

DOC # 843693
05/30/2014 02:40PM Deputy: AR
OFFICIAL RECORD
Requested By:
Holland & Hart LLP - Reno
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-514 PG-6618 RPTT: 0.00



A.P.N. 1318-03-110-023

WHEN RECORDED RETURN TO:
Soraya Tabibi Aguirre, Esq.
Holland & Hart LLP
5441 Kietzke Lane, Second Floor
Reno, Nevada 89511

MAIL TAX STATEMENTS TO:
Susanne Rufo Petrizzio, Trustee
P.O. Box 10605
Zephyr Cove, NV 89448

The undersigned hereby affirms that this document, including any exhibits, submitted for recording does contain the social security number of a person or persons as required by law: NRS 40.525

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

SUSANNE RUFO PETRIZZIO, of legal age, being first duly sworn, deposes and says:

1. JOSEPH DOMINIC RUFO, the Decedent referenced in the certified Certificate of Death attached hereto, died on May 15, 2014, and was, until his death, and is the same person as JOSEPH D. RUFO, TRUSTEE OF THE RUFO FAMILY 1988 TRUST (SURVIVOR'S TRUST) U/A/D MARCH 17, 1998, and RUFO FAMILY 1988 TRUST (CREDIT TRUST) U/A/D MARCH 17, 1998, in that certain Grant, Bargain, Sale Deed dated January 4, 2012, executed by JOSEPH D. RUFO and SUSANNE RUFO PETRIZZIO, SUCCESSOR CO-TRUSTEES OF THE RUFO FAMILY 1988 TRUST, dated March 17, 1988, recorded as Document Number 799578 on March 26, 2012, Official Records of Douglas County, Nevada, covering the real property located at 1051 Skyland Drive, City of Zephyr Cove, County of Douglas, State of Nevada, described as follows:

Lot 55, as shown on the map of SKYLAND SUBDIVISION NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on February 27, 1958.



2. That upon the death of JOSEPH D. RUFO, SUSANNE RUFO PETRIZZIO, became the Successor Trustee under the RUFO FAMILY 1988 TRUST (SURVIVOR'S TRUST) U/A/D MARCH 17, 1998, and the RUFO FAMILY 1988 TRUST (CREDIT TRUST) U/A/D MARCH 17, 1998.

Dated this 28 day of May, 2014.

RUFO FAMILY 1988 TRUST
(SURVIVOR'S TRUST)

RUFO FAMILY 1988 TRUST
(CREDIT TRUST)



SUSANNE RUFO PETRIZZIO, Trustee



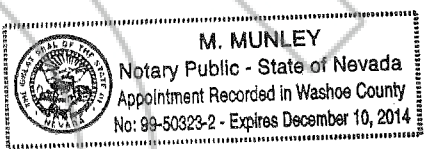
SUSANNE RUFO PETRIZZIO, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On May 28, 2014, before me, the undersigned, a Notary Public in and for said State, personally appeared SUSANNE RUFO PETRIZZIO, Trustee of the Rufo Family 1988 Trust (Survivor's Trust), proved to me to be the person whose name is subscribed to the foregoing instrument, and who acknowledged to me that she executed the foregoing instrument.



NOTARY PUBLIC



STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On May 28, 2014, before me, the undersigned, a Notary Public in and for said State, personally appeared SUSANNE RUFO PETRIZZIO, Trustee of the Rufo Family 1988 Trust (Credit Trust), proved to me to be the person whose name is subscribed to the foregoing instrument, and who acknowledged to me that she executed the foregoing instrument.



NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2014008007
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Joseph Dominic RUFO		2. DATE OF DEATH (Mo/Day/Year) May 15, 2014		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3105 Plumas St. Residential Care Facility		4. SEX Male	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 97	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 25	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)			
PARENTS	13. SOCIAL SECURITY NUMBER 5632		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Us Navy	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
DISPOSITION	15d. STREET AND NUMBER 1051 Skyland Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Vincent RUFO	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna GENTILE		18a. INFORMANT - NAME (Type or Print) Susanne PETRIZZO			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2302 N. 164th Ave Goodyear, Arizona 85395		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) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706		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 JEFFREY NEAL GINGOLD M.D.			
	21b. DATE SIGNED (Mo/Day/Yr) May 20, 2014		21c. HOUR OF DEATH 05:00		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) Jeffrey Neal Gingold M.D. 3101 Plumas Reno, NV 89509			
CAUSE OF DEATH	23b. LICENSE NUMBER 5867		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 21, 2014	
	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) Cerebral atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOMICIDE, 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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 PG-6620
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VRS-Rev-20120523a

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:

05/27/2014

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

STATE REGISTRAR

 SIGNATURE AUTHENTICATED

