

APN# 1220-22-310-021



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name BLEWETT & ALLEN, INC.

Address 3255 W. MARCH LANE, SUITE 210

City/State/Zip STOCKTON, CA 95219

Mail Tax Statements to:

Name DOUGLAS DEL PRETE

Address 308 JEAN AVENUE

City/State/Zip STOCKTON, CA 95207

AFFIDAVIT OF SUCCESSOR TRUSTEES

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law (check applicable)

Affidavit of Death – NRS 440 380(1)(A) & NRS 40 525(5)

Judgment – NRS 17 150(4)

Military Discharge – NRS 419 020(2)

Douglas Del Prete
Signature

DOUGLAS DEL PRETE
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

STATE OF CALIFORNIA)
COUNTY OF SAN JOAQUIN)

Subscribed and sworn to (or affirmed) before me on this 23rd day of January, 2019, by **DOUGLAS DEL PRETE**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

Carol A. Bonneau

CAROL A. BONNEAU, Notary Public

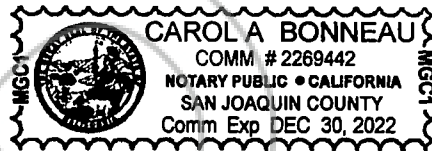
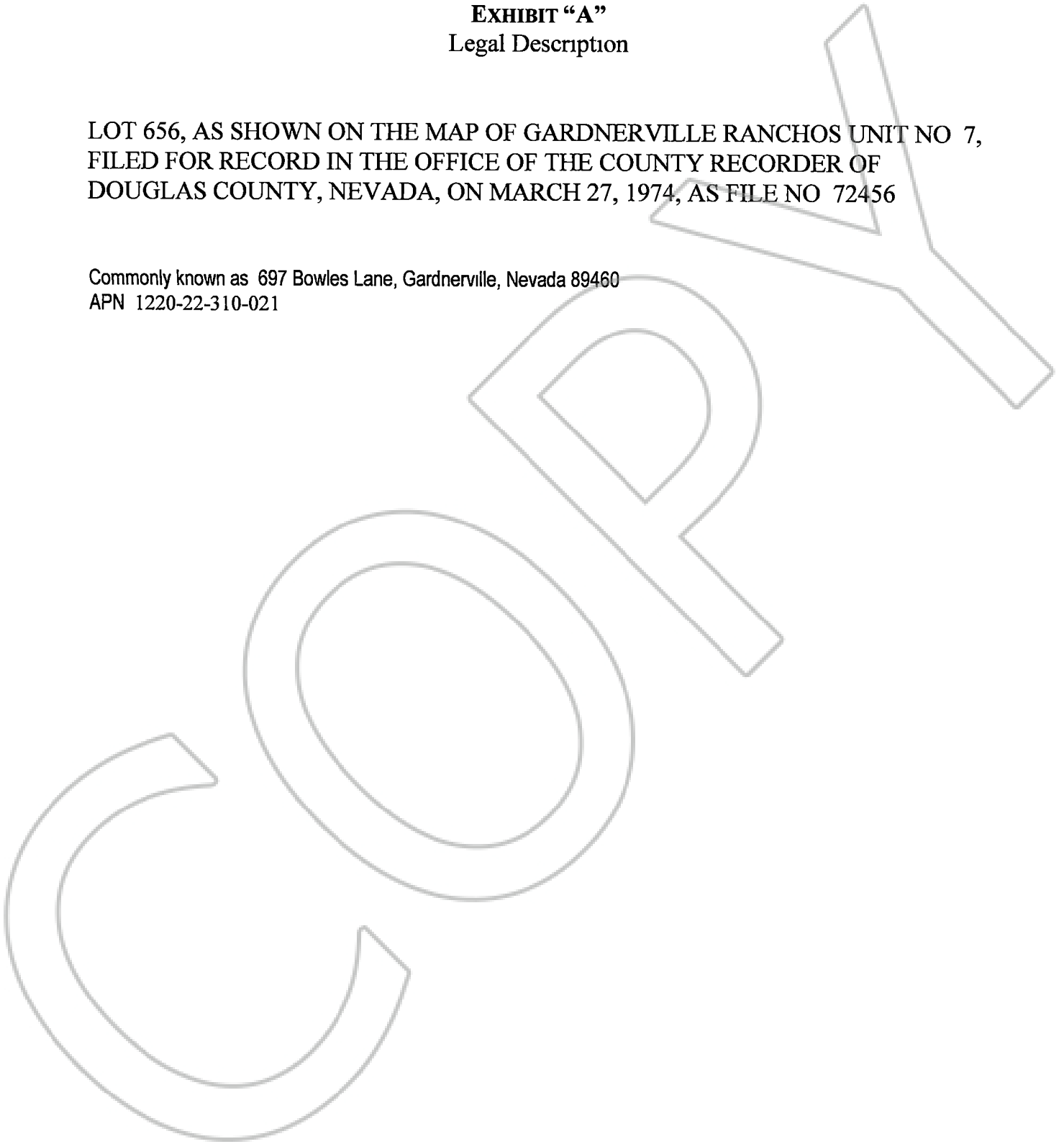


EXHIBIT "A"
Legal Description

LOT 656, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO 7,
FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF
DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, AS FILE NO 72456

Commonly known as 697 Bowles Lane, Gardnerville, Nevada 89460
APN 1220-22-310-021



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

3052017006310

CERTIFICATE OF DEATH

3201739000137

Form containing personal data, residence, informant, spouse/parent info, funeral directory, place of death, cause of death, physician's certification, and coroner's use only sections.

STATE REGISTRAR A B C D E *010001003448190* FAX AUTH # CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN JOAQUIN

DATE ISSUED JAN 23 2017

000757648

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services

Signature of Alvaro Garza M D MPH

ALVARO GARZA M D MPH
LOCAL REGISTRAR

This copy not valid unless prepared on engraved bond displaying date and signature of Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

