

OFFICIAL RECORD  
Requested By:  
MARK D SCHIAVENZA

1319-18-412-008  
APN: 11-191-080 )  
)  
RECORDING REQUESTED BY )  
AND WHEN RECORDED MAIL TO: )  
)  
MARK D. SCHIAVENZA )  
1313 LAUREL STREET, SUITE 114 )  
SAN CARLOS, CALIF. 94070 )  
)  
) SPACE ABOVE FOR RECORDER'S USE  
)

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0811 PG- 2327 RPTT: 0.00



AFFIDAVIT-DEATH OF TRUSTEE

DELORES D. CIRMELLI, of legal age, being first duly sworn, deposes and says:

That FRANK CIRMELLI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FRANK CIRMELLI named as one of the co-trustees under that certain Declaration of Trust executed on December 17, 2001 creating THE CIRMELLI FAMILY TRUST DATED DECEMBER 17, 2001 (the Trust"), which Trust is the owner of record, as per Grant Deed executed on December 17, 2001 by Frank Cirmelli and Delores D. Cirmelli, recorded on January 2, 2002 as Document No. 0531399 in Book 0102 at Page 0072 of Official Records of the Douglas County Recorder, State of Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

LOT 22, AS SHOWN ON THE "MAP OF KINGSBURY VILLAGE, UNIT NO. 1", FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON DECEMBER 29, 1961

ASSESSOR'S PARCEL NUMBER 11-191-080  
COMMONLY KNOWN AS: 278 ANDRIA DRIVE, STATELINE, NEVADA

The undersigned hereby affirms that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. Specific law: 440.380

DATED: August 9, 2011

DELORES D. CIRMELLI

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY**  
**PUBLIC HEALTH DEPARTMENT**

**CERTIFICATE OF DEATH**

3201001004896

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>FRANK</b>		2. MIDDLE	
3. LAST (Family) <b>CIRMELLI</b>		4. DATE OF BIRTH mm/dd/yyyy <b>10/03/1928</b>	
5. AGE Yrs. <b>81</b>		6. SEX <b>M</b>	
7. DATE OF DEATH mm/dd/yyyy <b>07/25/2010</b>		8. HOUR (24 Hour) <b>2020</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>5950</b>	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP (at time of death) <b>MARRIED</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>BUTCHER</b>		16. YEARS IN OCCUPATION <b>16</b>	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>MEAT COMPANY</b>			
18. DECEDENT'S RESIDENCE (Street and number, or location) <b>3330 FERNSIDE BLVD</b>			
19. CITY <b>ALAMEDA</b>		20. COUNTY/PROVINCE <b>ALAMEDA</b>	
21. ZIP CODE <b>94501</b>		22. STATE/FOREIGN COUNTRY <b>CA</b>	
23. YEARS IN COUNTY <b>81</b>		24. STATE/FOREIGN COUNTRY <b>CA</b>	
25. INFORMANT'S NAME, RELATIONSHIP <b>DELORES CIRMELLI, WIFE</b>			
26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>3330 FERNSIDE BLVD, ALAMEDA, CA 94501</b>			
27. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>DELORES</b>		28. LAST (BIRTH NAME) <b>KLOCKNER</b>	
29. MIDDLE		30. LAST (BIRTH NAME) <b>CIRMELLI</b>	
31. NAME OF FATHER/PARENT - FIRST <b>SALVATORE</b>		32. MIDDLE	
33. LAST (BIRTH NAME) <b>CIRMELLI</b>		34. BIRTH STATE <b>ITALY</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>ROSARIO</b>		36. MIDDLE	
37. LAST (BIRTH NAME) <b>SYLVESTRI</b>		38. BIRTH STATE <b>ITALY</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>08/06/2010</b>			
40. PLACE OF FINAL DISPOSITION <b>SACRAMENTO VALLEY NATIONAL CEMETERY</b> <b>5810 MIDWAY ROAD, DIXON, CA 95620</b>			
41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT <b>COLONIAL CHAPEL</b>	
45. LICENSE NUMBER <b>FD461</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>MUNTU DAVIS, M.D.</b>	
47. DATE mm/dd/yyyy <b>07/29/2010</b>		48. LICENSE NUMBER	
101. PLACE OF DEATH <b>OWN RESIDENCE</b>			
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>ALAMEDA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>3330 FERNSIDE BLVD</b>	
106. CITY <b>ALAMEDA</b>		107. CAUSE OF DEATH <b>OWN RESIDENCE</b>	
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) METASTATIC COLON CANCER</b>			
109. (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		112. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		114. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
115. (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		116. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>	
117. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>			
118. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		119. SIGNATURE AND TITLE OF CERTIFIER <b>MICHAEL KIM, MD</b>	
120. LICENSE NUMBER <b>G88955</b>		121. DATE mm/dd/yyyy <b>07/29/2010</b>	
122. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>MICHAEL KIM, MD</b> <b>350 30TH STREET #320, OAKLAND, CA 94609</b>		123. SIGNATURE AND TITLE OF CORONER / DEPUTY CORONER	
124. DATE mm/dd/yyyy		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
126. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
127. YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
128. INJURY DATE mm/dd/yyyy			
129. HOUR (24 Hour)			
130. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
131. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
132. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
133. SIGNATURE OF CORONER / DEPUTY CORONER			
134. DATE mm/dd/yyyy			
135. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

BK- 0811  
PG- 2328  
08/12/2011  
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STATE REGISTRAR A B C D E \*010001001555123\* FAX AUTH.# \*000778550\*

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF ALAMEDA } SS

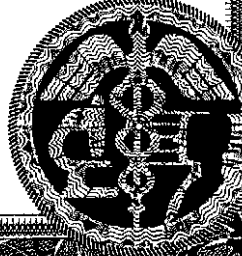
This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: **08/02/2010**

*M.D.*  
HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

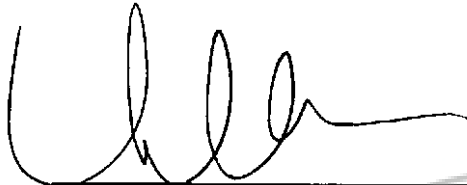


NOTARY ACKNOWLEDGMENT

State of California

County of San Mateo

Subscribed and sworn to (or affirmed) before me on this 9th day of August, 2011, by DELORES D. CIRMELLI, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



LYNN SHERWOOD, NOTARY PUBLIC

