

APN# : 1320-27-002-009

DOUGLAS COUNTY, NV      **2018-922561**  
Rec:\$35.00  
\$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 Laaha P. Hill  
Laaha 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:

1. 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 2/6/1991 and further amended 03/01/2003 and executed by Johnny Fauria and Mary Fauria as Trustor(s).
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 Road Gardnerville, 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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.

Dated 11/16/18 Mary Fauria, Trustee  
Mary Fauria, Trustee

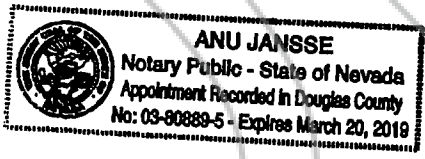
STATE OF NEVADA

}SS

COUNTY OF Douglas

This instrument was acknowledged before me on  
November 16, 2018  
By Mary Fauria.

Anu Jansse  
Notary Public



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2012003194

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 HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

Form containing fields for: 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX), 2. DATE OF DEATH, 3a. COUNTY OF DEATH, 3b. CITY, TOWN, OR LOCATION OF DEATH, 3c. HOSPITAL OR OTHER INSTITUTION, 4. SEX, 5. RACE, 6. Hispanic Origin?, 7a. AGE-Last birthday, 7b. UNDER 1 YEAR, 7c. UNDER 1 DAY, 8. DATE OF BIRTH, 9a. STATE OF BIRTH, 9b. CITIZEN OF WHAT COUNTRY, 10. EDUCATION, 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, 12. SURVIVING SPOUSE, 13. SOCIAL SECURITY NUMBER, 14a. USUAL OCCUPATION, 14b. KIND OF BUSINESS OR INDUSTRY, 15a. RESIDENCE - STATE, 15b. COUNTY, 15c. CITY, TOWN OR LOCATION, 15d. STREET AND NUMBER, 15e. INSIDE CITY LIMITS, 16. FATHER/PARENT - NAME, 17. MOTHER/PARENT - NAME, 18a. INFORMANT - NAME, 18b. MAILING ADDRESS, 19a. BURIAL, CREMATION, REMOVAL, OTHER, 19b. CEMETERY OR CREMATORY - NAME, 19c. LOCATION, 20a. FUNERAL DIRECTOR - SIGNATURE, 20b. FUNERAL DIRECTOR LICENSE, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b. DATE SIGNED, 21c. HOUR OF DEATH, 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 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, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD, 22e. PRONOUNCED DEAD AT, 23a. NAME AND ADDRESS OF CERTIFIER, 23b. LICENSE NUMBER, 24a. REGISTRAR (Signature), 24b. DATE RECEIVED BY REGISTRAR, 24c. DEATH DUE TO COMMUNICABLE DISEASE, 25. IMMEDIATE CAUSE, 26. AUTOPSY, 27. WAS CASE REFERRED TO CORONER, 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST., 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. INJURY AT WORK, 28f. PLACE OF INJURY, 28g. LOCATION

Information Corrected, State Affidavit# 56626, 03/15/2012 - 17a
Information Corrected, State Affidavit# 56689, 04/04/2012 - 8 15e

STATE REGISTRAR

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

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

VRS-Rev 20110104

