

APN# 1220-20-002-002  
1220-18-002-005, 016, 1220-19-001-001,  
1220-19-001-002, 03, 004, 1220-19-002-002, 003  
Recording Requested by:

Name: First American Title Insurance  
Company  
Address: 5310 Kietzke Lane, Suite 100  
City/State/Zip: Reno, NV 89511-2043  
Order Number: 121-2546275

Affidavit-Death of Trustee

(for Recorder's use only)

(Title of Document)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted

for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

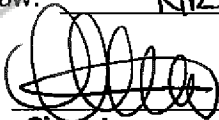
**-OR-**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted

for recording does contain the social security number of a person or persons as required by law:

NRS 440.380

(State specific law)



Signature

Escrow officer

Title

Nicole Peterson

Print  
Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

**RECORDING REQUESTED BY**

First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

Helen J. Allegretti  
2700 Kensington Place  
Carson City, NV 89703

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1220-18-002-005, 06, 1220-19-001-  
001, 002, 003, 004, 1220-19-002-002,003,  
1220-20-002-002**

File No.: 121-2546275 (nmp)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Carson City )ss.  
)

**Helen J. Allegretti** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Joseph Benedict Allegretti** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **April 6, 2018** at **Carson City, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 1, 1997** executed by **Helen J. Allegretti and Joseph B. Allegretti** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **September 13, 2001** which was recorded as Instrument No. **0523334** in Book **0901**, Page **5363**, of Official Records of **Douglas County** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 7/25/2018

**DECLARANT:**

Helen J. Allegretti  
Helen J. Allegretti

State of Nevada )  
County of Carson City )ss

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Carson City and State Nevada this 25th day of July, 2018 by Helen J. Allegretti, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

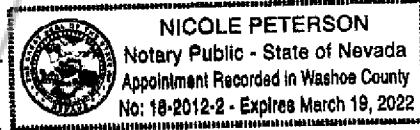
Signature



My Commission Expires:

3/19/20

*This area for official notarial seal*



Notary Name: Nicole Peterson Notary Phone: 775-823-6000  
Notary Registration Number: 18-2012-2 County of Principal Place of Business: Washoe

**EXHIBIT 'A'**

**A PARCEL OF LAND LOCATED WITHIN PORTION OF SECTIONS 18, 19, 20, AND 30, TOWNSHIP 12 NORTH, RANGE 20 EAST, MOUNT DIABLO BASELINE AND MERIDIAN, DOUGLAS COUNTY, NEVADA, DESCRIBED AS FOLLOWS:**

**COMMENCING AT THE NORTHEAST CORNER OF PARCEL 1 AS SHOWN ON THE PARCEL MAP FOR ROBERT A. AND MARGERY A. KIMMERLING, AND RECORDED IN BOOK 779 AT PAGE 1846 AS DOCUMENT NO. 35027, DOUGLAS COUNTY, NEVADA, RECORDER'S OFFICE;**

**THENCE SOUTH, 392.07 FEET;**

**THENCE SOUTH, 50.95 FEET;**

**THENCE SOUTH 03°07'10" EAST, 250.34 FEET;**

**THENCE NORTH 62°35'55" WEST, 17.34 FEET;**

**THENCE SOUTH 04°03'18" WEST, 211.20 FEET TO THE POINT OF BEGINNING;**

**THENCE ALONG THE FOLLOWING COURSES:**

**SOUTH 04°03'18" WEST, 197.02 FEET;**

**SOUTH 00°28'48" EAST, 80.46 FEET;**

**SOUTH 67°56'01" WEST, 758.81 FEET;**

**SOUTH 23°21'42" WEST, 47.51 FEET;**

**SOUTH 32°48'44" WEST, 70.94 FEET;**

**SOUTH 12°26'55" WEST, 75.44 FEET;**

**SOUTH 11°21'30" EAST, 71.85 FEET;**

**SOUTH 16°37'22" EAST, 776.46 FEET;**

**SOUTH 19°49'27" EAST, 248.60 FEET;**

**SOUTH 89°27'55" WEST, 1,285.49 FEET;**

**SOUTH 56°14'25" WEST, 161.49 FEET;**

**TO THE APPROXIMATE CENTERLINE OF THE BROCKLISS SLOUGH;**

**THENCE ALONG SAID APPROXIMATE CENTERLINE THE FOLLOWING COURSES:**

**NORTH 29°40'47" WEST, 285.28 FEET;**

**NORTH 54°50'11" WEST, 278.64 FEET;**

**NORTH 31°45'13" WEST, 167.73 FEET;  
NORTH 22°57'46" WEST, 194.26 FEET;  
NORTH 62°07'26" WEST, 150.87 FEET;  
NORTH 55°00'17" WEST, 186.33 FEET;  
NORTH 07°11'26" EAST, 663.91 FEET;  
NORTH 01°46'02" WEST, 389.89 FEET;  
NORTH 62°20'45" WEST, 326.91 FEET;  
NORTH 51°23'43" WEST, 168.28 FEET;  
SOUTH 89°48'17" WEST, 876.22 FEET;**

**TO THE EASTERLY RIGHT-OF-WAY OF STATE ROUTE 88;**

**THENCE ALONG SAID EASTERLY RIGHT-OF-WAY:**

**NORTH 00°11'43" WEST, 122.17 FEET;  
NORTH 00°10'27" WEST, 1,000.19 FEET;  
NORTH 00°10'40" WEST, 2,934.80 FEET;**

**TO THE SOUTHERLY RIGHT-OF-WAY OF KIMMERLING ROAD;**

**THENCE ALONG SAID SOUTHERLY RIGHT-OF-WAY:**

**SOUTH 89°21'30" EAST, 728.46 FEET;  
SOUTH 89°18'39" EAST, 948.11 FEET;**

**THENCE ALONG THE ARC OF A CURVE TO THE RIGHT, HAVING A DELTA ANGLE OF  
44°11'09", A RADIUS OF 1,154.68 FEET AND AN ARC LENGTH OF 890.48 FEET;**

**THENCE SOUTH 45°07'30" EAST, 175.52 FEET TO THE WESTERLY BOUNDARY LINE OF  
COUNTRY LANE SUBDIVISION AS PER DOCUMENT NO. 53226, DOUGLAS COUNTY,  
NEVADA, RECORDER'S OFFICE;**

**THENCE ALONG THE FOLLOWING COURSES:**

**SOUTH 00°15'00" EAST, 2,546.09 FEET;  
SOUTH 26°04'18" EAST, 508.14 FEET;  
SOUTH 26°04'13" EAST, 559.00 FEET;  
SOUTH 24°35'01" EAST, 233.24 FEET;  
SOUTH 21°27'54" EAST, 426.52 FEET;  
NORTH 63°44'57" EAST, 385.82 FEET;  
NORTH 60°17'39" EAST, 103.33 FEET;  
SOUTH 88°04'23" EAST, 176.52 FEET;**

**TO THE POINT OF BEGINNING.**

**REFERENCE IS MADE TO RECORD OF SURVEY FOR ROBERT A. AND MARGERY A.  
KIMMERLING, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF  
DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 28, 1990, IN BOOK 390, PAGE 3359,  
AS DOCUMENT NO. 222651.**

**NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY  
IN THAT CERTAIN DOCUMENT RECORDED SEPTEMBER 24, 2001 IN BOOK 901, PAGE  
5363 AS DOCUMENT NO. 523334.**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

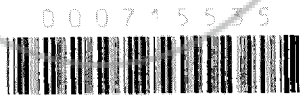
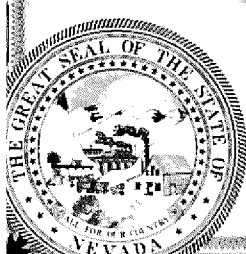
CASE FILE NO. 4013196

**CERTIFICATE OF DEATH**

**2018006864**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Joseph Benedict ALLEGRETTI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 06, 2018</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or <b>2700 Kensington Place</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>80</b>	
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>February 21, 1938</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Helen PHILLIPS</b>		13. SOCIAL SECURITY NUMBER <b>9745</b>	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Corporate Executive</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Manufacturing</b>		Ever in US Armed Forces? <b>No</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
DISPOSITION	15d. STREET AND NUMBER <b>2700 Kensington Place</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Albert J ALLEGRETTI</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary Rowe MAHER</b>		18a. INFORMANT- NAME (Type or Print) <b>Helen ALLEGRETTI</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2700 Kensington Place Carson City, Nevada 89701</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>San Fernando Mission Cemetery</b>		19c. LOCATION City or Town State <b>Mission Hills California 91345</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Val'~v</b> <b>1261 N Roop Carson City NV 89706</b>	
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) <b>REED DOFF MD</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>April 09, 2018</b>		21c. HOUR OF DEATH <b>17:18</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		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) <b>Reed Doff MD 907 Mountain Street Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>13920</b>		24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b> SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 10, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) <b>Terminal Complications Of Malignant, Metastatic Prostate Carcinoma</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Atherosclerotic Heart Disease</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
	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

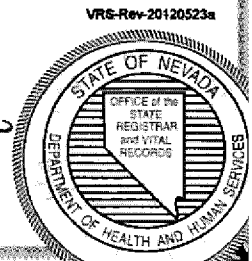


CERTIFIED COPY OF VITAL RECORDS

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: **APR 11 2018**

*Julie Katchear*  
STATE REGISTRAR



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