

Assessor's Parcel Number 1320-30-802-009



KAREN ELLISON, RECORDER

Recording Requested by
Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423

Grantee's Address is and Mail Tax Statements to
Carol Aldax
2315 Hwy 395
Minden, NV 89423

___ I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B 030)

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law

(State specific law)

NRS 440.090 Requisites of certificates

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40 525(5) Death certificate attached to affidavit

AFFIDAVIT - DEATH OF TRUSTEES

STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS)

Carol Aldax, of legal age, being duly sworn, deposes and says

1 That ALDO ANTONIO BIAGGI and MARY ELIZABETH BIAGGI, the decedents mentioned in the attached certificates of death, were, until their death, and are the same persons as ALDO BIAGGI and MARY BIAGGI, husband and wife, named as the Grantors in that certain Quitclaim Deed to ALDO BIAGGI and MARY BIAGGI, as Trustees of the 1999 BIAGGI FAMILY TRUST, concerning the real property situate in Douglas County, Nevada, at 1609 County Road, Minden, Nevada, and described as follows

All that certain piece or parcel of land situate, lying and being in the SE 1/4 of Section 30, T 13 N , R 20 E , M D B &M , in Douglas County, and more particularly described as follows

Beginning at a point which is 30 feet southwesterly, measured at right angles, from the surveyed centerline of Nevada State Highway Route 3 (U S 395),

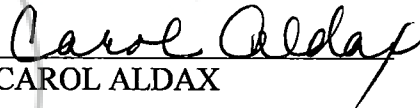
which said point bears N 63°25' W , a distance of 1730 00 feet from the intersection of the westerly limits of the Town of Minden and the existing southwesterly 30 foot right of way line of said highway, said point of beginning further described as bearing N 57°03' 22" W , a distance of 7869 45 feet from the east quarter-section corner of Section 32, T 13 N , R 20 E , M D B &M , thence S 1°51' 30" E , a distance of 520 35 feet to the true point of beginning, thence S 1°51' 30" E , a distance of 409 93 feet to a point, thence N 63° 25' W , a distance of 291 34 feet to a point; thence N 0°53' 30" E , a distance of 400 00 feet to a point, thence S 63°25' E , a distance of 269 52 feet to the true point of beginning, said parcel of land contains an area of 2 32 acres, more or less Together with any and all ditch and water rights connected therewith

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining

2 Per NRS 111 312, the above legal description was previously recorded and tenancy was established by way of that certain Quitclaim Deed recorded in the office of the County Recorder of Douglas County, Nevada, on November 23, 1999, as Document No 0481384

3 I am the successor trustee of the same trust under which said decedents held title as trustees pursuant the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof

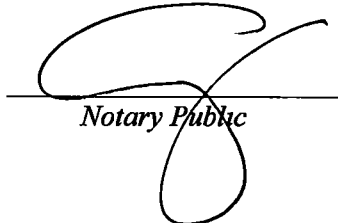
Dated January 16, 2018


CAROL ALDAX

STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS)

On this 16TH day of January, before me, Carrie M Jackson, a Notary Public, personally appeared CAROL ALDAX personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and who acknowledged that she executed the above Affidavit of Death




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 3978185

CERTIFICATE OF DEATH

2017017571
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST MIDDLE LAST SUFFIX) Aldo Antonio BIAGGI		2 DATE OF DEATH (Mo/Day/Year) September 14, 2017		3a COUNTY OF DEATH Douglas		
	3b CITY TOWN, OR LOCATION OF DEATH Minden		3c HOSPITAL OR OTHER INSTITUTION Name (If not either give street and city) 1609 County Rd		3e If Hosp or Inst indicate DOA, OP/Emer Rm Inpatient (Specify) Home		
DECEDENT	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE Last birthday (Years) 100		
	7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS		8 DATE OF BIRTH (Mo/Day/Yr) May 14, 1917		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not US/CA name country) Nevada		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12		
	11 MARITAL STATUS (Specify) Widowed		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)				
PARENTS	13 SOCIAL SECURITY NUMBER -9587		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY		
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY TOWN OR LOCATION - Minden		
DISPOSITION	15d STREET AND NUMBER 1609 County Rd		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) John BIAGGI		
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) Lena CAGLIARI		18a INFORMANT - NAME (Type or Print) Allen BIAGGI				
TRADE CALL	18b MAILING ADDRESS (Street or R F D No, City or Town, State Zip) PO Box 741 Minden, Nevada 89423				19a BURIAL, CREMATION, REMOVAL OTHER (Specify) Cremation		
	19b CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c LOCATION City or Town State Carson City Nevada 89706				
CERTIFIER	20a FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD921		20c NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville, NV 89410		
	TRADE CALL - NAME AND ADDRESS						
REGISTRAR	21a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED MARK T BRUNE 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) September 19, 2017		21c HOUR OF DEATH 08 00		22b DATE SIGNED (Mo/Day/Yr)		
CAUSE OF DEATH	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c 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) Mark T Brune MD 925 Ironwood Drive #2102 Minden, NV 89423				23b LICENSE NUMBER 7134		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 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)) PART I (a) Sudden Death DUE TO OR AS A CONSEQUENCE OF, (b) Myocardial Infarction DUE TO OR AS A CONSEQUENCE OF, (c) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF, (d) Advanced Age				Interval between onset and death 1 Min Interval between onset and death 10 Min Interval between onset and death 20 Years Interval between onset and death 100 Years		
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

000642427



CERTIFIED COPY OF VITAL RECORDS

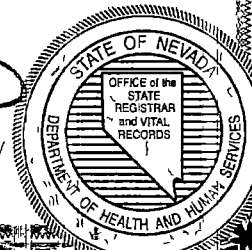
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DATE ISSUED **OCT 10 2017**

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[Signature]
STATE REGISTRAR

VRS-Rev-20120523a



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month Day Year)	
1 Mary E. BIAGGI		2 January 29, 2005	
CITY TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b Minden		3a Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either give street and number)		If Hosp or Inst indicate DOA OP/Emer Rm Inpatient (Specify)	
3c 1691 County Rd.		3e Female	
RACE—(e.g. White Black American Indian etc.) (Specify)		AGE—Last Birthday (Years)	
5 White		7a 83	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes specify Mexican Cuban Puerto Rican etc		UNDER 1 YEAR MOS : DAYS	
6		7c HOURS MINS	
STATE OF BIRTH (If not U.S.A. name country)		DATE OF BIRTH (Mo Day Yr)	
9a California		8 April 28, 1921	
CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)	
9b U.S.A.		11 MARRIED	
Decedent's Education grade completed		SURVIVING SPOUSE (If wife give maiden name)	
10 12 Years		12 Aldo Biaggi	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13 8452		14b Own Home	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life Even if Retired)		RESIDENCE—STATE COUNTY CITY TOWN OR LOCATION STREET AND NUMBER	
14a Homemaker		15a Nevada 15b Douglas 15c Minden 15d 1691 County Rd.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last	
15e Yes		16 Belle 17 Fulton	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16 Belle		17 Fulton	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip)	
18a Aldo Biaggi - Husband		18b 1691 County Rd. Minden, Nevada 89423	
BURIAL CREMATION REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME LOCATION City or Town State	
19a Cremation		19b FitzHenry's Crematory 19c Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY	
20a <i>[Signature]</i>		20b 217 20c Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a On the best of my knowledge death occurred at the time date and place and due to the cause(s) stated (Signature and Title) <i>[Signature]</i>		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) and manner stated. (Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo Day Yr) 21b 1-31-05		DATE SIGNED (Mo Day Yr) 22b	
HOUR OF DEATH 21c 1946		HOUR OF DEATH 22c	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d		PRONOUNCED DEAD (Mo Day Yr) 22d ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a Mark T. Brune M.D., 1701 County Rd. #H, Minden, NV 89423		PRONOUNCED DEAD (Hour) 22e AT	
REGISTRAR 24a (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo Day Yr) 24b February 1, 2005	
DEATH DUE TO COMMUNICABLE DISEASE 24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		LICENSE NUMBER 23b 7134	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART I (a) META-TATIC OVARIAN CANCER		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) 26 No	
ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify) 28a		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 No	
DATE OF INJURY (Mo Day Yr) 28b		DESCRIBE HOW INJURY OCCURRED 28d	
HOUR OF INJURY 28c M		LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	
INJURY AT WORK (Specify Yes or No) 28e		PLACE OF INJURY—At home farm street factory office building etc (Specify) 28f	
28e		28g	

STATE REGISTRAR

No. 280439

00305

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STATE REGISTRAR

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