DOUGLAS COUNTY, NV Rec:\$35.00

Total:\$35.00

11/02/2017 02:10 PM

2017-906455

HERITAGE LAW GROUP

Pqs=4

APN: 1320-33-310-013

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 who died on June 15, 2017, as referenced in the certified copy of Certificate of Death attached hereto as **Exhibit A** and incorporated herein by this reference.
- 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.
- Decedent as a trustee is the same person who was named as a grantee in that certain Grant, Bargain, and Sale Deed, which was recorded on July 19, 2016, as Document No. 2016-884606 in Douglas County, Nevada, as legally described as follows:

See Exhibit B attached hereto and incorporated herein by this reference.

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 The Trust was in effect at the date of the death of Decedent and has not been revoked.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.

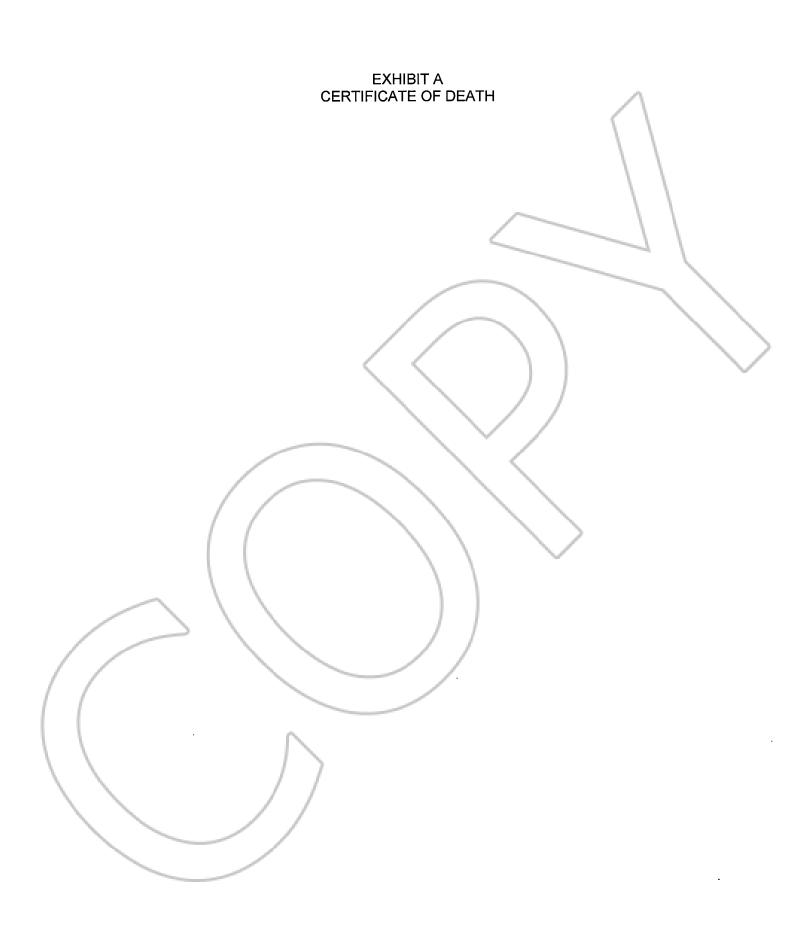
Mary E. Baldecchi
Notary Public

) MA

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

93-0282-5 My Appt. Exp. Jan. 10, 2021

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**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  2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH					
	PRINTIN													
	PERMANENT BLACK INK	James Albert BATISTA  3b. CITY, TOWN, OR LOCATION OF DEATH   3c. HOSPITAL OR OTHER INSTITUTION -Name(III					olthor sive	June 15, 2017 Douglas						
		Gardnerville			Empres Health And Rehabilitation			Inpatient(Specify)				4. SEX		
	DECEDENT	5. RACE (Specify)		6. Hispa	4			Assisted Living Facility Male  75. UNDER 1 YEAR 75. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr)						
	•	· ,	<b>Mhite</b>	No - N	No - Non-Hispanic (Years)			MOS	DAYS H	OURS M	INS	ebruary 2		
	IF DEATH OCCURRED IN	1			CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARIT United States 14									
	NSTITUTION SEE HANDBOOK REGARDING	·· Colorado		4a. USUAL OCCUPA	Done During	Marrie Most of					US Armed			
	COMPLETION OF RESIDENCE ITEMS	-0757			Landscaper			Construction Forces? Yes						
		15a. RESIDENCE - STATE	15b. COU		15c, CITY, TOWN OR I			EET AND I			The same of the sa	LIMITS	SIDE CITY (Specify Yes	
	PARENTS	Nevada 16. FATHER/PARENT - NAME		Douglas	<u> Minde</u>		1 2855	Sierra	Mesa	Middle 1 co	A. Castler	or No)	Yes	
		Nino BATISTA Irene GOGLIO												
		18a. INFORMANT- NAME (Type or Print)  Linda ZINESKI  18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)  993 Waverly Common Livermore, California 94551									1			
	SPOSITION	19a. BURIAL, CREMATION, R			CEMETERY OR CREM	993	Waverly	Commo			ornia 94551		tate	
		Crema		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nenry's Cre			) [		rson City N	-		
		20a. FUNERAL DIRECTOR - S				L DIRECTOR	20c. NAM	E AND AD						
		MONICA GIESE  LICENSE NUMBER  FD880  FD880  FD880  Neptune Society of Reno  Pô9 West Moana Lane Reno NV 89509												
11	RADE CALL	TRADE CALL - NAME AND AT	DDRESS				<b>N</b>		/				····	
		조절 21a. To the best of my i 로 to the cause(s) stated.(	knowledge, d Signature & "	eath occurred at the ti	me, date and place and URE AUTHENTICAT	ER 195	22a. On the b	asis of exam	nination and/or	r investigatio	n, in my opinion	death occur	red	
	CERTIFIER	JOSE AGUIRRE MD												
4		S € June 27, 2017	norDay/11)	21c. HOUR	06:52	Compl NER'S	226. DATE	SIGNED (	Mo/Day/Yr)		22c. HOUR O	F DEATH		
		요를 21d. NAME OF ATTEN 은 병 (Type or Print)	IDING PHYS	ICIAN IF OTHER THA	N CERTIFIER	o Be	22d. PRON	OUNCED	DEAD (Mo/D	ay/Yr)	22e. PRONOL	JNCED DEA	AD AT (Hour)	
		23a. NAME AND ADDRESS O	F CERTIFIE	R (PHYSICIAN, ATTE	NDING PHYSICIAN, ME	DICAL EXAM	MINER: OR	CORONER	(Type or Pr	·int)	23h LICE	NSE NUMBI	=0	
		24a. REGISTRAR (Signature)	Jose Ag	uirre MD 1600	Medical Parkway (	Carson' Cit	y, NV 89	703				11479		
R	EGISTRAR	244. KEGISTRAK (SIBRATURA)	v	ERALYNN A E		(Mo/Day/Y	RECEIVED	) BY REGI ne 28, 2	5.7	ì	TH DUE TO CO	ommunica No 13	BLE DISEASE	
	CAUSE OF	25, IMMEDIATE CAUSE	(ENTER	ONLY ONE CAUSE	PER LINE FOR (a), (b),	AND (c).)	- 54	16 20, 2	017	<u> </u>			nset and death	
	DEATH	<u> </u>	ulmona	ry Arrest										
	CONDITIONS IF ANY WHICH	Inonitio		EQUENCE OF:	•			`,		•	Interva	l between or	nset and death	
	ANY WHICH GAVE RISE TO IMMEDIATE	DUE TO, OF	R AS A CONS	SEQUENCE OF:	`		<del></del>	·		<u> </u>	Interva	l hetween or	nset and death	
	STATING THE >	(6)	ailure To	The Third			/				1	DOTTICO	isot and doam	
	UNDERLYING CAUSE LAST	Fnd Sta	as a cons age Den	equence of:			/				Interva	l between o	nset and death	
	_//	PART II OTHER SIGNIFICAN Unknown Eticlogy	_	76	buting to death but not re	sulting in the	underlying (	Cause dive	n in Part 1	lac Al	ITODEY (Con	- was c	ACE	
	/ /					and the same of th				Yes o	r No) No	REFERRE (Specify Y	ASE D TO CORONER (85 OF NO)	
		28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)	Г. 28b. DATE	OF INJURY (Mo/Day/Yr)	28c, HOUR OF IN.	URY 28d.	DESCRIBE H	OW INJURY	OCCURRED		NO		NO	
	1 1.	, 		$\sim$										
	1 /	28e. INJURY AT WORK (Spec Yes ar No)	ify 28f. PLA building,	CE OF INJURY- At he etc. (Specify)	ome, farm, street, factory	, office 28g	. LOCATION	N ST	REET OR R.	F.D. No.	CITY OR TO	)WN	STATE	
	\	1	<del>-                                       </del>	<del>-                                      </del>	STAT	E REGIST	TRAR	<del></del>			<del> </del>			
	1			//	,			•						
14/14	- N	76.		/ /										



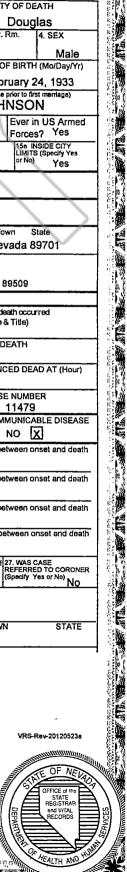
CERTIFIED COPY OF VITAL RECORD

This is a true and exact reproduction of the document officially registered and placed on file în the office of the State Registrar and Vital Records.

DATE ISSUED:

JUL 182017

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



VRS-Rev-20120523a

# EXHIBIT B LEGAL DESCRIPTION

Lot 32, Block o [sic] of Final Subdivision Map FSM-1006 of CHICHESTER ESTATES PHASE 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on September 12, 1995, in Book 995 at Page 1407 as Document No. 370215 and by Certification of Amendment, recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, Douglas County, Nevada records, and further amended by Certification of Amendment, recorded July 17, 2001, as Document No. 518480, Official Records.

