DOUGLAS COUNTY, NV

Doc:025.00

2018-922561

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\$35.00 Pgs=4

11/21/2018 01:38 PM

ETRCO

KAREN ELLISON, RECORDER

Recording Requested By: eTRCo, LLC.	
When Recorded Mail To: Mary Fauria	\ \
1271 #5 Redwood Circle	\ \
Gardnerville, NV 89460	
Mail Tax Statements to: (deeds only)	
	(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

APN#: 1320-27-002-009

Laeha Hill

Escrow Assistant

Affidavit Death of Trustee

This page added to provide additional information required by NRS 111.312 (additional recording fee applies)

AFFIDAVIT – DEATH OF TRUSTEE

Mary Fauria, of legal age, being first duly sworn, deposes and says:

- Johnny Fauria, the decedent mentioned in the attached certified copy of Certificate
 of Death, is the same person as Johnny Fauria named as Trustee in the
 Declaration of Trust dated <u>2/6/1991 and further amended 03/01/2003 and
 executed by Johnny Fauria and Mary Fauria as Trustor(s).</u>
- 2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1517 Chance RoadGardnerville, NV 89410, which property is described in a Deed which was executed by Johnny Fauria and Mary Fauria Trustees of The Fauria Family Trust and Dated February 6, 1991 as Grantor(s) on March 1, 2003 and recorded as Instrument No. 572457, in Book 0403, Page 2145, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
- 3. The legal description of said property is as follows:

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

Situate in Section 27, Township 13 North, Range 20 East, M.D.B.&M., more particularly described as follows:

Parcel 3-A-2, as set forth on Parcel Map for Alice L. Robertson Trust, filed for record in the office of the Douglas county Recorder on June 25, 1990 in Book 690, Page 3254 as Document No. 228752 of Official Records.

- 4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
- 5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct. STATE OF NEVADA }SS COUNTY OF DOUGLOS This instrument was acknowledged before me on Dovember 10, 30th By Mary Fauria. Notary Rublic ANU JANSSE Notary Public - State of Nevada Appointment Recorded in Douglas County No: 03-90889-5 - Expires March 20, 2019

CERTIFICATION OF VITAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

TYPE OR	CERTIFICATE OF DEAT	M 2012003194 STATE FILE NUMBER	, .]:
PRINTIN	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)	2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH	
PERMANENT BLACK INK	John Leslie: FAURIA	March 01 2012	,
DECEDENT	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not elit and number) Carson City. Continuecare Hospital of Carson Tahe	her, give street 3e.if Hosp. or Inst. Indicate DOA,OP/Emer. Rm. 4. SE inpatient(Specify)	x Male
	S. RACE White (Specify) 7a. AGE-Last No - Non-Hispanic Dirthday (Year	75. UNDER 1 YEAR ZG. UNDER 1 DAY 6. DATE OF BIRTH (Mo/	Day/Yr)
IF DEATH OCCURRED IN INSTITUTION	9a. STATE OF BIRTH (If not U.S.A., 9b. CITIZEN OF WHAT COUNTRY 10 EDUCATION 11. MARRING COUNTRY) California United States 16 DIVORCEI	IED, NEVER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (if wife, maiden name) Many Frances	give
REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Movering Life, Even if Retired) Self-employed	ost of 14b. KIND OF BUSINESS OR INDUSTRY Ever in US Forces? Y	Armed
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b. COUNTY 15c. CITY, TOWN OR LOCATION Nevada Douglas Gardnerville	15d. STREET AND NUMBER 15e. INSIDE (LIMITS (Social For No.) N	CITY city Yes
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) 17. MOT Hilton John FAURIA	THER/PARENT - NAME (First Middle: Last Suffix) Esther Mary HAISENLEDER	10
	18s. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street Mary FAURIA 151:	et or R.F.D. No. City or Town, State, Zip) 7 Chance Rd Gardnerville, Nevada 89410	_
SPOSITION	198. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 196. CEMETERY OR CREMATORY MANE	19c. LOCATION City or Town State	V
	20s. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL 20 RICK NOEL 20	DC. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations	<u>v</u>
E	SIGNATURE AUTHENTICATED 620	1521 Church Street Gardnerville NV 89410	
RADE CALL	TRADE CALL - NAME AND ADDRESS		
	VIJAY MAIYA	On the basis of examination and/or investigation, in my opinion death occultime, date and place and due to the cause(s) stated. (Signature & Title)	urred at
CERTIFIER	March 04, 2012 15:15	D. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH	 -
		PRONOUNCED DEAD (Mo/Dsyryr) 22e. PRONOUNCED DEAD AT	(Hour)
	23e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINE Dr. Vijay Maiya 1600 Medical Parkway Carson City, N	V 89703 11909	100
	SIGNATURE AUTHENTICATED (Mo/Day/Yr)	CEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE D March 05, 2012 YES NO X	ISEASE
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiopulmonary Failure	I Interval between onset ar	nd death
8 . a. a. a.	DUE TO, OR AS A CONSEQUENCE OF:		81 Y

ONDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE -2 STATING THE UNDERLYING CAUSE LAST

Yes or No)

Aspiration Pneumonia

DUE TO, OR AS A CONSEQUENCE OF: Dysphasia

OUE TO, OR AS A CONSEQUENCE OF: Central Nervous System Lymphoma

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1...

28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST, (Specify) 28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office

Information Corrected, State Affidavit# 56626, 03/15/2012 - 17a Information Corrected, State Affidavit# 58689, 04/04/2012 - 8 15e

building, etc. (Specify)

STATE REGISTRAR

28g. LOCATION

428781

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 04 2012

STATE REGISTRAR

STREET OR R.F.D. No.



interval between onset and death

interval between onset and death

27. WAS CASE REFERRED

STATE

26. AUTOPSY

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