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Doc Number: **0811458**

10/24/2012 03:27 PM

OFFICIAL RECORDS

Requested By:
Wayne S Chimarusti

APN: 1220-16-113-014,
formerly APN 27-782-13
1229 Winter Green Ct., Gardnerville

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 4 Fee: \$ 17.00
Bk: 1012 Pg: 6602



Grantee:
Donald E. Colombini, Trustee
Decedent's Trust Created Under the
Donald E. and Pauline E. Colombini Family Trust
1229 Winter Green Court
Gardnerville, NV 89460

When recorded return to:
WAYNE S. CHIMARUSTI, ESQ.
✓ 300 West Second Street
Carson City, NV 89703
(775) 885-9066

THE UNDERSIGNED AFFIRMS THAT THIS DOCUMENT CONTAINS A SOCIAL SECURITY NUMBER DUE TO THE REQUIREMENTS OF NRS 440.380.

The legal description contained in this document is taken from that certain Individual Grant Deed recorded for correction on July 24, 1994, in the Official Records of the Douglas County Recorder, in Book 0694, at Page 4556, as Document Number 340494

AFFIDAVIT OF DEATH OF JOINT TENANT AND CO-TRUSTEE
Decedent: PAULINE E. COLOMBINI

STATE OF NEVADA)
 :
CARSON CITY)

ss.

I, DONALD E. COLOMBINI, being first duly sworn under penalty of perjury, depose and say:

1. That I am the husband of PAULINE E. COLOMBINI, and her surviving joint tenant pursuant to an instrument recorded in Book 0694 at Page 4556 in the Official Records of the Recorder of Douglas County, Nevada, on June 24, 1994, as Document No. 340494.

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2. I am also Co-Trustee with PAULINE E. COLOMBINI under that certain Trust Agreement entitled the DONALD E. AND PAULINE E. COLOMBINI FAMILY TRUST, dated December 23, 1997.

3. PAULINE E. COLOMBINI died on July 6, 2012. A certified copy of her certificate of death is attached to this affidavit.

4. The real property owned by PAULINE E. COLOMBINI and me, as joint tenants and/or as co-trustees on the date of her death, consists of the following:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land being comprised of Lot #61 and Lot #62 of Block C as shown on the PLEASANTVIEW PHASE III FINAL MAP as recorded in Book 1292, Page 815, as Document No. 294729 of official records, being located within portions of Section 16 and 17, Township 12 North, Range 20 East, M.D.B.&M., Douglas County, Nevada, being further described as follows:

Beginning at the Southeast corner of said Lot #61; thence South 89°44'13" West, 100.00 feet; thence North 00°15'47" West, 146.16 feet; thence on a 265.89 foot radius curve concave to the North, having a radial bearing South 12°19'22" West, thru a central angle of 05°04'39", an arc distance of 23.56 feet to the beginning of a reverse curve concave to the South, having a 20.00 foot radius, thru a central angle of 46°11'13", an arc distance of 16.12 feet to the beginning of a reverse

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curve concave to the North, having a 45.00 foot radius, thru a central angle of 90°37'27", an arc distance of 71.18 feet; thence South 00°15'47" East, 124.73 feet to the Point of Beginning.

APN 1220-16-113-04, formerly APN 27-782-13

WITNESSETH my hand this 18th day of October, 2012.

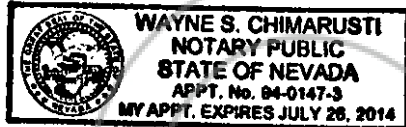
Donald E. Colombini
DONALD E. COLOMBINI

STATE OF NEVADA)

CARSON CITY)

ss.

This instrument was acknowledged before me on the 18th day of October, 2012, by DONALD E. COLOMBINI.



Wayne S. Chimarusti
NOTARY PUBLIC

WAYNE S. CHIMARUSTI, ESQ.
300 West Second Street
Carson City, NV 89703
(775) 885-9066

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012010904
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) Pauline Edith COLOMBINI		2. DATE OF DEATH (Mo/Day/Year) July 06, 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) 1229 Wintergreen Ct		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) August 22, 1932	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr)		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) Married	
12. SURVIVING SPOUSE (if wife, give maiden name) Donald COLOMBINI		13. SOCIAL SECURITY NUMBER 9572		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker	
14b. KIND OF BUSINESS OR INDUSTRY Own Home		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1229 Wintergreen Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald COLOMBINI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hazel		
18a. INFORMANT - NAME (Type or Print) Donald COLOMBINI			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1229 Wintergreen Ct Gardnerville, Nevada 89460		
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 (Of 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	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED GARRETT DONALD SCHWARTZ M.D.					
21b. DATE SIGNED (Mo/Day/Yr) July 11, 2012		21c. HOUR OF DEATH 21:30		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)	
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) Garrett Donald Schwartz M.D. 1107 Highway 395 Gardnerville, NV 89410			
23b. LICENSE NUMBER 9086		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 13, 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				Interval between onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Metastatic Breast Cancer				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) 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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VRS-Rev-20120523a

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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: 07/16/2012

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

STATE REGISTRAR
R. Whelan
SIGNATURE AUTHENTICATED

