

APN# : 1220-12-210-035

Recording Requested By:

Western Title Company

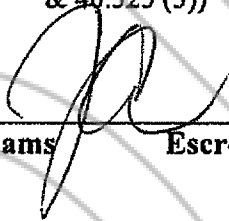
When Recorded Mail To:

Gherardi Family Trust

3201 Plumas St Apt 286
Reno, NV 89509

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

Anna Marie Gherardi, of legal age, being first duly sworn, deposes and says:

That Alfonso Gherardi, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Alfonso Gherardi named as one of the parties in that certain Grant, Bargain, Sale Deed dated 5/12/2004 executed by Leslie E. Scott and Lori D. Scott, husband and wife to Alfonso Gherardi and Anna Marie Gherardi, as Trustees of the Gherardi Family Trust dated November 16, 1993, recorded as instrument No. 0614207, on 5/25/2004, in Book 0504, Page 12439, 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 5-D as set forth on Parcel Map LDA 99-044 for Alton A. & Susan L. Anker and Harry and Billie Tedsen, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 1, 1999, in Book 1299, Page 144, as Document No. 481793, Official Records.

Dated 10.7.16

the Gherardi Family Trust dated November 16, 1993

Anna Marie Gherardi
Anna Marie Gherardi, Successor Trustee

STATE OF NEVADA

}SS

COUNTY OF WASHOE

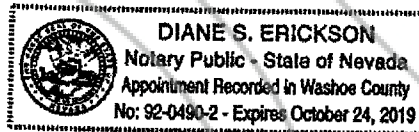
This instrument was acknowledged before me on

10.7.16

by Anna Marie Gherardi.

Diane S. Erickson

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**

CASE FILE NO. 3903806

2016012607
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Afonso GHERARDI		2. DATE OF DEATH (Mo/Day/Year) July 13, 2016		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and city) 1899 Tedsen Lane		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. (Inpatient)(Specify) Home		
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		
	7a. AGE-Last birthday (Years) 80		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) October 23, 1935		9a. STATE OF BIRTH (If not US/CA, name country) Vermont		9b. CITIZEN OF WHAT COUNTRY United States		
	10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Anna Marie DELAHOUSIE		
PARENTS	13. SOCIAL SECURITY NUMBER 7969		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Marble Contractor		14b. KIND OF BUSINESS OR INDUSTRY Construction		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		
DISPOSITION	15d. STREET AND NUMBER 1899 Tedsen Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Afonso GHERARDI SR		
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Blanche TAMBURRI		18a. INFORMANT-NAME (Type or Print) Anna Marie GHERARDI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1899 Tedsen Lane Gardnerville, Nevada 89410		
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701		
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) STEPHEN BLOOMFIELD M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) July 14, 2016		21c. HOUR OF DEATH 11:23		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)		
REGISTRAR	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) Stephen Bloomfield M.D. 5250 Neil Rd Ste #207 Reno, NV 89502		23b. LICENSE NUMBER 3741		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 15, 2016		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).) Parkinson's Disease		
	25a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25d. DESCRIBE HOW INJURY OCCURRED		25e. INTERVAL BETWEEN ONSET AND DEATH Five Years		25f. INTERVAL BETWEEN ONSET AND DEATH		
	25g. INTERVAL BETWEEN ONSET AND DEATH		25h. INTERVAL BETWEEN ONSET AND DEATH		25i. INTERVAL BETWEEN ONSET AND DEATH		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28d. DESCRIBE HOW INJURY OCCURRED	

STATE REGISTRAR

000635919



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: **7/20/2016**

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

