

OFFICIAL RECORD

Requested By:
JOSEPH W. TILLSON

Document Transfer Tax - \$0
Assessor's Parcel No. 1318-03-212-085

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0712 PG- 1210 RPTT: 0.00

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:



✓ William D. Petri, Trustee
122 Fairmount Street
San Francisco, CA 94131

The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF GRANTOR, TRUSTEE AND BENEFICIARY

WILLIAM D. PETRI, of legal age, being first duly sworn, deposes and says:

That ANITA A. PETRI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as a party in that certain Grant, Bargain and Sale Deed dated June 18, 1987, executed by WILLIAM R. PETRI and ANITA A. PETRI, grantor, to WILLIAM R. PETRI and ANITA A. PETRI, Trustees of THE PETRI 1987 TRUST, wherein the decedent was the surviving Grantor of the PETRI 1987 TRUST dated June 18, 1987, as well as a beneficiary and trustee under said trust; it being further acknowledged that WILLIAM D. PETRI is the surviving trustee under said declaration of trust on the death of ANITA A. PETRI.

The original Grant, Bargain and Sale Deed aforementioned is recorded as Document No.157087 at Book 687 Pages 3078 to 3080, on June 24, 1987, in the Official Records of Douglas County, State of Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 227, as shown on the map of SKYLAND SUBDIVISION NO. 3, filed in the Office of the County Recorder of Douglas County, State of Nevada, on February 24, 1960.

Dated: 06-13-2012

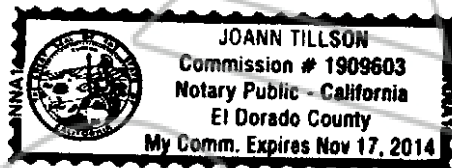
William D. Petri
WILLIAM D. PETRI

JURAT

State of California
County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 13th day of June 2012,
by WILLIAM D. PETRI, proved to me on the basis of satisfactory evidence to be the person
who appeared before me.

Signature Joann Tillson



AFFIDAVIT - DEATH OF GRANTOR, TRUSTEE AND BENEFICIARY
Assessor's Parcel No. 1318-03-212-085

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011012428
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) Anita A PETRI		2. DATE OF DEATH (Mo/Day/Year) June 08, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Evergreen Gardnerville		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		7a. AGE-Last birthday.(Years) 92		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) December 19, 1918	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)			
13. SOCIAL SECURITY NUMBER 5516		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Accountant		14b. KIND OF BUSINESS OR INDUSTRY Pharmacy	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 161 Willow Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Peter CAMOZZI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Olga MARI		
18a. INFORMANT - NAME (Type or Print) William D PETRI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 122 Fairmount St San Francisco, California 94131			
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 Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laurence Gay M.D. PO.Box.19936 Reno, NV, 89511					
23b. LICENSE NUMBER 5152					
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 10, 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				Interval between onset and death	
(a) Cardiac Arrest				Seconds	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Dehydration				Days	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Anorexia				Weeks	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Severe cor Pulmonale				Months	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Atrial Fibrillation				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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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BK- 0712
PG- 1212

VRS-Rev.20110104

401385

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: **09/01/2011**

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

R. D. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

