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DOC # 0703649  
06/22/2007 09:56 AM Deputy: CF  
OFFICIAL RECORD  
Requested By:  
HARDWIC & GOSS

Recording Requested by:  
Robert O. Hardwick  
Attorney at Law  
118 W. Oak Street  
Lodi, CA 95240  
1320-33-311-021  
and when recorded mail to

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0607 PG- 7150 RPTT: 0.00



SAME AS ABOVE

DECLARATION TO ESTABLISH FACT OF DEATH OF TRUSTEE

I, ARLITA R. PIAZZA declare:

I am over the age of 18 years. BONNIE J. PIAZZA was the co-Trustee of the **JOHN & BONNIE J. PIAZZA 1994 REVOCABLE TRUST**, dated August 30, 1994. The Trust Agreement was not recorded. BONNIE J. PIAZZA died on March 28, 2007, and she is the same the person as BONNIE J. PIAZZA mentioned as the decedent in the attached certified copy of the Certificate of Death.

ARLITA R. PIAZZA is the successor Trustee of The **JOHN & BONNIE J. PIAZZA 1994 REVOCABLE TRUST**, dated August 30, 1994.

The **JOHN & BONNIE J. PIAZZA REVOCABLE TRUST**, dated August 30, 1994 was not revoked or terminated during BONNIE J. PIAZZA's lifetime, and said trust is still in full force and effect.

Title to the trust real property located at 1481 Grendon Way, Gardnerville, Douglas County, Nevada was held in the names of BONNIE J. PIAZZA and ARLITA R. PIAZZA, co-Trustees of The **JOHN & BONNIE J. PIAZZA REVOCABLE TRUST**, by deed dated January 20, 2004, and recorded on February 12, 2004, in book 0204, page 05045, as document number 0604500, Douglas County Records and describes the following real property:

Lot 21, Block A, as set forth on Final Subdivision Map FSM-1006-2 for CHICHESTER ESTATES Phase 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 9, 1996, in Book 1296 at Page 1286, as Document No. 402540, and by Certificate of Amendment recorded July 17, 2001, Book 0701, page 3929, as Document No. 518479.

A.P.N. 1320-33-311-021

ARLITA R. PIAZZA now holds title to the above described real property as successor Trustee of the **JOHN & BONNIE J. PIAZZA REVOCABLE TRUST**, dated August 30, 1994.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Executed on 6-5-07, at Lodi, California.

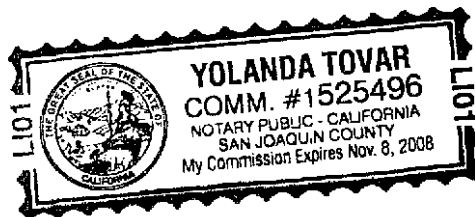
*Arleta R. Piazza*  
ARLITA R. PIAZZA

STATE OF CALIFORNIA    )  
                                  )  
COUNTY OF SAN JOAQUIN   )  
\_\_\_\_\_                  )

On June 5, 2007, before me, YOLANDA TOVAR, a Notary Public, personally appeared ARLITA R. PIAZZA, personally known to me, or 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 she executed the same in her authorized capacity, and that by her signature on the instrument the person of the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature *Yolanda Tovar*



**CERTIFICATION OF VITAL RECORD**

**STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CERTIFICATE OF DEATH  
VITAL STATISTICS**

**2007001390**  
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**

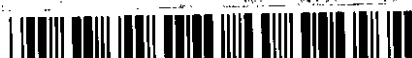
**CAUSE OF DEATH**

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

1a. DECEASED NAME - FIRST <b>Bonnie</b>			1b. MIDDLE <b>J</b>		1c. LAST <b>PIAZZA</b>		2. DATE OF DEATH (Mo/Day/Yr) <b>March 28, 2007</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>1481 Grendon Way</b>			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)		4. SEX <b>Female</b>			
5. RACE-(e.g., White, Black, American Indian) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>Non-hispanic</b>		7a. AGE-Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 30, 1920</b>	
9a. STATE OF BIRTH (If not U.S.A. name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Homemaker</b>			14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</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>1481 Grendon Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER - NAME (First Middle Last Suffix) <b>Clark Garrett WELSH</b>						17. MOTHER - NAME (First Middle Last Suffix) <b>Beatrice SNEDIGAR</b>					
18a. INFORMANT- NAME (Type or Print) <b>Arlita PIAZZA</b>				18b. MAILING ADDRESS: (Street or R.F.D. No., City or Town, State, Zip) <b>1481 Grendon Way Gardnerville, Nevada 89410</b>							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>			19b. CEMETERY OR CREMATORY - NAME <b>Cherokee Memorial Park</b>			19c. LOCATION City or Town State <b>Lodi California</b>					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N 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>STEPHEN HEWITT DO</b> 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) <b>March 29, 2007</b>			21c. HOUR OF DEATH <b>08:52</b>			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH		
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>Dr Stephen Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA</b>									23b. LICENSE NUMBER <b>NV 1107</b>		
24a. REGISTRAR (Signature) <b>MIKE NEUMANN</b> SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 29, 2007</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I <b>End Stage Chronic Obstructive Pulmonary Disease</b>							Interval between onset and death <b>Years</b>				
DUE TO, OR AS A CONSEQUENCE OF							Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF							Interval between onset and death				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I							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	

**STATE REGISTRAR**

512929



BK- 0607  
PG- 7152  
06/22/2007

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QSRB1004 Rev. 07

T07839 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: **03/30/2007**

SIGNATURE AUTHENTICATED

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

PHICO (Rev. 1/06)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE