DOUGLAS COUNTY, NV Rec \$35 00 Total \$35 00

2019-925341 02/01/2019 03 34 PM

BLEWETT & ALLEN, INC

Pgs=5

APN# 1220-22-310-021
Recording Requested by/Mail to 00086369201909253410050050
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)
X_Affidavit of Death – NRS 440 380(1)(A) & NRS 40 525(5)
Judgment - NRS 17 150(4)
Military Discharge – NRS 419 020(2)
Upuglas Hol Parte Signature
Signature of
DOUGLAS DEL PRETE
Printed Name
This document is being (re-)recorded to correct document #, and is correcting

RECORDATION REQUESTED BY AND WHEN RECORDED MAIL TO

SHARI L ALLEN-GARIBALDI BLEWETT & ALLEN, INC 3255 W MARCH LANE, SUITE 210 STOCKTON, CA 95219

MAIL TAX STATEMENTS TO Douglas Del Prete 308 Jean Avenue Stockton CA 95207

AFFIDAVIT	OF	SUC	CESSOR	TRUSTEE
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STATE OF CALIFORNIA)
SS
COUNTY OF SAN JOAQUIN)

DOUGLAS DEL PRETE, being of legal age, being first duly sworn, deposes and says

On February 1, 2012, **DOUGLAS DEL PRETE AND KATHLEEN A. DEL PRETE** as Settlors, by Trust agreement created the **DEL PRETE FAMILY 2012 REVOCABLE TRUST, DATED FEBRUARY 1, 2012**;

On February 1, 2012, said Settlors executed a Trust Transfer Deed, recorded February 14, 2012, as Instrument No 0797289, in the office of the Douglas County Recorder, conveying to **DOUGLAS DEL PRETE AND KATHLEEN A. DEL PRETE**, as Trustees of the said trust, the hereinafter described real property,

On January 11, 2017, KATHLEEN A. DEL PRETE, the said Trustee, the same person as the decedent mentioned in the attached certified copy of Certificate of Death, died,

The said Trust Agreement provides that **DOUGLAS DEL PRETE AND LISA BLAGG** thereupon became the Trustees of said Trust, and having accepted the office of Trustee, are now the qualified and acting Trustees of said trust,

The property hereinabove mentioned, situated in the City of Gardnerville, County of Douglas, State of California, is described in as follows

SEE EXHIBIT "A" ATTACHED HERETO.

Commonly known as 697 Bowles Lane, Gardnerville Nevada 80460 APN 1220-22-310-021

Dated January 23, 2019

DOUGLAS DEL PRETE, CO-TRUSTEE OF THE DEL PRETE FAMILY 2012 REVOCABLE TRUST

A notary public or other officer completing this certificate verifies only the identity of the individual who signed t	he
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, Notary Public

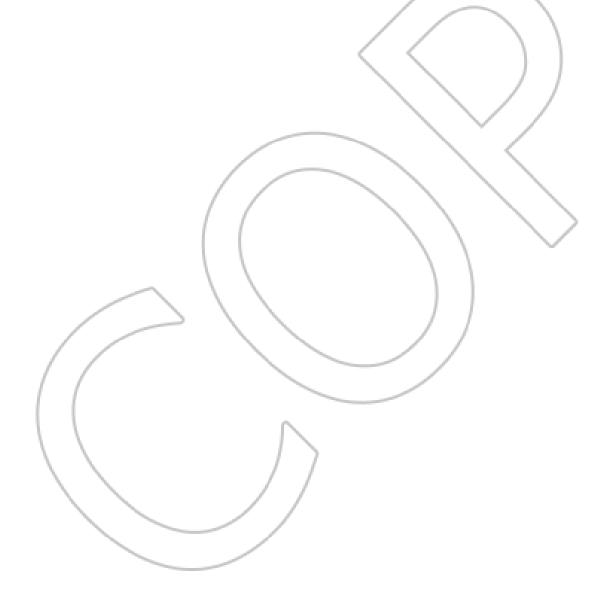
Camo a. Bonneau



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



STAYED OF CAMORDENIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES STOCKTON, CALIFORNIA

3052017006310		CERTIF	CATE OF DEA	3201 739 00013 7						
	STATE FILE NUMBER 1 NAME OF DECEDENT-FIRST (Given)	2. MIDDLE	TATE OF CALIFORNIA D ERASURES WHITEOUTS DA VS 114(REV 3/06)	LOCAL REGISTRATIO	LOCAL REGISTRATION NUMBER					
. ✓	KATHLEEN	ALICE		DEL PRETE	/	\				
DECEDENT'S PERSONAL DATA	AKA ALSO KNOWN AS ~ Include full AKA (FIRST MIDDLE LAS		04/01/		Months Dav	UNDER 24 HOURS SEX				
'S PERSO	9 BIRTH STATE/FOREIGN COUNTRY 16 SOCIAL SECUL CA -78	25 Tes [X) NO UNK 1	MARITAL STATUS/SRIDP* (at Time of Dea	01/11/2 017	0545				
SEDENT	13 EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE YES		XNO C	DECEDENT'S RACE - Up to 3 races AUCASIAN						
_	TO USUAL OCCUPATION - Type of work for most of life DQ'NO HOMEMAKER		OF BUSINESS OR INDI	JSTRY (e.g. grocery store, road constr	ruction employment age by er	58				
AL	20 DECEDENT'S RESIDENCE (Street and number) or location) 308 JEAN AVENUE		· · · · · · · · · · · · · · · · · · ·		4-1	and a state of the				
USUAL	STOCKTON	2 COLINTY/PROVINCE SAN JOAQUIN	23 ZIP CO 95207	77	CA					
INFOR										
SPOUSE/SRDP AND ARENT INFORMATION	28 NAME OF SURVIVING SPOUSE/SROPT-FIRST DOUGLAS 11 NAME OF FATHER/PARENT-FIRST	29 MIDDLE FRANK " 32 MIDDLE	" "	DEL PRETE SR		34 BIRTH STATE				
	EDWARD 35 NAME OF MOTHER/PARENT-FIRST	JOHN 36 MIDDLE		O'NEIL 37 LAST JEIRTH NAME)		CA 38 BIRTH STATE				
SPOU	ALICE	DISPOSITION CHEROKEE	MEMORIAL	O'LEARY		ÇA				
FUNERAL DIRECTOR/ LOCAL REGISTRAR	01/16/2017 HIGHWAY 9	9 & HARNEY LANE	LODI, CA 95	5240 /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	43 LICENSE NUMHER				
IAL DII	BU	▶ BRYC	N TOMLINS	1.00	`E@	EMB7962				
FUNEF	44 NAME OF FUNERAL ESTABLISHMENT CHEROKEE MEMORIAL FUNER.	AL HOME FD1672	▶ ALVA	e of local registrari RO GARZA, MD, M		47 DATE mm/dd. /v 01/13/2017				
₽=	TOT PLACE OF DEATH OASIS OF STOCKTON ***		102 IF I	OSPITAL SPECIFY ONE 103	Hospice, X HomeALT	Décedent's				
PLACE OF DEATH	SAN JOAQUIN 1119 ROS	TESSON LOCATION WHERE FOUND EMARIE LANE	ation) \$ 106.CITY STOCKTON							
\	IMMEDIATE CAUSE (A) ALZHEIMER'S DEN	s — diseases, intunes or complications — itory arrest or ventricular Romation witho IENTIA	that directly caused death ut showing the eliclogy. DO	n. DO NOT enter terminal events such I NOT ABBRÉVIATE.	Time Intervilletween Onset an earth (AT)	1 108, DEATH REPORTED TO CHOKER? YES NO				
	(Final disease or condition esurting (E)		+	/	YRS (BI)	109 BIORSY PERFOR 1ED7				
ЕАТН	Sequentially list conditions if any feeding to cause on Line A Enter UNDERLYING				ст	YES X NC				
CAUSE OF I	CAUSE (di sease or injury that initiated the events (D) resulting in death) LAST		·	t	(DT)	131 UŞED IN DETERMUNIC JUSE YES X NO				
ð	112 OTHER SKENIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RESULTING IN THE U	NDERLYING CAUSE GIVE	N IN 107		The Time				
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN NO	TEM 107 OR 1127 (If yes list type of o	peration and date.)		113A	FFEMAL PREGNANTIN ASTYL ST				
- NO	114 I CEPTIFY THAT TO THE REST OF MY KNOWLEDGE DEATH OCCUR! AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	EQ TIS SIGNATURE AND TIME OF	-CER(TER	" VA		SER 117 DATE THAT I CODY				
PHYSICIAN'S CERTIFICATION	Decedent Attended Since Decedent Last Seen Alivo (A) mm/dd/cc/y/ (B) mm/dd/cc/yy :	I MAHVEEN LAT	IMA HUSSAN	NMD ODRESS ZIP CODE.	A71873	01/13/2017				
CERT	Decement Attended Since Decement Last seen Autor 110 TO									
۲-	MANNER OF DEATH Natural Accident Harr 123. PLACE OF INJURY (e.g. home construction site wooder	crose Sucide Pending Investigati	Could not be	120 INJURED AT WORK? YES NO	UNK 127 INJURY DATE	HILLDODOGYY 122 HOOF (24 HE S)				
CORÓNEA S USE ÓNLY	124 DESCRIBE HOW INJURY OCCURRED (Events which resu	/ -								
ONERSI	125, LOCATION OF INJURY (Street and number or location as	J ı								
122 SIGNATURE OF CORONER / DEPUTY CORONER 1227 DATE man/dd/coyy 128 TYPE NAME TITLE OF CORONER / DEPUTY COPONER										
REGIS		D E			FAX AUTH #	CENSUS TRACT				
	- APP	and the second s								

STATE OF CALIFORNIA COUNTY OF SAN JOAQUIN

, CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED

JAN 23 2017

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



ALVARO GARZA M.D. M.P.H

LOCAL EGISTRAR
This copy not valid unless prepared on engraved border displaying date and signature of Registrar

