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DOC # 0770252  
09/10/2010 02:27 PM Deputy: SG  
OFFICIAL RECORD  
Requested By:  
LINDA PERI

Assessor's Parcel Number: 1220-04-516-026

Recording Requested By:

Name: Linda Peri

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 6 Fee: 19.00  
BK-0910 PG-2217 RPTT: 0.00



✓ Address: 4091 Snowshoe Ln.

City/State/Zip Reno NV 89502

Real Property Transfer Tax: \_\_\_\_\_

Order Setting Aside Estate w/o Administration  
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2 (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

RECEIVED  
AUG - 3 2010

DOUGLAS COUNTY  
DISTRICT COURT CLERK

NO. \_\_\_\_\_  
FILED 8/23/10  
TED IHRAN  
COUNTY CLERK  
BY [Signature] DEPUTY

IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
IN AND FOR THE COUNTY OF DOUGLAS

IN THE MATTER OF THE ESTATE OF  
MARGARET LOUISE GIOVACCHINI,  
  
Deceased.

CASE NO.: 10-PB-0081  
DEPT. NO.: II

**ORDER SETTING ASIDE ESTATE WITHOUT ADMINISTRATION**

Having reviewed the Petition to Set Aside Estate Without Administration filed by Frederick D. Williams, Esq. on behalf of Petitioner LINDA PERI, it appearing due and lawful notice of the hearing was given according to law, said Petition have come before the Court on this date, the Court having considered said Petition, the representations of counsel, the file herein, and good cause appearing therefor, the Court finds as follows:

Petitioner, LINDA PERI, Petitions the Court to dispense with administration in the above captioned estate pursuant to Nevada Revised Statute §146.070.

1. **Date of Death; Residence; Last Will and Testament**
  - A. Decedent, MARGARET LOUISE GIOVACCHINI died on the 2<sup>nd</sup> day of March, 2010, in Carson City, Nevada.
  - B. At the time of her death, Decedent resided at 1367 Waterloo Lane, #7, Gardnerville, County of Douglas, Nevada.
  - C. Decedent executed a Last Will and Testament (Pour-Over Will), dated May 10, 2001, and the same was lodged with the Clerk of the above Court on March 29, 2010, and at the time said Will was executed, the said Testatrix was over the age of twenty-one (21) years and was of sound and disposing mind and not acting under any duress, menace, fraud, or

1 undue influence, and was in every respect competent by Last Will, to dispose of her  
2 Estate.

3 D. Decedent executed the Revocable Living Trust of Margaret Giovacchini, dated May 10,  
4 2001, and the same was named as the sole beneficiary of the Estate of Decedent in the  
5 aforementioned Will. At the time said Living Trust was executed, the said Trustor was  
6 over the age of twenty-one (21) years and was of sound and disposing mind and not  
7 acting under any duress, menace, fraud, or undue influence, and was in every respect  
8 competent by Living Trust, to dispose of her Estate.

9 E. Petitioner, LINDA PERI, was named in said Last Will and Testament as Executor  
10 (Personal Representative) of the Will and Successor Trustee of the Revocable Living  
11 Trust of Margaret Giovacchini, to serve without bond, and Petitioner has never been  
12 convicted of a felony, is competent and capable of administering said Estate, and by this  
13 Petition consents to act in such capacity, administering the Estate and Trust of Decedent.

**Description and Valuation of Decedent's Probable Property**  
(NRS 146.070(3)(a) and (3)(b))

14 On Decedent's date of death, the following assets comprised the Decedent's probable  
15 estate:  
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Description	Gross Value	Encumbrance	Net Value
1367 Waterloo Lane, #7, Gardnerville, NV 89410	\$100,000.00	\$41,422.43	\$58,577.57
2001 Ford Ranger 4D Vin #1FTZR15E91PB45800	\$ 8,000.00	\$ 0.00	\$ 8,000.00
Various items of household furniture and other assorted personalty	\$ 2,000.00	\$ 0.00	\$ 2,000.00
Total Value of Decedent's Estate			\$68,577.57

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**Statement of Liens, Mortgages and Debts  
(NRS 146.070(3)(b) and (3)(d))**

There is a mortgage on Decedent's real property which is listed above. There are no other liens or debts owed by or attributable to the Decedent. The Division of Health Care Financing and Policy for the Department of Health and Human Services of the State of Nevada has no record of any assistance being provided to Decedent and waives notice.

**Decedent's Heirs and Devisees  
(NRS 146.070(3)(e))**

The names, ages and residences of the heirs, next of kin, devisees and legatees of the Decedent, so far as known to Petitioner, are as follows:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>
Eda Giovacchini Frederickson	84	Sister	c/o Chancellor Place of Lodi 2220 W. Kettleman Ln., #225 Lodi, CA 95242
Olga Giovacchini Larson	78	Sister	1024 Cedar Carson City, NV 89701
Elsie Giovacchini Tietjen	76	Sister	P.O. Box 18082 Reno, NV 89511
Lloyd Giovacchini	73	Brother	154 Hudson Aurora Rd. Smith Valley, NV 89430
Helen Giovacchini Reiger	74	Sister	8034 Coronado Coast Las Vegas, NV 89139
Donald Giovacchini	70	Brother	335 Lois Ln Fernley, NV 89408
Irma Giovacchini Crookshanks	67	Sister	3090 Kings Canyon Rd Carson City, NV 89703
Dave Giovacchini	65	Brother	12359 W. Rockbury Ct. Boise, ID 83709

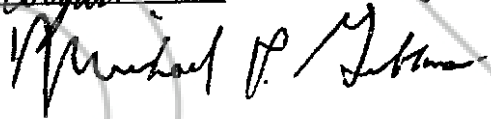
**IT IS HEREBY ORDERED:**

- that the gross value of the Estate, less encumbrances, does not exceed the amount of One Hundred Thousand Dollars (\$100,000.00);
- that the 2001 Ford Ranger 4D, Vin #1FTZR15E91PB45800 be set aside to Linda Peri,

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Successor Trustee of the Revocable Living Trust of Margaret Giovacchini, pursuant to the Last Will and Testament of the Decedent;  
3. that the condominium located at 1367 Waterloo Lane, Apt. D, Gardnerville, NV 89410, be set aside to Linda Peri, Successor Trustee of the Revocable Living Trust of Margaret Giovacchini, pursuant to the Last Will and Testament of the Decedent;  
4. that the residue of said Estate is to be set aside in its entirety to Linda Peri, Successor Trustee of the Revocable Living Trust of Margaret Giovacchini, pursuant to the Last Will and Testament of Decedent;

IT IS SO ORDERED this 23 day of August 2010.



DISTRICT JUDGE

Submitted by:  
Frederick D. (Rick) Williams, Esq.  
NV State Bar No. 5165  
5515 Wedekind Rd.  
Sparks, NV 89431-1147  
(775) 358-1958  
Attorney for the Estate of MARGARET LOUISE GIOVACCHINI

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2010003146

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>Margaret Louise GIOVACCHINI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 02, 2010</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>69</b>	
5. RACE <b>White</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 10, 1941</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER	
13. SOCIAL SECURITY NUMBER <b>7155</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Accountant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>State Of Nevada</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>1367 D Waterloo Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Ernest GIOVACCHINI</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Irma Louise ALTMAN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Irma CROOKSHANKS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3090 Kings Canyon Road Carson City, Nevada-89703</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Masonic Memorial Gardens</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>GERALD HITCHCOCK</b>		20b. FUNERAL DIRECTOR LICENSE <b>614</b>		20c. NAME AND ADDRESS OF FACILITY <b>Freitas Ruprecht Funeral Home PO BOX 1271 Yerington NV 89447</b>	
20a. SIGNATURE AUTHENTICATED					
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>ROBERT LEWIS McDONALD M.D.</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>March 05, 2010</b>		21c. HOUR OF DEATH <b>06:30</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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Robert Lewis McDonald M.D., 200 Bath Street #1 Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>6433</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 05 2010</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)		24c. DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) <b>Respiratory Failure</b>				<b>Days</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>End Stage Chronic Obstructive Pulmonary Disease</b>				<b>Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Pulmonary Hypertension</b>				<b>Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		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

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BK- 0910  
PG- 2222  
09/10/2010

VRS-Rev-20090902

320102 CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED: 03/08/2010

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

*Rud Whitt*  
SIGNATURE AUTHENTICATED

