DOUGLAS COUNTY, NV Rec:\$35.00

2017-906453 11/02/2017 02:10 PM

HERITAGE LAW GROUP

Total:\$35.00

Pgs=2

APN: 1320-29-113-001

When Recorded, Please Return To: Heritage Law Group, P.C. 1625 Highway 88, Suite 304 Minden, Nevada 89423

Mail Future Tax Statements To: Ms. Janet Batista 2855 Sierra Mesa Court Minden, NV 89423



KAREN ELLISON, RECORDER

## AFFIDAVIT - DEATH OF TRUSTEE

The attached document does contain the social security number of a person as required by NRS 440.380.

JANET L. BATISTA ("Declarant"), being of legal age, and being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada that:

- 1. JAMES A. BATISTA ("Decedent") is the same person as JAMES ALBERT BATISTA referenced in the attached certified copy of Certificate of Death who died on June 15, 2017.
- 2. Decedent is the same person named as a trustee in that certain James A. and Janet L. Batista Revocable Trust dated March 4, 1982, executed by JAMES A. BATISTA and JANET L. BATISTA as Trustors and Trustees ("Trust"). The Trust was amended and restated on October 8, 2010, under the name BATISTA LIVING TRUST. The Trust was further amended on January 9, 2013, and November 13, 2015.
- 3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain, Sale Deed, which was recorded on July 31, 2003, as Document No. 0585094 in Douglas County, Nevada, as legally described as follows:

Lot 432 as shown on the official plat of WINHAVEN, UNIT NO. 6, filed for record in the office of the County Recorder of Douglas County, Nevada on August 4, 1994, in Book 894 of Official Records at page 692, as Document No. 343273.

4. Declarant is one of three trustees under the Trust. The Trust was in effect at the date of the death of Decedent and has not been revoked. Declarant has consented to act as a trustee under the Trust.

Date: October 31, 2017

State of Nevada

) ss.

County of Douglas )

Signed and sworn to (or affirmed) before me on October 31, 2017, by JANET L. BATISTA, as a

Trustee.

E. Boldecch

MARY E. BALDECCHI **NOTARY PUBLIC** STATE OF NEVADA My Appt. Exp. Jan. 10, 2021

CONTRACTOR CONTRACTOR



**DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH** 

VITAL STATISTICS

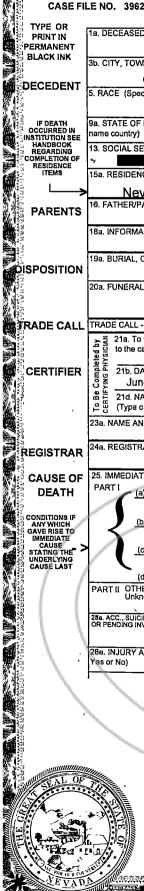
**CASE FILE NO. 3962661** 

## **CERTIFICATE OF DEATH**

2017011967

TYPE OR		:	STATE FILE NUMBER
PRINTIN	1a. DECEASED-NAME (FIRST, MIDDLE, LA	•	2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH
PERMANENT BLACK INK	James Albert	BATISTA	June 15, 2017 Douglas
		H I3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, g	Inpatient(Specify)
DECEDENT	Gardnerville  5. RACE (Specify)	Empres Health And Rehabilitation  [6. Hispanic Origin? Specify	Assisted Living Facility   Male
	White	No - Non-Hispanic (Years)	4 MOS DAYS HOURS MINS February 24, 1933
IF DEATH OCCURRED IN INSTITUTION SEE	9a. STATE OF BIRTH (If not US/CA, 9i	D. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARITAL STA	TUS (Specify) 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) 13. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
MANDBOOK REGARDING	Colorado	United States 14 Ma  4a. USUAL OCCUPATION (Give Kind of Work Done During Most of	
COMPLETION OF RESIDENCE	÷ <b>200</b> -0757	Landscaper	Construction Forces? Yes
iTEMS	15a. RESIDENCE - STATE 15b. COUN	ITY 15c. CITY, TOWN OR LOCATION 15d. S	TREET AND NUMBER 156. INSIDE CITY LIMITS (Specify Yes
<u></u>		Douglas Minden 285	55 Sierra Mesa or No. Yes
PARENTS	16. FATHER/PARENT - NAME (First Midd	le Last Suffix) 17. MOTHEF BATISTA	VPARENT - NAME (First Middle Last Suffix)
\$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50	18a. INFORMANT- NAME (Type or Print)		Irene GOGLIO  R.F.D. No, City or Town, State, Zip)
(3) (1)	Linda ZINESK		rly Common Livermore. California 94551
Signacian.		THER (Specify) 19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION City or Town State
DISPOSITION	Cremation	Fitzhenry's Cremato	Caroon Gry Nordad Goro.
€. 37	20a. FUNERAL DIRECTOR - SIGNATURE MONICA GI		IAME AND ADDRESS OF FACILITY  Neptune Society of Reno
30, 301 50,	SIGNATURE AUTHENTICATED FD880 969 West Moana Lane Reno NV 89509		
TRADE CALL	TRADE CALL - NAME AND ADDRESS		
	P C to the cause(s) stated (Signature & T	SIGNATURE AUTHORITICATED   P 2	he basis of examination and/or investigation, in my opinion death occurred e, date and place and due to the cause(s) stated. (Signature & Title)
왕 왕	변경 to the cause(s) stated.(Signature & T	AGUIRRE MD	s, date and prace and due to the cause(s) stated. (Signature & 110e)
CERTIFIER	June 27, 2017 06:52  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour)		
3			
XXX	23a, NAME AND ADDRESS OF CERTIFIE	R (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, uirre MD 1600 Medical Parkway Carson City, NV	OR CORONER) (Type or Print) 23b. LICENSE NUMBER
S DECISTRAD	C4 DECIGNATION :		89703 11479  VED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE
REGISTRAR		NATURE AUTHENTICATED (Mo/Day/Yr)	June 28, 2017 YES NO X
CAUSE OF	25. IMMEDIATE CAUSE (ENTER	ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c),	Interval between onset and death
DEATH	PART 1 (a) Cardiopulmonal		<u> </u>
CONDITIONS IF	DUE TO, OR AS A CONS	EQUENCE OF:	Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO	DUE TO, OR AS A CONS	EQUENCE OF:	Interval between onset and death
CAUSE >	(c) Adult Failure To	o Thrive	interval perweet origer and death
UNDERLYING CAUSE LAST	DUE TO, OR AS A CONS		Interval between onset and death
	(d) End Stage Den		ļ
100	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specification of the underlying cause given in Part 1.  27. WAS CASE REFERRED TO Yes or No.)		
	25a. ACC., SUICIDE, HOM, LINDET 1285 DATE	OF INJURY (Mo/Day/Yr)   28c. HOUR OF INJURY   128d. DESCRI	Yes or No.) No (Specify Yes or No.) No
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	20d, DESCRIP	DE TIONNI VOCCURRED
	28e IN HIRY AT WORK (Specify 1294 DLA	CE OF INJURY- At home, farm, street, factory, office 28g, LOCA	TON OTDEET OF REAL PROPERTY.
	Yes or No) building,	CE OF INJURY- At home, farm, street, factory, office etc. (Specify)	TION STREET OR R.F.D. No. CITY OR TOWN 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:

SEP 05 2017

REGISTRAR