

APNs: 1221-05-002-012

1220-09-410-028

/ WHEN RECORDED RETURN TO:
DAWN ELLERBROCK, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702



00026039201508729580040048

KAREN ELLISON, RECORDER

AFFIANT'S MAILING ADDRESS:
RANDAL S. KUCKENMEISTER, CPA, Trustee
3860 GS Richards Blvd.
Carson City, NV 89703

The person executing this document hereby affirms that this document submitted for recording does contain the social security number of a deceased person as required pursuant to NRS 440.380.

AFFIDAVIT OF DEATH OF TRUSTEE

RANDAL S. KUCKENMEISTER, CPA, whose mailing address is 3860 GS Richards Boulevard, Carson City, Nevada 89703, being first duly sworn, deposes and says:

1. That PHILIP MAITA died on September 16, 2015, and a Certificate of Death of PHILIP MAITA, also known as PHILIP JOSEPH MAITA, is attached hereto and incorporated herein by this reference.

2. That PHILIP MAITA was one of the Grantors and original Trustees of the PHILIP and MICHELLE MAITA FAMILY TRUST, established on February 15, 2005.

3. That the PHILIP and MICHELLE MAITA FAMILY TRUST has been divided into two separate trusts referred to as the "Survivor's Trust" and the "Residual Trust" of the PHILIP and MICHELLE MAITA FAMILY TRUST.

4. That pursuant to that certain Grant, Bargain and Sale Deed dated August 18, 2011, and recorded with the Douglas County Recorder on August 24, 2011, at Document No. 788524, the "Survivor's Trust" of the PHILIP and MICHELLE MAITA FAMILY TRUST is the owner of all that certain parcel of real property located in the County of Douglas, State of Nevada, Assessor's Parcel Number being 1221-05-002-012, and more particularly described as follows:

Lot 59, as shown on the Official Map of FISH SPRINGS ESTATES, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 30, 1973, in Book 873, Page 1006, as Document No. 68451.

5. That pursuant to that certain Grant, Bargain, Sale Deed recorded with the Douglas County Recorder on October 19, 2012, at Document No. 811148, the "Survivor's Trust" of the PHILIP and MICHELLE MAITA FAMILY TRUST is the owner as to an undivided 79.6117% interest in that certain real property situated in the City of Gardnerville, County of Douglas, State of Nevada, Assessor's Parcel Number being 1220-09-410-028, and more particularly described as follows:

Lot 28, as shown on Final Map of SILVERANCH UNIT 1-A, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on January 3, 1994, in Book 194, Page 256, as File No. 326668.

6. That due to the passing of PHILIP MAITA, the "Survivor's Trust" of the PHILIP and MICHELLE MAITA FAMILY TRUST is irrevocable and RANDAL S. KUCKENMEISTER, CPA, is the currently acting sole Trustee thereof.

7. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

Further Affiant sayeth naught.

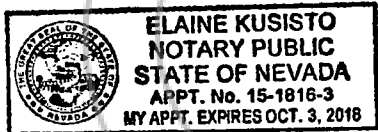
DATED October 13, 2015

Randal S. Kuckenmeister
RANDAL S. KUCKENMEISTER, CPA, Trustee

STATE OF NEVADA)
 : ss.
CARSON CITY)

On October 13, 2015, personally appeared before me, a notary public, RANDAL S. KUCKENMEISTER, CPA, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.

Elaine Kusisto
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

2015016155

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

Form containing fields for: 1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Philip Joseph MAITA; 2. DATE OF DEATH (Mo/Day/Year) September 16, 2015; 3a. COUNTY OF DEATH Washoe; 3b. CITY, TOWN, OR LOCATION OF DEATH Reno; 3c. HOSPITAL OR OTHER INSTITUTION-Renown Regional Medical Center; 4. SEX Male; 5. RACE: White; 6. Hispanic Origin? No; 7a. AGE: 72; 7b. UNDER 1 YEAR; 7c. UNDER 1 DAY; 8. DATE OF BIRTH (Mo/Day/Yr) May 22, 1943; 9a. STATE OF BIRTH: California; 9b. CITIZEN OF WHAT COUNTRY: United States; 10. EDUCATION: 12; 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; 12. SURVIVING SPOUSE; 13. SOCIAL SECURITY NUMBER: 8375; 14a. USUAL OCCUPATION: Business Owner; 14b. KIND OF BUSINESS OR INDUSTRY: Real Estate; 15a. RESIDENCE - STATE: Nevada; 15b. COUNTY: Douglas; 15c. CITY, TOWN OR LOCATION: Gardnerville; 15d. STREET AND NUMBER: 1261 Myers Dr; 15e. INSIDE CITY LIMITS; 16. FATHER/PARENT - NAME: Salvatore MAITA; 17. MOTHER/PARENT - NAME: Caroline CASCIO; 18a. INFORMANT - NAME: Tabitha Michelle FRANCIS; 18b. MAILING ADDRESS: 2959 Vicky Ln, Minden, Nevada 89423; 19a. BURIAL, CREMATION, REMOVAL, OTHER: Removal/Burial; 19b. CEMETERY OR CREMATORY - NAME: The Italian Cemetery; 19c. LOCATION: Colma California 94014; 20a. FUNERAL DIRECTOR - SIGNATURE: JAMES SMOLENSKI; 20b. FUNERAL DIRECTOR LICENSE NUMBER: 217; 20c. NAME AND ADDRESS OF FACILITY: Fitzhenrys Funeral Home, 3945 Fairview Dr Carson City NV 89701; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: SIGNATURE AUTHENTICATED KEVIN LINKUS M.D.; 21b. DATE SIGNED: September 18, 2015; 21c. HOUR OF DEATH: 15:10; 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 AUTHENTICATED; 22b. DATE SIGNED: September 18, 2015; 22c. HOUR OF DEATH: 15:10; 22d. PRONOUNCED DEAD: September 18, 2015; 22e. PRONOUNCED DEAD AT: (Hour); 23a. NAME AND ADDRESS OF CERTIFIER: Kevin Linkus M.D., 75 Pringle Way #510 Reno, NV 89502; 23b. LICENSE NUMBER: 5926; 24a. REGISTRAR (Signature): BRIDGES SANDI, SIGNATURE AUTHENTICATED; 24b. DATE RECEIVED BY REGISTRAR: September 22, 2015; 24c. DEATH DUE TO COMMUNICABLE DISEASE: YES [] NO [X]; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I: (a) Ascending Dissection Of Aorta; (b) Hypertension; (c) Spinal Paralysis From Dissection; 25. 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



542442

10/16/2015 004 of 4

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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:

9/29/2015

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

STATE REGISTRAR SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

