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APN: 1321-31-001-004



KAREN ELLISON, RECORDER

✓ WHEN RECORDED RETURN TO:
JOEL W. LOCKE, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702

MAIL TAX STATEMENTS TO:
Naomi L. DiMartino, Trustee
2190 Calle Hermosa Road
Gardnerville, Nevada 89410

The party executing this document hereby affirms that this document submitted for recording does contain the social security number of any person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss.
CARSON CITY)

NAOMI L. DiMARTINO, being first duly sworn, deposes and says:

1. That the FN DiMartino Revocable Trust, was created by Francesco DiMartino and Naomi L. DiMartino on January 26, 2006.
2. Francesco DiMartino and Naomi L. DiMartino were the Grantors and original Trustees of said Trust.
3. That Grantor and Trustee, Francesco DiMartino, died on September 5, 2017 ("Decedent"), and a certified copy of his death certificate issued by the State of Nevada is attached hereto as Exhibit "1."
4. That after the death of Decedent, the currently acting Trustee of said Trust is Naomi L. DiMartino.
5. That said Trust is the owner of all that certain real property situate in Douglas County, state of Nevada, commonly known as 2190 Calle Hermosa Road, Gardnerville, Nevada 89410, being Assessor's Parcel Number 1321-31-001-004, as more particularly described in that certain Grant, Bargain, Sale Deed, dated January 26, 2006, recorded in the Official Records of Douglas County, state of Nevada, as Document No. 0670562, recorded on March 23, 2006, and being more particularly described as follows:

Being a portion of the East ½ of the Northeast ¼ of Section 31, Township 13 North, Range 21 East, M.D.B.&M., further described as follows:

Parcel 4 as set forth on Parcel Map for the Jones Family Trust filed for record in the office of the County Recorder of Douglas County, State of Nevada on November 5th, 1993, in Book 1193, Page 1006, as Document No. 321967.

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6. That as of this date, the said trust is revocable and Naomi L. DiMartino, Surviving Grantor and Trustee holds the power of revocation.

7. That this Affidavit has been executed in Carson City, Nevada.

8. That Affiant certifies and declares under penalty of perjury that the foregoing is true and correct.

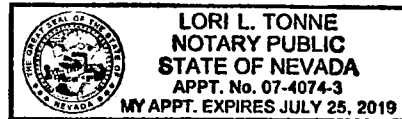
Further Affiant sayeth naught.

DATED Nov. 6, 2017.

Naomi L. DiMartino
Naomi L. DiMartino, Grantor/Trustee

On November 6, 2017, personally appeared before me, a notary public, Naomi L. DiMartino, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.

Lori Lynn Tonne
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. 3976230

CERTIFICATE OF DEATH

2017016778
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) Francesco James DIMARTINO		2. DATE OF DEATH (Mo/Day/Year) September 05, 2017		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Renown Regional Medical Center Inpatient(Specify) Inpatient		4. SEX Male	
5. RACE (Specify) Italian		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 54	7b. UNDER 1 YEAR MOS - DAYS	7c. UNDER 1 DAY HOURS - MINS
8. DATE OF BIRTH (Mo/Day/Yr) October 24, 1962		9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Naomi DILLON	
13. SOCIAL SECURITY NUMBER 0316		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Own Business		14b. KIND OF BUSINESS OR INDUSTRY Automotive	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 2190 Calle Hermosa	15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER/PARENT - NAME (First Middle Last Suffix) James DIMARTINO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna DEBLASIO		
18a. INFORMANT- NAME (Type or Print) Naomi DIMARTINO			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2190 Calle Hermosa Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Walton's Carson Gardens		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410		
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) ADMAN AKBAR 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) September 06, 2017		21c. HOUR OF DEATH 13:01		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Stefan Schmidhuber MD		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) Adnan Akbar MD 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 15783	
24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 08, 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	
PART I (a) Acute Encephalopathy				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) High Grade Brain Glioma				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) Acute Hypoxemic Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (d) Unknown Etiology				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.				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



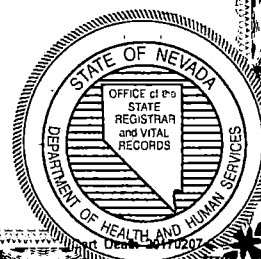
CERTIFIED COPY OF VITAL RECORDS

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: 9/22/2017

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE