

THE UNDERSIGNED HEREBY AFFIRMS THAT  
THIS DOCUMENT DOES CONTAIN A SOCIAL  
SECURITY NUMBER AS REQUIRED BY  
LAW NRS 440.380(1)(a) and NRS 40.525(5)



KAREN ELLISON, RECORDER

APN: 07-130-19

WHEN RECORDED MAIL TO:

Dawn L. Callahan  
23555 Road X  
Lewis, CO 81327

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

## AFFIDAVIT OF DEATH OF TRUSTEES

DAWN L. CALLAHAN, of legal age, being first duly sworn, deposes and says:

1. By instrument dated March 17, 1999, VITO A. MARANGI and DIANN MARANGI executed the MARANGI LIVING TRUST.
2. Said Trust appointed me to serve as Trustee upon the death or incapacity of VITO A. MARANGI and DIANN MARANGI.
3. DIANN MARANGI deceased on March 11, 2014, at Carson City, Nevada a resident of Carson City, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said DIANN MARANGI.
4. VITO A. MARANGI deceased on April 13, 2015, at Washoe County, Nevada a resident of Carson City, Nevada. Attached hereto as Exhibit "B" is a certified copy of the death certificate of said VITO A. MARANGI.
5. Pursuant to the terms of the Trust, I have assumed the responsibilities of Trustee.
6. The following described real property is part of the Trust estate: See Exhibit "C" attached.
7. I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in the described property.
8. No other person has a right to the interest of the Trust in the described property.
9. The described property shall be transferred to me, DAWN L. CALLAHAN.

Executed this 31 day of May, 2016, at Cortez, Colorado.

[Signature]  
DAWN L. CALLAHAN, Trustee

Subscribed and Sworn to before me in the County of Montezuma State of Colorado, this 31 day of May, 2016, by DAWN L. CALLAHAN, Successor Trustee.

[Signature]  
NOTARY PUBLIC

**MICHELLE R. FUNK  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20084040710  
MY COMMISSION EXPIRES 11/25/2016**

THIS JURAT IS ATTACHED TO AN AFFIDAVIT OF DEATH OF TRUSTEE  
DATED \_\_\_\_\_, 2016

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH VITAL STATISTICS

### CERTIFICATE OF DEATH

2014004160

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Diann Louise MARANGI</b>		2 DATE OF DEATH (Mo/Day/Year) <b>March 11, 2014</b>		3a. COUNTY OF DEATH <b>Carson City</b>		
	3b CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1111 South Roop St</b>		3e.If Hosp. or Inst. indicate DOA,OP/Emer Rm. inpatient(Specfy) <b>1111 South Roop St</b>		
DECEDENT	4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		
	7a. AGE-Last birthday (Years) <b>70</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>March 09, 1944</b>		9a STATE OF BIRTH (if not U.S.A., name country) <b>Maryland</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		
	10. EDUCATION <b>12</b>		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Vito A MARANGI</b>		
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████-9655</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Accountant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>State Of Nevada</b>		
	15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Carson City</b>		15c CITY, TOWN OR LOCATION <b>Carson City</b>		
DISPOSITION	15d STREET AND NUMBER <b>2121 N Lompa</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Nathaniel DE HAVEN</b>		
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ellen VANEK</b>		18a. INFORMANT- NAME (Type or Print) <b>Dawn CALLAHAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P O Box 986 Cortez, Colorado 81321</b>		
TRADE CALL	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</b>		
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) <b>21b. DATE SIGNED (Mo/Day/Yr)</b>		21c. HOUR OF DEATH		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) <b>RUTH RHINES</b> SIGNATURE AUTHENTICATED		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) <b>March 18, 2014</b>		22c. HOUR OF DEATH <b>17:43</b>		
REGISTRAR	22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>March 11, 2014</b>		22e. PRONOUNCED DEAD AT (Hour) <b>17:43</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Ruth Rhines 911 E Musser St. Carson City, NV 89701</b>		
	23b. LICENSE NUMBER <b>9307</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 19, 2014</b>		
CAUSE OF DEATH	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) <b>Acute Cardiopulmonary Arrest</b>		Interval between onset and death		
	25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY		Interval between onset and death		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25d. DESCRIBE HOW INJURY OCCURRED		25e. DUE TO, OR AS A CONSEQUENCE OF: <b>Hypertension</b>		Interval between onset and death		
	25f. DUE TO, OR AS A CONSEQUENCE OF: <b>Cause otherwise Unknown</b>		25g. DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
25h. ACC SUICIDE, HOM., UNDET OR PENDING INVEST (Specify)		25i. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26 AUTOPSY (Specify Yes or No) No <input type="checkbox"/> Yes <input type="checkbox"/>		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes <input type="checkbox"/> No <input type="checkbox"/>	
28a. 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		28d. DESCRIBE HOW INJURY OCCURRED	

STATE REGISTRAR

### 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.

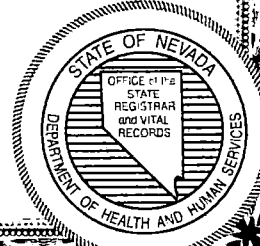
DATE ISSUED:

03/27/2014

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

*Ruth Rhines*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
**VITAL STATISTICS - RENO, NEVADA**

**CERTIFICATE OF DEATH**

2015006605  
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

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Vito Anthony MARANGI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 13, 2015</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or Inpatient)(Specify) <b>Sierra Manor Care Home Residential Care Facility</b>		4. SEX <b>Male</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) <b>83</b>	
9a STATE OF BIRTH (If not U.S.A., New York)		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>7</b>	
13. SOCIAL SECURITY NUMBER <b>2899</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>insurance</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c CITY, TOWN OR LOCATION <b>Carson City</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Gregorio MARANGI</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Carmella CONSOLI</b>			
18a. INFORMANT- NAME (Type or Print) <b>Gregory Alan MARANGI</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 34852 Reno, Nevada 89533</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LEWIS NOEL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>821</b>		20c NAME AND ADDRESS OF FACILITY <b>Ross, Burke and Knobel Mortuary, Sparks 1538 C Street Sparks NV 89431</b>	
TRADE CALL - NAME AND ADDRESS					
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>DENVER JOEL MILLER JR, M.D.</b> SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>April 20, 2015</b>		21c. HOUR OF DEATH <b>00:42</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) <b>Denver Joel Miller Jr. M.D. 5538 Longley Lane Ste B Reno, NV 89511</b>				23b LICENSE NUMBER <b>7330</b>	
24a REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 22, 2015</b>		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) <b>Acute Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Debility</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Failure To Thrive</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Unknown Etiology</b>				Interval between onset and death <b>Minutes</b> Interval between onset and death <b>Months</b> Interval between onset and death <b>Months</b> Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26 AUTOPSY (Specify Yes or No) <b>No</b>	
28a ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b DATE OF INJURY (Mo/Day/Yr)		28c HOUR OF INJURY	
28e INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28d DESCRIBE HOW INJURY OCCURRED	
28g LOCATION		STREET OR R.F.D No		CITY OR TOWN STATE	

STATE REGISTRAR

000274996

CERTIFIED COPY OF VITAL RECORDS

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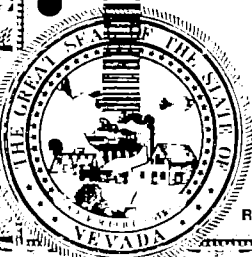
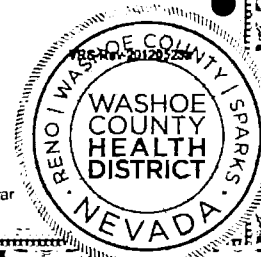
**MAY 25 2016**

DEPUTY REGISTRAR

DATE ISSUED:  
REV 10/15

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

*[Handwritten Signature]*



## Exhibit C

### Legal Description:

An undivided one-three thousand two hundred and thirteenth (1/3213) interest as a tenant-in-common in the following described real property (The Real Property:)

A portion of the North one-half of the Northwest one-quarter of Section 26, Township 13 North, Range 18 East, M.D.B. & M., described as follows:

PARCEL 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records at page 172, Douglas County, Nevada, as Document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278 of Official Records at Page 591, Douglas County, Nevada, as Document No. 17578.

Excepting from the real property this exclusive right to use and occupy all of the Dwelling Units as defined in the "Declaration of Timeshare Use" as amended.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283 at Page 1341, as Document No. 76233 of Official Records of the County of Douglas, State of Nevada, and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at Page 1021, Official Records of Douglas County, Nevada as Document No. 78917, second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at page 1688, Douglas County, Nevada as Document No. 84425, third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at page 2572, Document No. 89535 and fourth amendment to Declaration of Timeshare Use recorded August 31, 1987 in Book 887 at page 3987, Official Records of Douglas County, Nevada, Document No. 161309 ("Declaration"), during a "Use Period", within the High Season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights-of-way of record. A portion of APN 07-130-19.