

AFFIDAVIT-DEATH OF TRUSTOR AND BENEFICIARY

STATE OF CALIFORNIA)
) s.s.
COUNTY OF EL DORADO)

ALBERT FERRANDO, surviving Settlor and successor Trustee, being first duly sworn, deposes and says that affiant is of legal age and is competent to be a witness as to the matters hereinafter stated.

That affiant is ALBERT FERRANDO, the person named as one of the grantees in that certain deed recorded April 28, 1995, as Document No. 361108, at Book 0495, Page 4450 in the office of the County Recorder of Douglas County, State of Nevada, which real property is described as follows:

LOT 4, IN BLOCK A, AS SET FORTH ON THE PLAT OF PINENUT MANOR NO. 1, AND 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON JUNE 16, 1980, IN BOOK 680, PAGE 1361, AS DOCUMENT NO. 45348

Assessor's Parcel Number 23-231-05
Said property is commonly known as 1058 Tenabo, City of Gardnerville

That MARIE M. FERRANDO was named as one of the parties in that certain Trust Transfer Deed dated March 27, 1995, executed by ALBERT FERRANDO and MARIE M. FERRANDO, wherein the decedent is a Settlor of the REVOCABLE TRUST OF ALBERT FERRANDO and MARIE M. FERRANDO dated August 22, 1990, as well as the beneficiary and Co-Trustee under said Trust; it being further acknowledged that ALBERT FERRANDO is the surviving Settlor and beneficiary and the successor Trustee under said Declaration of Trust on the death of MARIE M. FERRANDO; and that MARIE M. FERRANDO and was the identical person named as MARIE M. FERRANDO, the decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.

Dated: Oct 10-96

Albert Ferrando
ALBERT FERRANDO

SUBSCRIBED AND SWORN to before me

this 10th day of October 1996

Signature Jo Ann Tillson

Jo Ann Tillson
Name (Typed or Printed)



✓ WHEN RECORDED MAIL TO:
Joseph W. Tillson, Esq.
2311 Lake Tahoe Boulevard, Ste 1
South Lake Tahoe, CA 96151

FOR RECORDER'S USE

MAIL TAX STATEMENTS TO:

ALBERT FERRANDO, Trustee
P.O. Box 337
South Lake Tahoe, CA 96156

RECORDING REQUESTED BY:

Joseph W. Tillson, Esq.

399742
BK 1096PG4866

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

ROLL 87 IMAGE 17

LOCAL FILE NUMBER

329

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF REFERENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Marie Mercedes FERRANDO			2. DATE OF DEATH (Month, Day, Year) February 13, 1996		3a. COUNTY OF DEATH Washoe		
11. CITY, TOWN, OR LOCATION OF DEATH Reno			12. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		13. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient (Specify) Inpatient		
14. RACE—(e.g., White, Black, American Indian, etc) (Specify) White		15. Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. Spanish		16. AGE—Last Birthday (Years) 78		17. UNDER 1 YEAR MOS : DAYS 7b	
18. STATE OF BIRTH (If not U.S.A., name country) Venezuela		19. CITIZEN OF WHAT COUNTRY U.S.A.		20. Decedent's Education. Specify highest grade completed. 12		21. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
22. SOCIAL SECURITY NUMBER 2181		23. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		24. KIND OF BUSINESS OR INDUSTRY Own Home		25. DATE OF BIRTH (Mo., Day, Yr.) May 15, 1917	
26. RESIDENCE—STATE California		27. COUNTY El Dorado		28. CITY, TOWN, OR LOCATION South Lake Tahoe		29. STREET AND NUMBER Francisco St. 681 San	
30. FATHER—NAME First Middle Last Jose Suarez			31. MOTHER—MAIDEN NAME First Middle Last Victoria Rafael DeQuien			32. INSIDE CITY LIMITS (Specify Yes or No) Yes	
33. INFORMANT—NAME (Type or Print) Albert Ferrando			34. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 337, South Lake Tahoe, CA 96156				
35. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		36. CEMETERY OR CREMATORY—NAME Happy Homestead Cemetery		37. LOCATION City or Town State South Lake Tahoe, CA		38. FUNERAL DIRECTOR—SIGNATURE (Or Person to be Buried as Such) <i>[Signature]</i>	
39. FUNERAL DIRECTOR LICENSE NUMBER 205		40. NAME AND ADDRESS OF FACILITY Ross, Burke & Knobel Mortuary		41. ADDRESS 2155 Kietzke Lane, Reno, Nevada 89502		42. To be completed by Certifying Physician 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 2-16-96 21c. HOUR OF DEATH 2319 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Kurt A. Brickner, M.D., 75 Pringle Way, Reno, NV, 89502 21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)	
43. To be completed by Coroner's Office 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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT		44. REGISTRAR 24a. (Signature) <i>[Signature]</i> 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) February 16, 1996 24c. DEATH DUE TO COMMUNICABLE DISEASE NO		45. 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Acute myocardial infarction PART I (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. PART II 26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a 28b. DATE OF INJURY (Mo., Day, Yr.) 28c. HOUR OF INJURY M 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		46. 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	

STATE REGISTRAR

No. 91197

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *[Signature]*

Date: FEB 22 1996

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1096 PG 4867

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COPY

REQUESTED BY
Joseph Tillson
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 OCT 28 A10:54

LINDA SLATER
RECORDER
\$ 9.00 PAID K2 DEPUTY

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