

16-

Doc Number: **0809576**

09/24/2012 09:29 AM

OFFICIAL RECORDS

Requested By:
Northern Nevada Title

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00

Bk: 0912 Pg: 5378



Deputy: ss

APN: 1320-33-712-015
ORDER NO.: 1098942-wd

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit- Death of Trustor

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By: 

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

✓ Nancy Rey Jackson
1591 Mono Ave.
Minden, NV 89423

APN: 1320-33-712-015
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Nancy Rey Jackson, LTD.
1591 Mono Ave.
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

Nancy Rey Jackson and Kasimir Pawliszyn of legal age, being first duly sworn, deposes and says:

- 1. Amedeo J. Pieri is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated April 4, 2002, executed by Amedeo J. Pieri as trustor(s).
- 2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on May 8, 2002, as Instrument No. 541650, in Official Records of Douglas County, Nevada, describing the following real property:

Lot 48, Block C, of Final Subdivision Map FSM-1006-2 for CHICHESTER ESTATES PHASE 2, according to the map thereof, filed 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 amended by Certificate of Amendment recorded November 22, 2000 in Book 1100, Page 4362, Document No. 503768, Official Records.

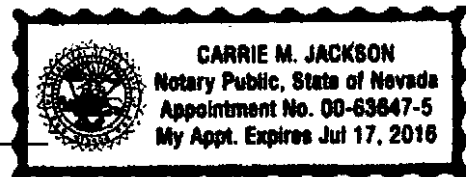
- 3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated September 20, 2012

Nancy Rey Jackson *Kasimir Pawliszyn*
 Nancy Rey Jackson, Successor Co-Trustee Kasimir Pawliszyn, Successor Co-Trustee

STATE OF NEVADA, COUNTY OF DOUGLAS
 Subscribed and sworn to (or affirmed) before me on this 20 day of September, 2012,
 by NANCY REY JACKSON and KASIMIR PAWLISZYN
 personally known to me or proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

(seal)
Signature 



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012013709
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Amedeo Joseph PIERI		2. DATE OF DEATH (Mo/Day/Year) August 20, 2012		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) 1304 Windsor Ct		3d. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 89	
	7b. UNDER 1 YEAR MOS: DAYS		7c. UNDER 1 DAY HOURS: MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 31, 1923	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER 3477	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Superintendent		14b. KIND OF BUSINESS OR INDUSTRY Construction		15. Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1304 Windsor Ct		16. FATHER/PARENT - NAME (First Middle Last Suffix) Guisepppe PIERI		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Saida ORSI	
	18a. INFORMANT - NAME (Type or Print) Kasimir PAWLISZYN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 961 Riverview Dr Gardnerville, Nevada 89480			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GERALD LAWRENCE COTTRELL M.D. SIGNATURE AUTHENTICATED					
	21b. DATE SIGNED (Mo/Day/Yr) August 23, 2012		21c. HOUR OF DEATH 13:27		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)	
REGISTRAR	22b. DATE SIGNED (Mo/Day/Yr)		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) Gerald Lawrence Cottrell M.D. 925 Ironwood Dr. #2108 Minden, NV 89423			
CAUSE OF DEATH	23b. LICENSE NUMBER 6778		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 29, 2012	
	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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Severe Acute Stenosis DUE TO, OR AS A CONSEQUENCE OF: (d)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	Interval between onset and death 30 Minutes		Interval between onset and death Years		Interval between onset and death Years	
	Interval between onset and death Years		PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Obstructive Pulmonary Disease; Chronic Renal Failure			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				
28a. ACC., SUICIDE, HOM. UNDEF. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. DESCRIBE HOW INJURY OCCURRED		
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE						

STATE REGISTRAR

3670591



8889576 Page 3 of 3

BK 09 12
PG 5380
09/24/2012 09:29 AM

VRS-Rev-20120523a

449533

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: **08/30/2012**

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

