

DOC # 832524
10/24/2013 11:15AM Deputy: SG
OFFICIAL RECORD
Requested By:
eTRCO, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: \$18.00
BK-1013 PG-4653 RPTT: 0.00



APN#: 1320-33-813-002

Recording Requested By:
Western Title Company, Inc.
Escrow No.: 061108-TEA

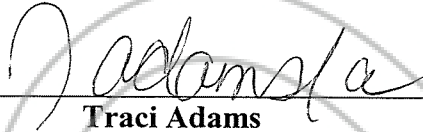
When Recorded Mail To:
Lawrence S. Irving
1485 Grendon Way
Gardnerville
NV 89410

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of any person or persons.
(Per NRS 239B.030)

Signature



Traci Adams

Escrow Officer

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)



APN: 1320-33-813-002
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Lawrence S. Irving
1485 Grendon Way
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada)
COUNTY OF Douglas) SS.

Lawrence S. Irving, Surviving Trustee of legal age, being first duly sworn, deposes and says:

Jennie F. Piraino, is the decedent mentioned in the attached certified copy of Certificate of Death, as Jennie F. Piraino is the same person named as Trustee in that certain Declaration of Trust, executed by Jennie F. Piraino and Lawrence S. Irving, Trustees of the Jennie F. Piraino Revocable Living Trust, dated November 22, 1995.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Jennie F. Piraino, an unmarried woman, Grantor, Grants to Jennie F. Piraino and Lawrence S. Irving, Trustees of the Jennie F. Piraino Revocable Living Trust, dated November 22, 1995, Grantee recorded on April 14, 2005, as Book 0405, at Page 5642 of Instrument No. 0641728 in Official Records of Douglas County, Nevada, describing the following real property:

Assessor's Parcel Number(s):
1320-33-813-002

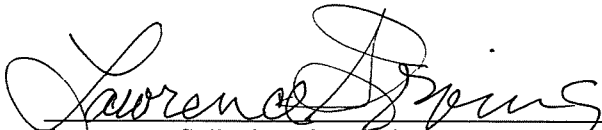
Commonly known as: 1336 Chichester Drive, Gardnerville, NV 89410

I am the Surviving 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: October 21, 2013



Jennie F. Piraino Revocable Living Trust, dated November 22, 1995



Lawrence S. Irving, Surviving Trustee

**STATE OF NEVADA,
COUNTY OF DOUGLAS**

Subscribed and sworn to (or affirmed) before me on this 21st day of October 21, 2013, by
Lawrence S. Irving, Surviving Trustee
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 

Notary public



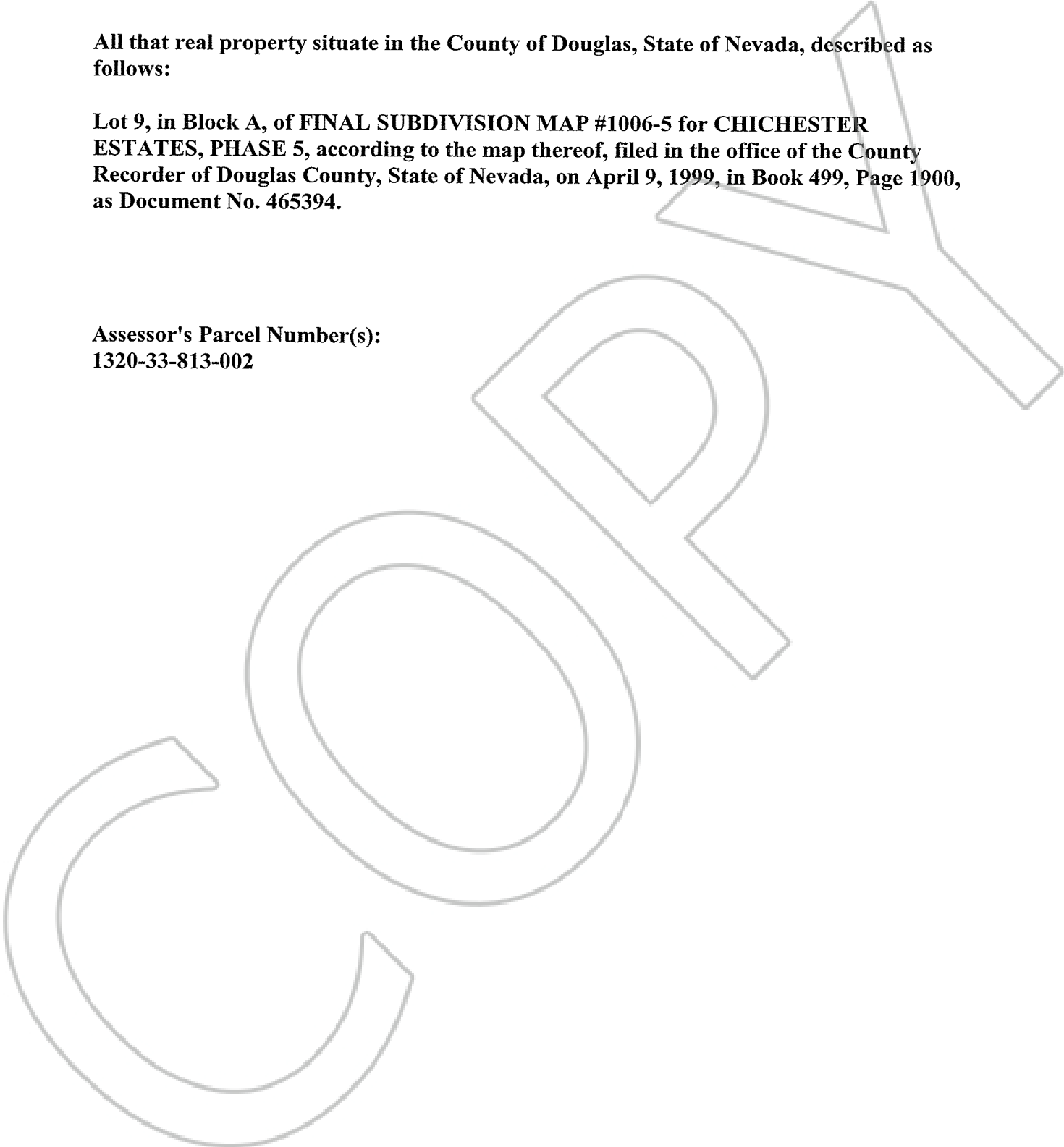


EXHIBIT "A"

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 9, in Block A, of FINAL SUBDIVISION MAP #1006-5 for CHICHESTER ESTATES, PHASE 5, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 9, 1999, in Book 499, Page 1900, as Document No. 465394.

**Assessor's Parcel Number(s):
1320-33-813-002**



CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2013015116

STATE FILE NUMBER

| | | | | | | |
|--|---|---|---|--|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jennie Frances PIRAINO | | 2. DATE OF DEATH (Mo/Day/Year) September 02, 2013 | | 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) Inpatient | |
| DECEDENT | 4. SEX Female | | 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No. - Non-Hispanic | |
| | 7a. AGE-Last birthday (Years) 93 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 8. DATE OF BIRTH (Mo/Day/Yr) February 26, 1920 | | 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) Divorced | | 12. SURVIVING SPOUSE (if wife, give maiden name) | |
| PARENTS | 13. SOCIAL SECURITY NUMBER 0188 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Cook | | 14b. KIND OF BUSINESS OR INDUSTRY School | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| DISPOSITION | 15d. STREET AND NUMBER 1336 Chichester Drive | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles S TILTON | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jennie SCOTT | | |
| TRADE CALL | 18a. INFORMANT - NAME (Type or Print) Lawrence IRVING | | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1485 Grendon Way, Gardnerville, Nevada 89410 | | | |
| | 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 | |
| CERTIFIER | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ELIZABETH KRIEGER | | 20b. FUNERAL DIRECTOR LICENSE 900-T | | 20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509 | |
| | 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 JORGE SALLABERRY MD | | | | | |
| REGISTRAR | 21b. DATE SIGNED (Mo/Day/Yr) September 12, 2013 | | 21c. HOUR OF DEATH 13:05 | | 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 | |
| CAUSE 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) Dr. Jorge Sallaberry MD 1600 Medical Parkway Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 12639 | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 24a. REGISTRAR (Signature) NICOLE SHORE | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 17, 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) Cardiorespiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Cerebrovascular Accident DUE TO, OR AS A CONSEQUENCE OF: (c) Acute Encephalopathy DUE TO, OR AS A CONSEQUENCE OF: (d) | | | | Interval between onset and death Days | |
| STATE REGISTRAR | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II Chronic Obstructive Pulmonary Disease, Urinary Tract Infection, Diabetes, Hypertension | | 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



BK 1013
PG-4657

832524 Page: 5 of 5 10/24/2013

VRS-Rev-20120523a

488735

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:

09/18/2013

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

R. J. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

