

APN: 1320-29-110-017

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, Sale Deed, which was recorded on March 15, 2010, as Document No. 760186 in Douglas County, Nevada, as legally described as follows:

Lot 412, in BLOCK B, as shown on the Final Map No. 1008-8 for Winhaven, Unit No. 8, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, Nevada on September 11, 1997 in Book 997 at Page 2125 as Document No. 421412, of Official Records.
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 The Trust was in effect at the date of the death of Decedent and has not been revoked.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.

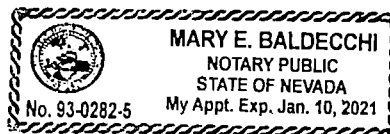
Date: October 31, 2017

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 a 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		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Male		4. SEX
DECEDENT	5. RACE (Specify) White	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 84	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY	8. DATE OF BIRTH (Mo/Day/Yr) February 24, 1933	
	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		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 0757		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Landscaper		14b. KIND OF BUSINESS OR INDUSTRY Construction		15. Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 2855 Sierra Mesa		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	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				
DISPOSITION	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		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MONICA GIESE SIGNATURE AUTHENTICATED		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	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 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) June 27, 2017		21c. HOUR OF DEATH 06:52		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	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						
REGISTRAR	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			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).)						Interval between onset and death
CAUSE OF DEATH	PART I						Interval between onset and death
	(a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(b) Inanition DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(c) Adult Failure To Thrive DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(d) End Stage Dementia DUE TO, OR AS A CONSEQUENCE OF:						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

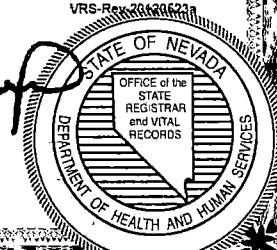
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

SEP 05 2017

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE