

APN: 1420-28-311-034

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



KAREN ELLISON, RECORDER

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

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 and Sale Deed, which was recorded on May 9, 2002, as Document No. 0541855 in Douglas County Nevada, as legally described as follows:

Lot 102, Block G as shown on the map of SARATOGA SPRINGS ESTATES UNIT 5, filed in the office of the Douglas County Recorder on May 4, 2001, File No. 513570.

The date of the Trust in the above-referenced Deed was mistakenly shown as May 4, 1982, instead of March 4, 1982.

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 The Trust was in effect at the date of the death of Decedent and has not been revoked.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

Janet L. Batista

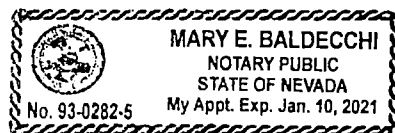
JANET L. BATISTA, Trustee

State of Nevada)
) ss.
County of Douglas)

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

Mary E. Baldecchi

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3962661

CERTIFICATE OF DEATH

2017011967
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Albert BATISTA		2. DATE OF DEATH (Mo/Day/Year) June 15, 2017		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 Inpatient)(Specify) Empres Health And Rehabilitation Assisted Living Facility		4. SEX Male		
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84		
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 24, 1933		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Colorado		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) Janet Lloya JOHNSON				
	13. SOCIAL SECURITY NUMBER ██████████-0757		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Landscaper		14b. KIND OF BUSINESS OR INDUSTRY Construction		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		
PARENTS	15d. STREET AND NUMBER 2855 Sierra Mesa		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Nino BATISTA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) 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				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701		
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MONICA GIESE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD880		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509		
	TRADE CALL - NAME AND ADDRESS						
	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) JOSE AGUIRRE MD		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) June 27, 2017		21c. HOUR OF DEATH 06:52		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11479					
REGISTRAR	24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 28, 2017		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).)						
CAUSE OF DEATH	PART I		Interval between onset and death				
	(a) Cardiopulmonary Arrest		Interval between onset and death				
	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
	(b) Inanition		Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(c) Adult Failure To Thrive		Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(d) End Stage Dementia		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. Unknown Etiology					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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



CERTIFIED COPY OF VITAL RECORDS

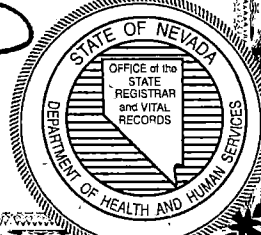
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **SEP 05 2017**

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

[Handwritten Signature]
STATE REGISTRAR

VRS-Rev. 20160223



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE