN:1420-21-810-008
RECORDING REQUESTED/
RETURN TO:

Kalicki Collier, PLLC
401 Ryland Street, Suite 200
Reno, NV 89502

MAIL TAX STATEMENT TO:

Angela F. Ingebrigtsen, Trustee
1352 Santa Cruz Drive
Minden, NV 89423

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, ANGELA FLORENCE INGEBRIGTSEN, 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 20, 2001, Wilhelm Kristian Ingebrigtsen, II, and Angela Florence Ingebrigtsen executed the Wilhelm K. Ingebrigtsen and Angela F. Ingebrigtsen 2001 Revocable Living Trust ("Trust"). The Trust was restated on June 22, 2009.

(2) Said Trust appointed myself to serve as Trustee upon the death or incapacity of a Grantor.

(3) Grantor, Wilhelm Kristian Ingebrigtsen, II died on September 11, 2023, in Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the Death Certificate of Wilhelm Kristian Ingebrigtsen.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities as Trustee.

(5) The following described real property is part of the Trust estate:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 8, Block A, as shown on the map of MISSION HOT SPRINGS III, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on June 30, 1992, Book 692, Page 6000, Document No. 282411.

Property Address:

1352 Santa Cruz Drive
Minden, NV 89423

APN: 1420-21-810-008

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as Trustee with respect to the Trust's interest in the described property.

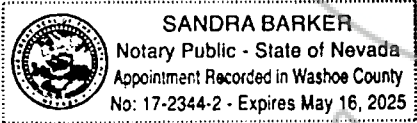
Executed on this 6th day of June, 2024.

Angela Florence Ingebrigtsen
ANGELA FLORENCE INGEBRIGTSEN,
Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

This instrument was acknowledged before me, this 6th day of June 2024, by Jane Angela Florence Ingebrigtsen, Trustee.

Sandra Barker
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4369763

CERTIFICATE OF DEATH

2023020314
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDED

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) Wilhelm Kristian INGBRIGTSEN II		2. DATE OF DEATH (Mo/Day/Year) September 11, 2023		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 03, 1940		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Angela Florence AMOROSO	
13. SOCIAL SECURITY NUMBER 0257		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1352 Santa Cruz Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wilhelm Kristian INGBRIGTSEN I			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lilli SAGEN		
18a. INFORMANT - NAME (Type or Print) Angela Florence INGBRIGTSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1352 Santa Cruz Drive Minden, Nevada 89423			
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD983		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) CRAIG RAU MD 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) September 19, 2023		21c. HOUR OF DEATH 09:34		22b. DATE SIGNED (Mo/Day/Yr)	
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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703			23b. LICENSE NUMBER 10991		
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 19, 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) Acute Cardiorespiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Pneumonia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Coronary Artery Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Atrial Fibrillation With Rapid Ventricular Rate				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. Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) NATURAL			
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	



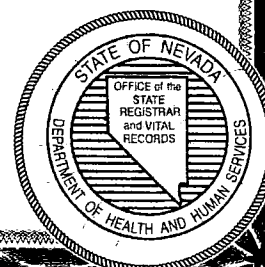
CERTIFIED COPY OF VITAL RECORDS

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 Thirney
STATE REGISTRAR

DATE ISSUED: 9/25/2023

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE