



A.P.N. 1318-03-110-023

WHEN RECORDED RETURN TO:
Soraya Tabibi Aguirre, Esq.
Holland & Hart LLP
5441 Kietzke Lane, Second Floor
Reno, Nevada 89511

MAIL TAX STATEMENTS TO:
Joseph D. Rufo & Susanne Rufo Petrizzio, Co-Trustees
29113 Doverridge Drive
Rancho Palos Verdes, CA 90275

The undersigned hereby affirms that this document, including any exhibits, submitted for recording does contain the social security number of a person or persons as required by law: NRS 40.525

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

JOSEPH D. RUFO, of legal age, being first duly sworn, deposes and says:

1. EMILY ADA RUFO, the Decedent referenced in the certified Certificate of Death attached hereto, died on August 5, 2011, and was, until her death, and is the same person as EMILY A. RUFO, TRUSTEE OF THE RUFO FAMILY 1988 TRUST, in that certain Grant, Bargain, Sale Deed dated March 17, 1988, executed by JOSEPH D. RUFO and EMILY A. RUFO, husband and wife as community property, recorded as Document Number 175557 on April 5, 1988, Official Records of Douglas County, Nevada, covering the real property located at 1051 Skyland Drive, City of Zephyr Cove, County of Douglas, State of Nevada, described as follows:

Legal description obtained from Grant, Bargain, Sale Deed, Document No. 175557, recorded April 5, 1988 in the Official Records of Douglas County, Nevada.

Lot 55, as shown on the map of SKYLAND SUBDIVISION NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on February 27, 1958.



2. That upon the death of EMILY A. RUFO, JOSEPH D. RUFO and SUSANNE RUFO PETRIZZIO, became the Successor Co-Trustees under the RUFO FAMILY 1988 TRUST, dated March 17, 1988.

Dated this 4th day of January, 2012

RUFO FAMILY 1988 TRUST

By: Joseph D. Rufo
JOSEPH D. RUFO, Successor Co-Trustee

By: _____
SUSANNE RUFO PETRIZZIO, Successor Co-Trustee

STATE OF NEVADA)

) ss.

COUNTY OF DOUGLAS)

On 1/4, 2012, before me, the undersigned, a Notary Public in and for said State, personally appeared JOSEPH D. RUFO, Successor Co-Trustee of the Rufo Family 1988 Trust, proved to me to be the person whose name is subscribed to the foregoing instrument, and who acknowledged to me that he executed the foregoing instrument.

Letitia G. Tognotti
NOTARY PUBLIC



STATE OF _____)

) ss.

COUNTY OF _____)

On _____, 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared SUSANNE RUFO PETRIZZIO, Successor Co-Trustee of the Rufo Family 1988 Trust, proved to me to be the person whose name is subscribed to the foregoing instrument, and who acknowledged to me that she executed the foregoing instrument.

NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011012591
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) Emily Ada RUFO		2. DATE OF DEATH (Mo/Day/Year) August 05, 2011		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Female		7a. AGE-Last birthday (Years) 89		8. DATE OF BIRTH (Mo/Day/Yr) July 01, 1922	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Joseph D RUFO		13. SOCIAL SECURITY NUMBER ██████████ 3813	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 1051 Skyland Dr		16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward HARRIS		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Emily GOOCH	
18a. INFORMANT- NAME (Type or Print) Joseph RUFO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 11590 Zephyr Cove, Nevada 89448			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) JORGE SANTIBAREZ MD 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) August 11, 2011		21c. HOUR OF DEATH 10:25		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Physician JORGE SANTIBAREZ MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 13739				24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 12, 2011				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) Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Coronary Syndrome					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. AUTOPSY (Specify Yes or No)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)			
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



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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: **08/19/2011**

Rud. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

