

DOUGLAS COUNTY, NV

2018-910788

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\$35.00

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02/23/2018 03:44 PM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

APN # 1220-16-411-003
ORDER NO.: 01800360RLT

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

Recording Requested by and Return to:

Ticor Title of Nevada, Inc.
1483 Highway 395 N, Suite B

Gardnerville, NV 89410

Attendant - Death of Trustee

(Title on Document)

By: _____

Print Name/Title: _____

This page added to provide additional information required by NRS 111.312 Sections 1-2 (Additional recording fee applies).

WHEN RECORDED MAIL TO:
**Kathleen D. Sozzi, Trustee of the Sozzi
Revocable Trust 2006
1010 Lakeside Dr.
Gardnerville, NV 89460**

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01800360RLT

APN No.: 1220-16-411-003

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }

Kathleen D. Sozzi, being duly sworn, deposes and says:

1. Gary L. Sozzi, the decedent mentioned in attached copy of Certificate of Death, is the same person as Gary L. Sozzi, named as one of the trustee(s) in that certain Grant Deed dated 1/26/2016, executed by Gary L. Sozzi and Kathleen D. Sozzi, to Sozzi Revocable Trust dated July 11, 2006, recorded on 3/2/2016 as instrument number 2016-877541, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Kathleen D. Sozzi, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: ~~October 21, 2014~~ 2/13/18

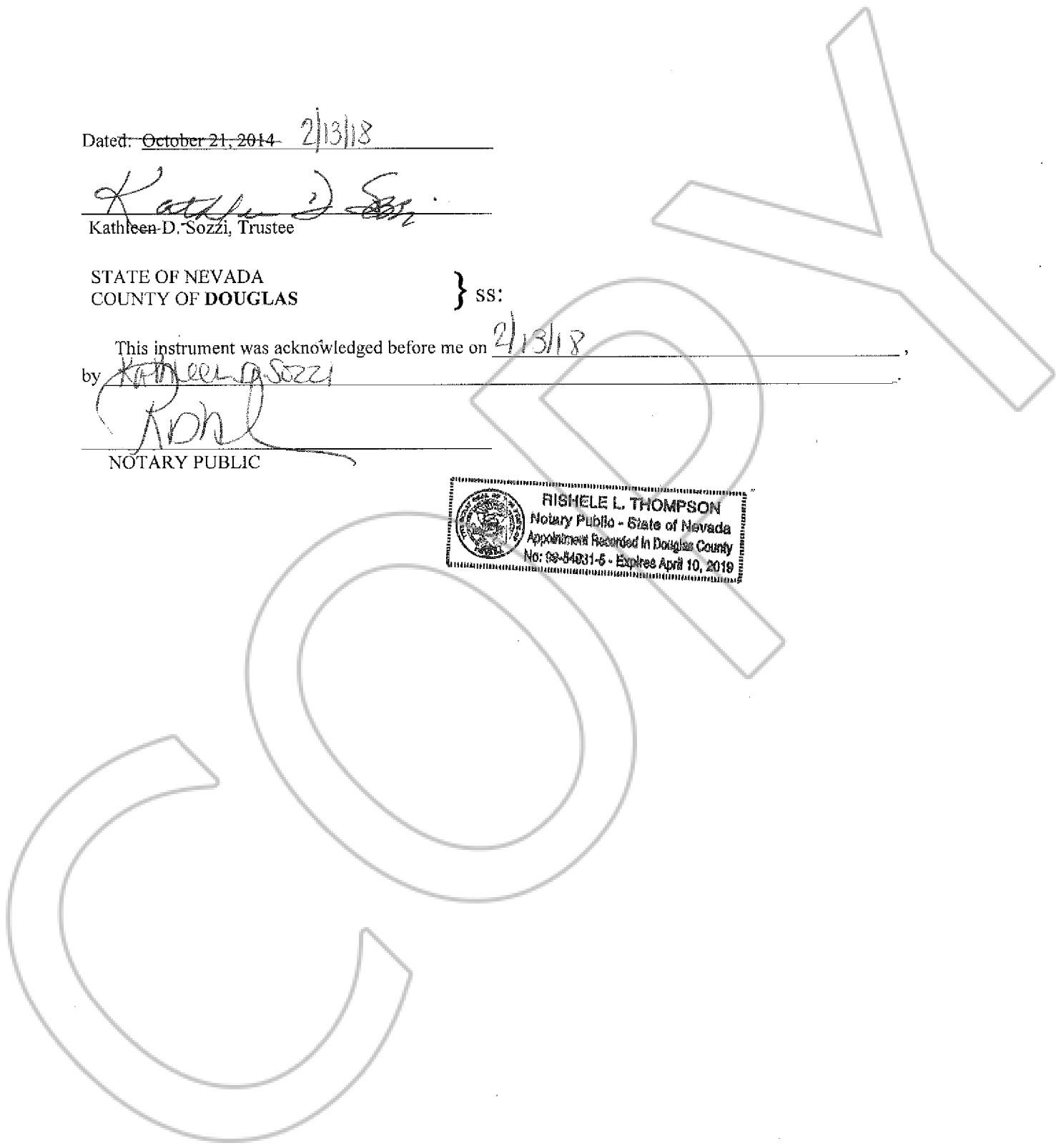
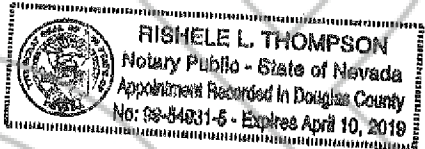
Kathleen D. Sozzi
Kathleen D. Sozzi, Trustee

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 2/13/18
by *Kathleen D. Sozzi*

R. Thompson
NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201743009168

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, CORRECTIONS OR ALTERATIONS VS-1 (REV. 5/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GARY		2. MIDDLE LOUIS		3. LAST (Family) SOZZI	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH: mm/dd/yyyy 09/07/1942	5. AGE Yrs. - Months - Days 75
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER ██████-9274		6. SEX M	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		12. MARITAL STATUS/NEP* (in Year of Death) MARRIED		7. DATE OF DEATH: mm/dd/yyyy 11/01/2017	
13. EDUCATION - highest level/level (see worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MECHANICAL ENGINEER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) NUCLEAR ENGINEERING		19. YEARS IN OCCUPATION 32
20. DECEDENT'S RESIDENCE (Street and number, or location) 1010 LAKESIDE DRIVE					
21. CITY GARDNERVILLE		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89460	24. YEARS IN COUNTY 18
25. STATE/FOREIGN COUNTRY NV		26. INFORMANT'S NAME, RELATIONSHIP KATHLEEN BARBARA SOZZI, WIFE			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 1010 LAKESIDE DRIVE, GARDNERVILLE, NV 89460					
28. NAME OF SURVIVING SPOUSE/SOP* - FIRST KATHLEEN		29. MIDDLE BARBARA		30. LAST (BIRTH NAME) DUNN	
31. NAME OF FATHER/PARENT - FIRST LOUIS		32. MIDDLE JOHN		33. LAST SOZZI	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST VIOLET		36. MIDDLE E.	
37. LAST (BIRTH NAME) MARTINOTTA		38. BIRTH STATE CA			
39. POSITION DATE: mm/dd/yyyy 11/03/2017		40. PLACE OF FINAL DISPOSITION RESIDENCE OF KATHLEEN BARBARA SOZZI 1010 LAKESIDE DRIVE, GARDNERVILLE, NV 89460			
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT DARLING - FISCHER CHAPEL OF THE HILLS		45. LICENSE NUMBER FD940	46. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD		47. DATE: mm/dd/yyyy 11/03/2017
101. PLACE OF DEATH VASONA CREEK HEALTHCARE CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P. <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/EJC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 16412 LOS GATOS BOULEVARD		106. CITY LOS GATOS	
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or respiratory failure without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) A. CARDIOPULMONARY ARREST Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events that resulted in death) LAST B. ANAPLASTIC ASTROCYTOMA C. ABDOMINAL SARCOMA					
108. DEATH REPORTED TO CORONER (If not reported, specify date) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				109.opsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. Autopsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Downloaded Alleged Suspect Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER ANDREW Y. CHI M.D.		116. LICENSE NUMBER A76299	
117. DATE: mm/dd/yyyy 11/02/2017		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREW Y. CHI M.D. 16412 LOS GATOS BOULEVARD, LOS GATOS, CA 95032			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		121. INJURY DATE: mm/dd/yyyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, woodland area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and state)					
126. SIGNATURE OF CORONER/DEPUTY CORONER				127. DATE: mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					

STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } DATE ISSUED
COUNTY OF SANTA CLARA } By **NOV 06 2017 * H 3 2 5 5 8 6 0 ***

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Sara H. Cody
SARA H. CODY
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Escrow No. 1800360-RLT

**EXHIBIT A
LEGAL DESCRIPTION**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 8, Block A, as shown on the Final Map of MOUNTAIN SHADOWS APARTMENTS, recorded February 5, 1992, in Book 292, Page 472, Document No. 270423, Official Records of Douglas County, State of Nevada.

APN: 1220-16-411-003

