

WHEN RECORDED MAIL TO:  
**Janet Murphy and Sharon DeLima**  
**PO BOX 264**  
**Zephyr Cove, NV 89448**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01703010DKD

APN No.: 1420-06-410-027

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada                    }  
County of **Douglas**                }

Janet Murphy and Sharon DeLima, being duly sworn, deposes and says:

1. Edward DeLima, the decedent mentioned in attached copy of Certificate of Death, is the same person as Edward DeLima, Trustee and his Successor named as one of the trustee(s) in that certain Grant, Bargain, sale Deed dated December 20, 2000, executed by Edward DeLima to The Edward DeLima Family Trust U/D/T 12-20-00, recorded on December 29, 2000 as instrument number 0505982, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, name, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated:

6-15-17

*[Signature]*  
Janet Murphy, Successor Trustee

STATE OF NEVADA  
COUNTY OF CARSON CITY

} SS:

This instrument was acknowledged before me on June 15, 2017

by Janet Murphy, Successor Trustee

*[Signature]*  
NOTARY PUBLIC



Dated: 6-28-17

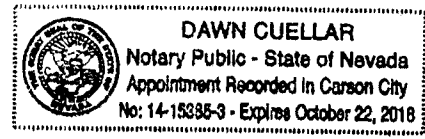
*[Signature]*  
Sharon DeLima, Successor Trustee

STATE OF NEVADA  
COUNTY OF ~~DOUGLAS~~ *Carson City* } SS:

This instrument was acknowledged before me on 6/28/17

By Sharon DeLima

*[Signature]*  
NOTARY PUBLIC



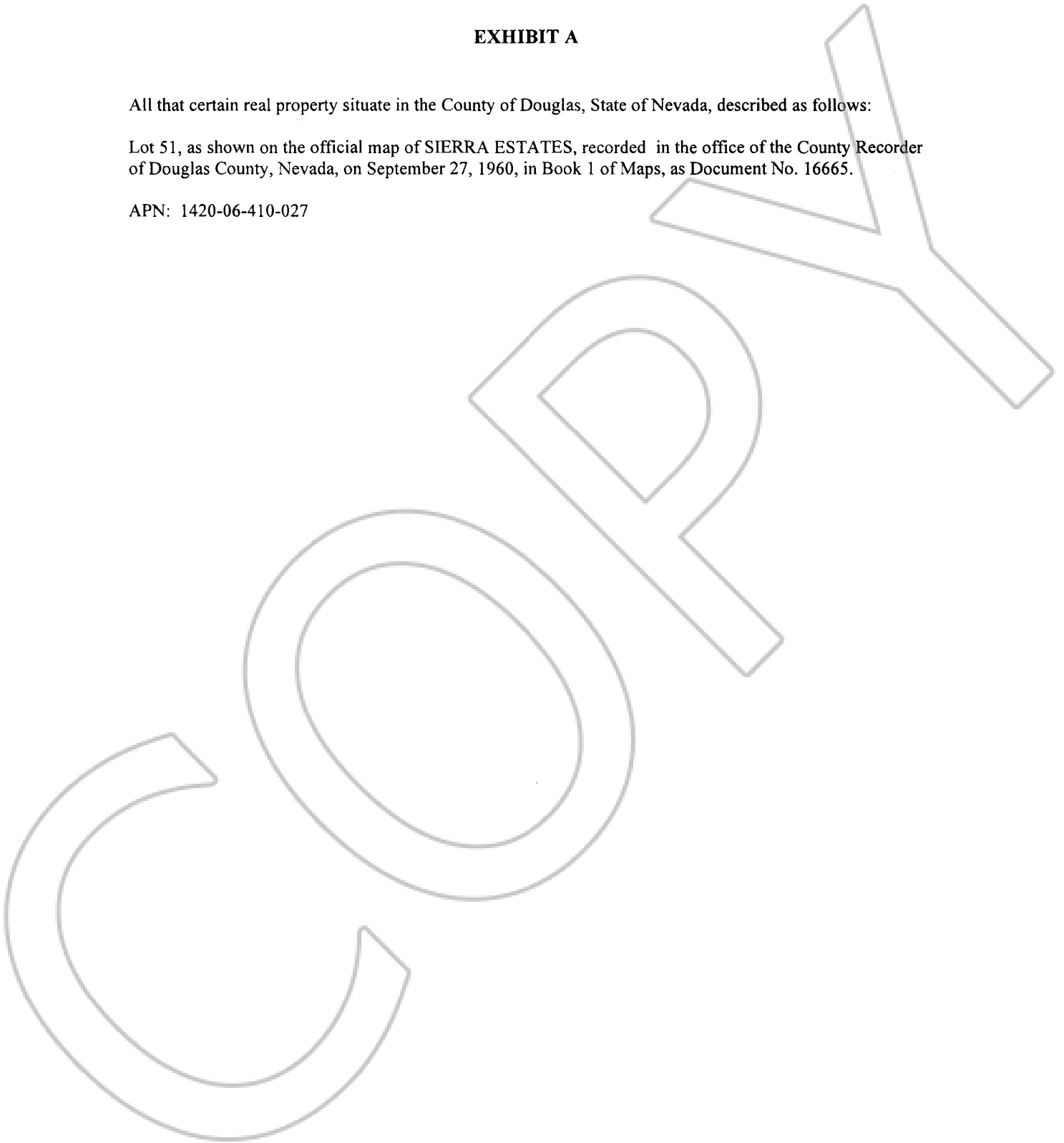
**Order No.: 01703010-DKD**

**EXHIBIT A**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 51, as shown on the official map of SIERRA ESTATES, recorded in the office of the County Recorder of Douglas County, Nevada, on September 27, 1960, in Book 1 of Maps, as Document No. 16665.

APN: 1420-06-410-027



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3885391

### CERTIFICATE OF DEATH

**2016005422**  
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>Edward DELIMA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 22, 2016</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 and Inpatient/Specify) <b>St Mary's Regional Medical Center Inpatient</b>		4. SEX <b>Male</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>93</b>	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 29, 1922</b>	
9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>7014</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Plant Engineer</b>		<b>Food Production</b>		Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Jacks Valley</b>	
15d. STREET AND NUMBER <b>3639 Shawnee Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Bernard Ernest DELIMA</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Emelia CRUA</b>		
18a. INFORMANT- NAME (Type or Print) <b>Janet MURPHY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PQ Box 255, Zephyr Cove, Nevada 89448</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19b. CEMETERY OR CREMATORY - NAME		19c. LOCATION City or Town State	
<b>Cremation</b>		<b>Fitzhenry's Crematory</b>		<b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>TAMAR R ROBINSON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>870</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</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>ILEANA DEFTU 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>March 29, 2016</b>		21c. HOUR OF DEATH <b>00:01</b>		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) <b>Ileana Deftu M.D. 235 West 6th Street Reno, NV 89503</b>			
23b. LICENSE NUMBER <b>12431</b>		24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 29, 2016</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 Respiratory Failure</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Septic Shock</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Acute Pneumonia</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Acute Pulmonary Edema</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 I.					
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26. DATE OF INJURY (Mo/Day/Yr)		26. HOUR OF INJURY	
26. INJURY AT WORK (Specify Yes or No)		26. PLACE OF INJURY -At home, farm, street, factory, office building, etc. (Specify)		26. DESCRIBE HOW INJURY OCCURRED:	
27. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>			
28a. STREET OR R.F.D. No.		28b. CITY OR TOWN		28c. STATE	

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:

3/30/2016

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

