

APN# 1420-33-710-014

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Zishka Living Trust

Address: 1212 E. Robinson St

City/State/Zip: Carson City NV 89701

AFFIDAVIT DEATH OF TRUSTEE

**Title of Document** (required)


------(Only use if applicable)-----

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)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

  
\_\_\_\_\_  
Signature

E.KELSH  
\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
Zishka Living Trust

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1420-33-710-014**

File No.: 143-2676364 (et)

**Affidavit - Death of Trustee**

State of NV )  
County of DOUGLAS )ss.  
)

**Bonnie Denise O'Brien** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Sunna Zishka** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on 11.4.2023 at Minden NV (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **March 24, 2003** executed by **Sunna Zishka, Trustee** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **DEED** dated **April 9, 2003** which was recorded as Instrument No. **0573828** in Book **0403**, Page **08189**, of Official Records of **DOUGLAS** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 8-31-24

**DECLARANT:**

Bonnie Denise O'Brien  
Bonnie Denise O'Brien

State of NV )  
 )ss  
County of DOUGLAS )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State Nevada, this 31<sup>st</sup> day of August, 2024 by Bonnie Denise O'Brien, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

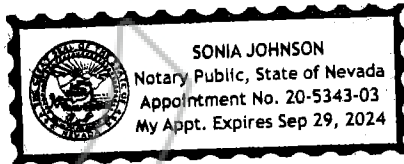
*This area for official notarial seal*

Signature [Signature]

My Commission Expires: Sept 29, 2024

Notary Name: Sonia Johnson Notary Phone: 775-431-0121

Notary Registration Number: 20-5313-03 County of Principal Place of Business Carson City



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

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

CASE FILE NO. 4379725

**CERTIFICATE OF DEATH**

2023024282  
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

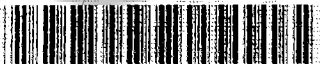
CERTIFIER

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>Sunna ZISHKA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 04, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>2652 Ballard Ln</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>83</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7c. UNDER 1 DAY HOURS   MINS	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Switzerland</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-6265</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>INVENTORY SPECIALIST</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>CORPORATE</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2652 Ballard Ln</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Emio SPERISON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT- NAME (Type or Print) <b>Larry ZISHKA</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>767 Hilltop Ct Nixa, Missouri 65714</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>BETHANY J RASMUSSEN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD969</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Creations 1575 N. Lompa Ln Carson City NV 89701</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>B A BOTTENBERG DO</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 07, 2023</b>		21c. HOUR OF DEATH <b>17:28</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>B A Bottenberg DO 4095 North Carson Street Carson City, NV 89706</b>				23b. LICENSE NUMBER <b>DO674</b>	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 08, 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>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Congestive Heart Failure</b>				Interval between onset and death	
(c) <b>Unknown Etiology</b>				Interval between onset and death	
(d)				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. <b>Atrial Fibrillation, Hypertension, Hyperlipidemia, Senile Dementia, Pulmonary Hypertension.</b>				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) <b>NATURAL</b>		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

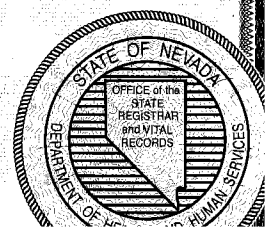
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **9/3/2024**

*Cody D. Storey*

STATE REGISTRAR

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



**EXHIBIT 'A'**

**Parcel 1:**

**Lot 14, Block A, as set forth on the Final Map of ANDERSON VILLAGE filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on August 31, 1989 in Book 889 of Official Records at Page 4542 as Document No. 209869.**

**Parcel 2:**

**A non-exclusive right of way for public road with incidents thereto over and across all those certain streets known as Ballard Lane and Ballard Court lying within the interior boundary lines of the herein above mentioned subdivision.**

