

Doc Number: **0835267**

12/11/2013 02:56 PM

OFFICIAL RECORDS

Requested By:
RACHELLE J NICOLLE LTD

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 1213 Pg: 1758



Deputy ar

APN: 1220-22-210-177

RECORDING REQUESTED BY:

✓
Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

**AFTER RECORDING MAIL THIS
AFFIDAVIT & TAX STATEMENTS TO:**

Shirley A. Ariztia, Trustee
& Michael J. Ariztia, Trustee
PO Box 2953
Gardnerville, NV 89410

We the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

AFFIDAVIT of Death of Original Co-Trustee

We SHIRLEY A. ARIZTIA and MICHAEL J. ARIZTIA, being of legal age, being first duly sworn, depose and say:

1. This Affidavit of Death refers to the ARIZTIA FAMILY TRUST DATED 4/30/2012, (the "Trust") under a revocable trust agreement executed by JUAN F. ARIZTIA, also known as Juan Fernando Ariztia-Echeverria, and SHIRLEY A. ARIZTIA as the original Grantors and Co-Trustees.
2. We declare and affirm that JUAN FERNANDO ARIZTIA-ECHEVERRIA, also known as Juan F. Ariztia, died on May 16, 2013. We also hereby declare and affirm that the decedent cited in the attached certified copy of Certificate of Death, is the same person as JUAN F. ARIZTIA, original Grantor and Co-Trustee of the ARIZTIA FAMILY TRUST DATED 4/30/2012.
3. In accordance with the terms of the Trust, we, SHIRLEY A. ARIZTIA and MICHAEL J. ARIZTIA, are empowered to act as Successor Co-Trustees for the Trust after the death of JUAN F. ARIZTIA. We hereby affirm our incumbency as Co-Trustees, and declare our intention to act as the current Co-Trustees of the ARIZTIA FAMILY TRUST DATED 4/30/2012.
4. JUAN F. ARIZTIA and SHIRLEY A. ARIZTIA are the named Co-Trustees and Grantors as well as Co-Trustees and Grantees in that certain Grant Deed, granting to JUAN F. ARIZTIA and SHIRLEY A. ARIZTIA, Trustees, and subsequent Trustees of

the ARIZTIA FAMILY TRUST DATED 4/30/2012, all right, title and interest in the following identified real property:

APN:1220-22-210-177

Commonly Known As: 1409 Honeybee Lane, Gardnerville, Nevada 89460.

Recorded On: June 29, 2012.

As Document Number:0804904.

At Book Number:0612

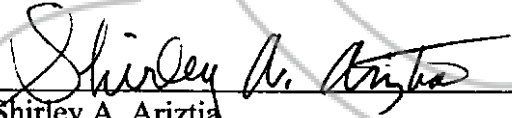
& Page Number:6899


Official Records of:Douglas County, Nevada

Legal Description:Lot 599 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the office of the County Recorder of Douglas County, Nevada on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

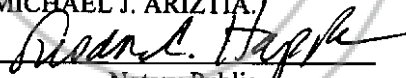
- 5. The assets held under this Trust are to be held under the following title:
SHIRLEY A. ARIZTIA and MICHAEL J. ARIZTIA, Co-Trustees
ARIZTIA FAMILY TRUST DATED 4/30/2012
- 6. The ARIZTIA FAMILY TRUST DATED 4/30/2012 has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over Trust property.
- 7. We hereby declare, as the current Co-Trustees, that we have all Trustee powers, to sell, encumber, retain, or otherwise manage all property belonging to the ARIZTIA FAMILY TRUST DATED 4/30/2012, including, but not limited to, the above-described real property, including any portion thereof.
- 8. We make this affirmation under penalty of perjury on October 11, 2013.

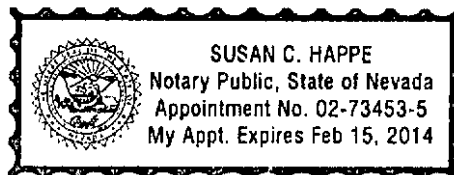

 Shirley A. Ariztia
 Grantor and Current Co-Trustee
 Ariztia Family Trust Dated 4/30/2012


 Michael J. Ariztia
 Successor and Current Co-Trustee
 Ariztia Family Trust Dated 4/30/2012

JURAT

State of Nevada)
 County of Douglas)
 Signed and sworn to (or affirmed) before me on October 11, 2013, by SHIRLEY A. ARIZTIA and MICHAEL J. ARIZTIA.


 Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013010059
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Juan Fernando ARIZTIA-ECHEVERRIA		2. DATE OF DEATH (Mo/Day/Year) May 16, 2013		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) 1409 Honeybee Lane		3e. If Hosp. or Inst. Indicate DOA, OP/Emer: Rm. (Inpatient)(Specify) Home	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify Yes - SPANISH		7a. AGE-Last birthday (Years) 66	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 03, 1947	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Spain		9b. CITIZEN OF WHAT COUNTRY Spain		10. EDUCATION 4	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Shirley MACHADO		13. SOCIAL SECURITY NUMBER 4381	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Lawn Maintenance		14b. KIND OF BUSINESS OR INDUSTRY Lawn Service		15. Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1409 Honeybee Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Miguel ARIZTIA	
	16. MOTHER/PARENT - NAME (First Middle Last Suffix) Justa ECHEVERRIA		17a. INFORMANT- NAME (Type or Print) Shirley ARIZTIA		17b. MAILING ADDRESS: (Street or R.F.D. No, City or Town, State, Zip) 1409 Honeybee Lane Gardnerville, Nevada 89460	
TRADE CALL	18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		18b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		18c. 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 Fitzhenrys Funeral Home 3345 Fairview Dr Carson City NV 89701	
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) STUART SHIPLEY SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) June 17, 2013		21c. HOUR OF DEATH 12:36	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) May 16, 2013		22b. PRONOUNCED DEAD AT (Hour) 12:36	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy STUART SHIPLEY 1038 Suckeye Road Minden, NV 89423		23b. LICENSE NUMBER 515		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 18, 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).) Penetrating Contact Range Gunshot Wound of the Head	
CAUSE OF DEATH	25. IMMEDIATE CAUSE PART I		(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death.	
	(b) DUE TO, OR AS A CONSEQUENCE OF:		(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death.	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) Yes	
	28a. ACC. BUICTIDE, HONL, UNDET. OR PENDING INVEST (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) May 16, 2013		28c. HOUR OF INJURY 1236	
28d. DESCRIBE HOW INJURY OCCURRED Self inflicted Gunshot Wound		28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home		
28g. LOCATION 1409 Honeybee Lane		28h. STREET OR R.F.D. No 1409 Honeybee Lane		28i. CITY OR TOWN Gardnerville		
28j. STATE Nevada		28k. STATE REGISTRAR		28l. STATE REGISTRAR SIGNATURE AUTHENTICATED		



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BK 12 13
PG 1760
12/11/2013

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:

06/20/2013

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

