

APN# : 1220-04-002-005

DOUGLAS COUNTY, NV

2014-850005

Rec:\$43.00

\$43.00 Pgs=5

09/29/2014 10:17 AM

ETRCO, LLC

KAREN ELLISON, RECORDER

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Dorian Del Conte

4695 Tonino Drive

San Jose, CA 95136

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

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)

AFFIDAVIT - DEATH OF TRUSTEE

Dorian Del Conte, of legal age, being first duly sworn, deposes and says:

That Nancy Di Salvo, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Nancy Di Salvo named as one of the parties in that certain Quitclaim Deed dated 12/21/2007 executed by Nancy Di Salvo to Nancy Di Salvo, as Trustee of the Di Salvo 1992 Living Trust dated December 28, 1992 as joint tenants, recorded as instrument No. 0715520, on 12/31/2007, in Book 1207, Page 6529, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Parcel No. 4 as set forth on the Parcel Map for DOUGLAS AND MILTON SORENSEN located in the Southwest 1/4 of the Southwest 1/4 of Section 4, Township 12, North, Range 20 East M.D.B. & M., Douglas County, Nevada, more particularly described as follows:

COMMENCING at the West quarter corner of Section 5, Township 12 North, Range 20 East, M.D.B. & M., proceed thence South 78°06'59" East 6,694.01 feet, to a point on the Westerly right of way line of Nevada State Highway Route 56 (Centerville Lane), which is the Northeast corner of this parcel and the true point of beginning; proceed thence South 0°32' East, 410.87 feet, along said Westerly right of way line, to the Southeast corner of the parcel; thence for the following three courses along the Northerly bank of the Sorensen-Lund Ditch; North 67°36'08" West, 399.96 feet; North 67°17'46" West 201.62 feet; and North 62°23'00" West, 200.93 feet; Proceed thence North 27°13'07" East, 115.68 feet, to a point; thence South 73°50'18" East, 168.21 feet to a point; thence North 86°30'35" East, 516.42 feet to the true point of beginning.

Note: The above Metes and Bounds legal description previously appeared in that certain document recorded April 3, 1987 in Book 487, Page 364, as Instrument No. 152645 and re-recorded April 23, 1987 in Book 487, Page 2735 as Instrument No. 153641 of Official Records, Douglas County, Nevada.

Dated _____

8/21/14

The DiSalvo 1992 Living Trust dated December 28, 1992

Dorian Del Conte, Trustee
Dorian Del Conte, Trustee

STATE OF CALIFORNIA)SS

COUNTY OF Santa Clara

This instrument was acknowledged before me on 8/21/14

by Dorian Del Conte.

For Notarization please see the
attached CA Acknowledgement/~~Notar~~
Notary Public MB Shoh
form. 08/21/2014

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGEMENT

State of California

County of Santa Clara

On 08-21-2014 before me, Mahendra B. Shah, Notary Public _____
(Here insert name and title of the officer)

personally appeared Dorian DelCante _____,

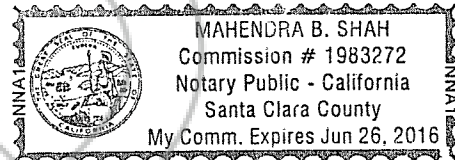
who proved to me on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), 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.

M B Shah

Signature of Notary Public



(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Abidavit - Death of
(Title or description of attached document)

Trustee
(Title or description of attached document continued)

Number of Pages 2 Document Date

(Additional Information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer

(Title)

- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other _____

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201243006061

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) NANCY		3. LAST (Family) DI SALVO	
2. MIDDLE LUE		4. DATE OF BIRTH mm/dd/yyyy 11/23/1928	
5. AGE Yrs. 83		6. SEX F	
7. SOCIAL SECURITY NUMBER CA 6444		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LNK	
8. BIRTH STATE/COUNTRY CA		12. MARRIAGE STATUS (at Time of Death) WIDOWED	
9. DATE OF DEATH mm/dd/yyyy 07/28/2012		13. HOURS (24 Hours) 0130	
14. EDUCATION - Highest Level Degree HS GRADUATE		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of time. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) OWN HOME	
19. YEARS IN OCCUPATION 63			
23. DECEDENT'S RESIDENCE (Street and number, or location) 2775 CHERYL ANN CT			
31. CITY SAN JOSE		32. COUNTY/PARADISE SANTA CLARA	
33. ZIP CODE 95124		34. YEARS IN COUNTY 83	
35. STATE/FOREIGN COUNTRY CA			
28. INFORMANT'S NAME, RELATIONSHIP DORIAN DEL CONTE, DAUGHTER			
27. INFORMANT'S MAILING ADDRESS (Street and number, or care of, name, number, city or town, state and zip) 4695 TONINO DR, SAN JOSE, CA 95136			
29. NAME OF SURVIVING SPOUSE/PARTNER - FIRST -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST MARION		32. MIDDLE CLAUDE	
33. NAME OF MOTHER/PARENT - FIRST STELLA		34. LAST (BIRTH NAME) ALLEN	
35. MIDDLE MARIE		36. BIRTH STATE CA	
37. LAST (BIRTH NAME) DUNN		38. BIRTH STATE CA	
39. DATE OF DEATH mm/dd/yyyy 08/07/2012			
40. PLACE OF FINAL DISPOSITION OAK HILL MEMORIAL PARK 300 CURTNER AVE, SAN JOSE, CA 95125			
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF CENTRAL CALIFORNIA	
45. LICENSE NUMBER FD1322		46. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy 08/02/2012			
101. PLACE OF DEATH GOOD SAMARITAN HOSPITAL			
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> ER/CP <input type="checkbox"/> DCA <input type="checkbox"/> Home <input type="checkbox"/> Hosp/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2425 SAMARITAN DR	
106. CITY SAN JOSE			
107. CAUSE OF DEATH IMMEDIATE CAUSE PRIMARY LUNG CANCER 3 MOS 108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BCPST PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Check 107) BREAST CANCER; CHRONIC OBSTRUCTIVE PULMONARY DISEASE; DIABETES MELLITUS TYPE II; HYPERLIPIDEMIA; PAROXYSMAL ATRIAL FIBRILLATION			
113. THIS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If "NO", fill type of operation and date) RIGHT LUNG MASS NEEDLE CORE BIOPSY: 06/14/2012			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SATED FROM THE CAUSES SATED Declarant Attending Doctor 01/27/2003		115. SIGNATURE AND TITLE OF CERTIFYER ROELIZA EBBAH-PASCUA M.D. 07/20/2012	
116. TYPE, ADDRESS, PROFESSIONAL NAME, MAILING ADDRESS, ZIP CODE 625 LINCOLN AVE, SAN JOSE, CA 95126		117. LICENSE NUMBER A72733	
118. DATE 08/02/2012		119. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SATED FROM THE CAUSES SATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LNK			
121. INJURY DATE mm/dd/yyyy			
122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and state)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR	A	B	C
	D	E	
FAX AUTH#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

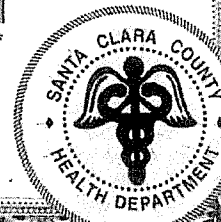
STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

DATE ISSUED
By **AUG 08 2012**



This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE