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OFFICIAL RECORDS

Requested By
ALLISON MACKENZIE PAVLAKIS
WRIGHT & FAGAN

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00

Bk: 0413 Pg: 9215



APN: 1022-16-001-106
WHEN RECORDED RETURN TO:
JOEL W. LOCKE, ESQ.
ALLISON, MacKENZIE, PAVLAKIS,
WRIGHT & FAGAN, LTD.
P.O. Box 646
Carson City, Nevada 89702

MAIL TAX STATEMENTS TO:
THE DONN C. SCHNEIDER TRUST of 2004
JENNIFER GIARRITTA, Trustee
2154 Paseo Del Oro
San Jose, California 95124

The party executing this document hereby affirms
that this document submitted for recording does
contain the social security number of any
person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF California)

: ss.

COUNTY OF Santa Clara)

JENNIFER GIARRITTA, being first duly sworn, deposes and says:

- 1. That DONN C. SCHNEIDER was the Settlor (Grantor) and original Trustee of THE DONN C. SCHNEIDER TRUST of 2004, dated June 7, 2004 ("Trust");
- 2. That DONN C. SCHNEIDER died on February 15, 2013, and a certified copy of his death certificate issued by the State of Nevada is attached hereto as Exhibit 1, and that after the death of DONN C. SCNEIDER, the Trust became irrevocable.
- 3. That the Trust is the owner of all that certain real property situate in Douglas County, Nevada, being Assessor's Parcel Number 1022-16-001-106, and more particularly described as:

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

Lot 4, in Block J, as shown on the map of TOPAZ RANCH ESTATES UNIT No. 4, filed for record in the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

Being Assessor's Parcel Number 1022-16-001-106

4. That successor Trustee of THE DONN C. SCHNEIDER TRUST of 2004 is JENNIFER GIARRITTA.

5. That as of this date, the said Trust has not been revoked and Affiant is the Trustee thereof.

6. That this Affidavit has been executed in Santa Clara, State of California.

7. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

DATED April 16, 2013 2013.

Jennifer Giarritta, Trustee
JENNIFER GIARRITTA


ACKNOWLEDGMENT

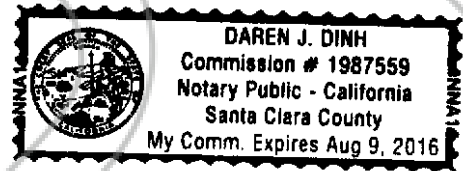
State of California

County of SANTA CLARA

On APRIL 16th, 2013, before me, DAREN J. DINH personally appeared JENNIFER GIARRITTA, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



COPY

EXHIBIT "1"

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2013003124
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
HAVE ROSE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Donn Carlton SCHNEIDER			2. DATE OF DEATH (Mo/Day/Year) February 15, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 3731 Granite Way		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient(Specify) Home		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 86	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) September 28, 1926
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 3545		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Security Guard		14b. KIND OF BUSINESS OR INDUSTRY Auto Industry		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Wellington		15d. STREET AND NUMBER 3731 Granite Way	15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER/PARENT - NAME (First Middle Last Suffix) John SCHNEIDER II			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mabel BUTLER			
18a. INFORMANT - NAME (Type or Print) Jennifer Rowena GIARRITTA		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2154 Paseo Del Oro San Jose, California 95124				
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) TIM FANELLI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 708	20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GARY CHARLES RIDENOUR M.D. SIGNATURE AUTHENTICATED						
21b. DATE SIGNED (Mo/Day/Yr) February 26, 2013		21c. HOUR OF DEATH 20:35		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)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Gary Charles Ridenour M.D. 625 W. Williams Fallon, NV 89406					23b. LICENSE NUMBER 4525	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 26, 2013		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) End Stage Chronic Obstructive Pulmonary Disease						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b)						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c)						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 1.					26. ACC. SUICIDE HOM., UNDET. OR PENDING INVEST. (Specify)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
26a. ACC. SUICIDE HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED		
28a. 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 : 0413
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4/30/2013

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:

03/01/2013

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

