

This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



ANDERSON, DORN & RADER, LTD.

APN: 1220-04-514-024

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

Barbara Lee Torres, Trustee
1373 N. Apollo Avenue
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF TRUSTEE

I, BARBARA LEE TORRES, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated January 14, 2000, MARIANO G. TORRES and I executed the TORRES LIVING TRUST (the "Trust").

(2) MARIANO G. TORRES deceased on November 7, 2016, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said MARIANO G. TORRES.

(3) Said trust appointed me to serve as sole Trustee upon the death or incapacity of MARIANO G. TORRES.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.

(5) The following described real property is part of the Trust estate: See Exhibit "A" attached.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as sole Trustee with respect to the Trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as sole Trustee.

Executed in the County of Washoe, State of Nevada, on December 16, 2016.

Barbara Lee Torres
BARBARA LEE TORRES, Trustee

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on December 16, 2016, by BARBARA LEE TORRES, Trustee.

Sara Lee Oliver
Notary Public

 SARA-LEE OLIVER
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 99-59493-2 - Expires December 1, 2019

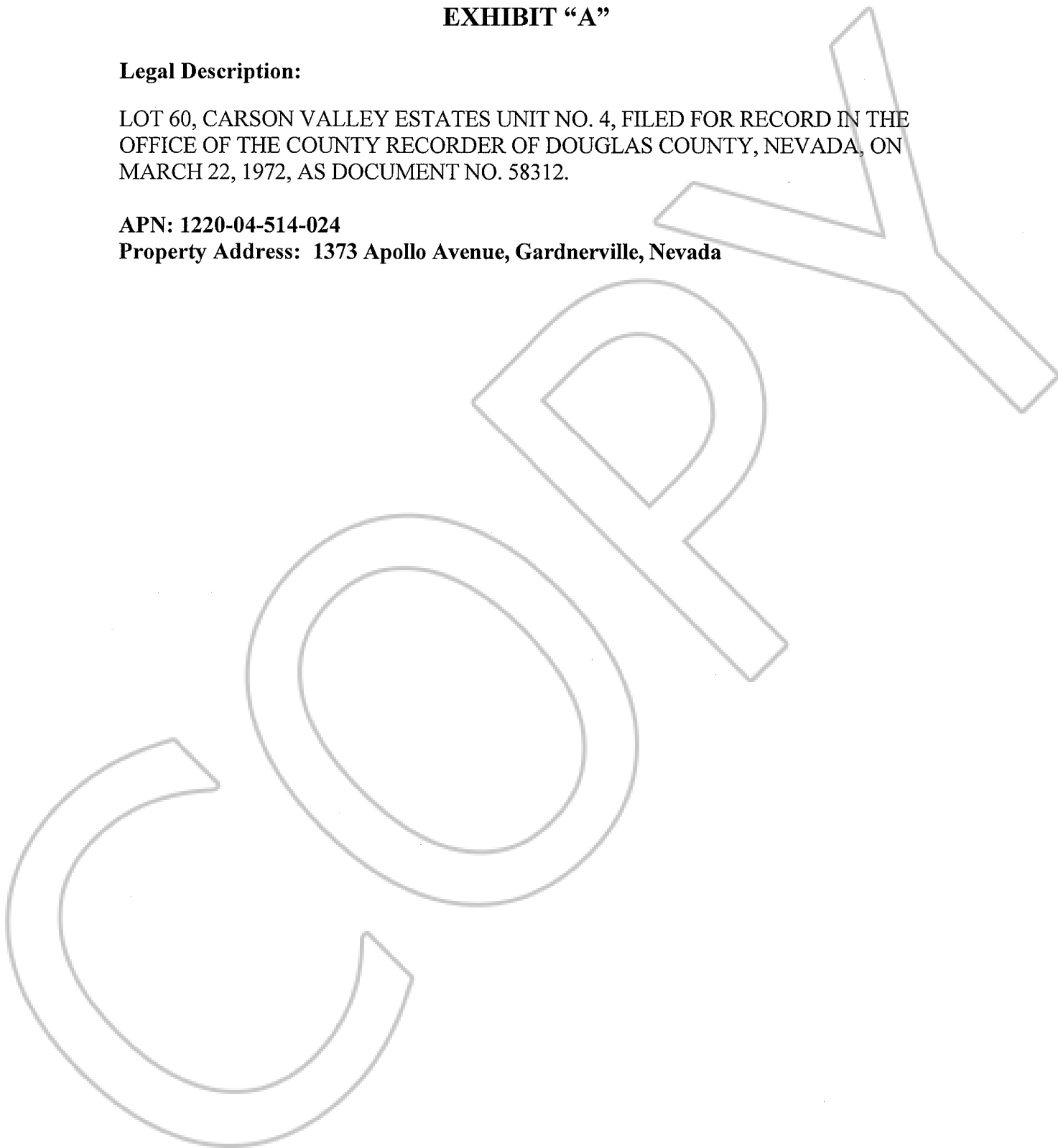
EXHIBIT "A"

Legal Description:

LOT 60, CARSON VALLEY ESTATES UNIT NO. 4, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 22, 1972, AS DOCUMENT NO. 58312.

APN: 1220-04-514-024

Property Address: 1373 Apollo Avenue, Gardnerville, Nevada



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3923949

CERTIFICATE OF DEATH

2016020123
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) Mariano Galaz TORRES		2. DATE OF DEATH (Mo/Day/Year) November 07, 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 or 1373 Apollo Ave		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Mexican, Puerto Rican	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 26, 1935		9a. STATE OF BIRTH (If not US/CA, name country) Mexico		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 8		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barbara Lee PAPERIO	
13. SOCIAL SECURITY NUMBER ██████████-6297		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Machinist		14b. KIND OF BUSINESS OR INDUSTRY Manufacturing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1373 Apollo Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Felipe Velasquez TORRES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elodia GALAZ		
18a. INFORMANT - NAME (Type or Print) Barbara Lee TORRES			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1373 Apollo Ave Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME San Fernando Mission Cemetery		19c. LOCATION - City or Town, State Mission Hills California 91345	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21. TRADE CALL - NAME AND ADDRESS: Valley Funeral Home 2121 W. Burbank Blvd. Burbank CA 91506					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEVEN L PHILLIPS M.D. 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) November 08, 2016		21c. HOUR OF DEATH 00:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Steven L Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502		23b. LICENSE NUMBER 6596	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 08, 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).)					
PART I					
(a) Cardiac Arrest				Interval between onset and death Minutes	
DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic Heart Disease				Interval between onset and death Years	
(b) Hypertension				Interval between onset and death Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
(d)				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 End Stage Renal Disease				26. 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

000651875



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: 12/1/2016

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

Codyd Higgins
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS Rev 20120523a

