

Recording Requested By

PLACER TITLE COMPANY

And when recorded mail to

JANICE A. RICCI

12808 ERIN DR

AUBURN, CA 95603

Escrow no. 203-10129-BH

APN: 1318-23-410-016

DOUGLAS COUNTY, NV

2015-858991

Rec:\$18.00

\$18.00

Pgs=5

03/20/2015 03:01 PM

STEWART TITLE LAS VEGAS WARM SPRINGS

KAREN ELLISON, RECORDER

(Space above this line for Recorder's use)

AFFIDAVIT OF CHANGE OF TRUSTEE

California Probate Code Section 18105

STATE OF CALIFORNIA

)

ss.

COUNTY OF DOUGLAS

)

JANICE A. Ricci , of legal age, being first duly sworn, deposes and says:

1. The Trust known as THE LOUIS P. RICCI AND JANICE A. RICCI FAMILY TRUST AKA THE RICCI TRUST, executed on September 05, 1996, is a valid and existing trust.
2. The name(s) of the settlor(s) of the Trust is (are) : JANICE A. RICCI
3. The name(s) of the previous trustee(s) of the Trust is (are): LOUIS P. RICCI AND JANICE A. RICCI
4. I (we) am (are) all of the currently acting successor trustees.
5. The Trust has not been revoked, modified or amended in any manner which would cause the representations contained herein to be incorrect.
6. The legal description of real property in the Trust is attached hereto as **Exhibit "A"**.
7. I (we) became the successor trustee(s) by reason of () resignation, () incompetency, () guardianship, (X) death of the prior trustee(s).
(X) If checked, a certified copy of the Death Certificate is attached.

Dated: March 18, 2015

Notice is provided pursuant to NRS 239B.030 that the Certificate of Death contains a Social Security Number.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Janice A Ricci

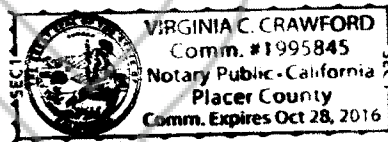
JANICE A. RICCI & R
Ricci

STATE OF CALIFORNIA)
)
COUNTY OF) ss.

Subscribed and sworn to (or affirmed) before me on this 18th day of March, 2015
by Janice A Ricci
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Virginia C. Crawford

NOTARY PUBLIC



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER
Auburn, California 95603

CERTIFICATE OF DEATH

32004-31

STATE FILE NUMBER		US. BLACK INK ONLY FOR ENGLISH. THIS OUTSIDE OF ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
LOUIS		PETER		RICCI	
4. DATE OF BIRTH mm/dd/yyyy					
04/03/1927		5. AGE Yrs		77	
6. UNDER ONE YEAR					
Months		Days		Hours	
7. DATE OF DEATH mm/dd/yyyy					
05/27/2004		8. HOUR (24 Hours)		2021	
9. BIRTH STATE/FOREIGN COUNTRY					
RI		10. SOCIAL SECURITY NUMBER		5667	
11. EVER IN U.S. ARMED FORCES?					
<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO		<input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)					
Married					
13. EDUCATION - Highest Level/Degree (see worksheet on back)					
Associate					
14/15. WAS DECEDENT SPANISH/HISPANIC? TWICE? (If yes, see worksheet on back)					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)					
White					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED					
Logistics Field Engineer		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		Aerospace	
19. YEARS IN OCCUPATION					
33					
20. DECEDENT'S RESIDENCE (Street and number or location)					
12808 Erin Drive					
21. CITY					
Auburn		22. COUNTY/PROV. VCE		Placer	
23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
95603		19		CA	
26. INFORMANT'S NAME, RELATIONSHIP					
Janice Ricci - wife					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
12808 Erin Drive, Auburn, CA 95603					
28. NAME OF SURVIVING SPOUSE - FIRST					
Janice		29. MIDDLE		30. LAST (Maiden Name)	
A.		-		Davis	
31. NAME OF FATHER - FIRST					
Luciano		32. MIDDLE		33. LAST	
-		-		Ricci	
34. BIRTH STATE					
Italy					
35. NAME OF MOTHER - FIRST					
Elizabeth		36. MIDDLE		37. LAST (Maiden)	
-		-		Penta	
38. BIRTH STATE					
RI					
38. DISPOSITION DATE mm/dd/yyyy					
06/07/2004		40. PLACE OF FINAL DISPOSITION			
Res. Janice Ricci, 12808 Erin Dr., Auburn, CA 95603					
41. TYPE OF DISPOSITION(S)					
CR/RES					
42. SIGNATURE OF EMBALMER					
Not Embalmed					
43. LICENSE NUMBER					
-					
44. NAME OF FUNERAL ESTABLISHMENT					
Chapel of the Hills					
45. LICENSE NUMBER					
FD372		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
-		[Signature]		06/03/2004 SS	
101. PLACE OF DEATH					
SUTTER AUBURN FAITH HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE					
<input checked="" type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE					
104. COUNTY					
PLACER		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
11815 EDUCATION STREET		AUBURN			
107. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (A) (Final disease or condition resulting in death)					
PROBABLE CARDIAC DYSRHYTHMIA					
SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
ATHEROSCLEROTIC CORONARY ARTERY DISEASE					
108. DEATH REPORTED TO CORONER?					
<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO			
109. BIOPSY PERFORMED?					
<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO			
110. AUTOPSY PERFORMED?					
<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO			
111. USED IN DETERMINING CAUSE?					
<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
SEE AMENDMENT					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
-					
114. IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
Decedent Attended Since		Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF REGISTRAR	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		116. LICENSE NUMBER	
-		-		117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
-					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
MANNER OF DEATH <input checked="" 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"/> UNK			
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 ZIP)					
-					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
[Signature]		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
-		05/28/2004		DENNIS H. WATT DEPUTY CORONER	
STATE REGISTRAR					
A		B		C	
-		-		-	

1 OF 2

STATE OF CALIFORNIA
COUNTY OF PLACER

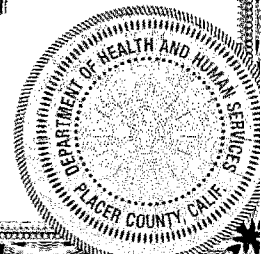
SS DATE ISSUED

CERTIFIED COPY OF VITAL RECORDS
FAX AUTH # 59768
* 000160390 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

Richard J. Burton, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR

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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER
 Auburn, California 95603

PHYSICIAN/CORONER'S AMENDMENT
 DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
 USE BLACK INK ONLY **3 2004 31**

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.

PART I INFORMATION TO LOCATE RECORD			
NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) LOUIS	2. MIDDLE PETER	3. LAST (FAMILY) RICCI
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY 05/27/2004	6. CITY OF OCCURRENCE AUBURN	7. COUNTY OF OCCURRENCE PLACER

PART II STATEMENT OF CORRECTIONS		
	8. CERTIFICATE ITEM NUMBER	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD
	112	SEE AMENDMENT
		10. INFORMATION AS IT SHOULD APPEAR
		1. Old Myocardial Infarcts, Multiple
		2. Hypertensive Cardiovascular Disease
		3. Status Post Resection of Rectosigmoid Colon for Villotubular Adenoma with Dysplasia
		4. Diabetes Mellitus (by history)
		5. Calcific Aortic Valve Stenosis

LIST ONE ITEM PER LINE

2 OF 2

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>Dennis H. Watt</i>	12. DATE SIGNED—MM/DD/CCYY 05/28/2004	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DENNIS H. WATT DEPUTY CORONER
	14. ADDRESS—STREET AND NUMBER 11500 A AVE.	15. CITY AUBURN	16. STATE CA.
STATE/LOCAL REGISTRAR USE ONLY	18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	17. ZIP CODE 95603	19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY 06/03/2004 SS

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR VS 244 (Rev. 1/95)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF PLACER } SS

DATE ISSUED
 06/03/2004

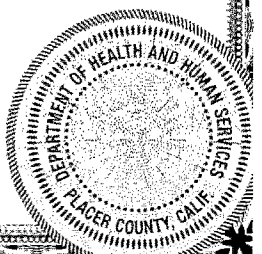


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[Signature]

Richard J. Burton, M.D.
 HEALTH OFFICER AND LOCAL REGISTRAR

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LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 32, as shown on the map of Ponderosa Park Subdivision, filed in the Office of the County Recorder of Douglas County, Nevada on February 25, 1970 as Document No. 47249.

Excepting therefrom any house trailer, mobile home or mobile dwelling on the subject property.

