

*This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).*

  
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ANDERSON, DORN & RADER, LTD.

**APN: 1220-01-002-062**

**RECORDING REQUESTED BY:**

Bryce L. Rader, Esq.  
Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**AFTER RECORDING MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**MAIL TAX STATEMENT TO:**

Sandra Fontana, Trustee  
1201 Golden Eagle Court  
Gardnerville, NV 89410

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**AFFIDAVIT OF DEATH OF TRUSTEE**

I, SANDRA FONTANA, the undersigned Trustee, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated January 27, 2004, ROBERT FONTANA and I executed THE FONTANA 2004 FAMILY TRUST (the "Trust").

(2) ROBERT FONTANA deceased on December 28, 2018, at Tucson, Arizona, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate of said ROBERT FONTANA.

(3) Said trust appointed me to serve as sole Trustee upon the death of ROBERT FONTANA.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Trustee.



## **EXHIBIT "A"**

### **Legal Description:**

Being a portion of the Southwest  $\frac{1}{4}$  of Section 1, Township 12 North, Range 20 East further described as follows:

Lot 6, in Block B, as set forth on the Final Map #PD01-19 for STERLING RANCH ESTATES, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, State of Nevada, September 17, 2002, Book 0902, Page 5372, as Document No. 552347, and by Certificate of Amendment recorded March 26, 2003, in Book 0303, Page 12541, as Document No. 571358.

**APN: 1220-01-002-062**

**Property Address: 1201 Golden Eagle Court, Gardnerville, Nevada**

# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE COPY

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File Number  
102-2018-058639

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>ROBERT, ANTHONY, FONTANA</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>12/28/2018</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER <b>[REDACTED] 6386</b>	6. DATE OF BIRTH <b>11/13/1949</b>	7. AGE <b>69 YEARS</b>		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>TUCSON, PIMA, 85724</b>					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>INPATIENT - BANNER UNIVERSITY MEDICAL CENTER - TUCSON</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>SAN MATEO, CALIFORNIA</b>		11. MARITAL STATUS <b>MARRIED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>SANDRA, KAY, SWARTFAGER</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>1201 GOLDEN EAGLE COURT, GARDNERVILLE, DOUGLAS, NV, 89410</b>					
14. DECEDENT'S HISPANIC ORIGIN(S) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S) <b>WHITE</b>		16. EVER IN ARMED FORCES <b>NO</b>	
17. OCCUPATION <b>ENGINEER</b>		18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>BATTISTA, , FONTANA</b>			
19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>BETTY, LOU, HUBBARD</b>		20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>SANDRA, KAY, FONTANA</b>			
21. RELATIONSHIP <b>SPOUSE</b>		22. INFORMANT'S MAILING ADDRESS <b>1201 GOLDEN EAGLE COURT, GARDNERVILLE, NV, 89410</b>			
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>AVENIDAS FUNERAL CHAPEL 522 E WESTERN AVENUE, AVONDALE, AZ, 85323</b>		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>SCOTT, , SCHAIBLE</b>		25. LICENSE NUMBER <b>F0666</b>	
26. METHOD(S) OF DISPOSITION <b>REMOVAL/BURIAL</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>HOLY CROSS CATHOLIC CEMETERY MENLO PARK, CA, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH <b>PNEUMONIA</b>				30. APPROXIMATE INTERVAL <b>3 WEEKS</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF: <b>INFLUENZA A, H1N1</b>				32. APPROXIMATE INTERVAL <b>3 WEEKS</b>	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:		38. INJURY? <b>NO</b>		39. INJURY AT WORK? <b>NO</b>	
40. MANNER OF DEATH <b>NATURAL DEATH</b>		41. TIME OF DEATH <b>10:30</b>		42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	
43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
<b>CAUSE AND MANNER CERTIFICATION</b>					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>JOHN, , BLOOM</b>		45. DATE CERTIFIED <b>12/29/2018</b>	
46. CERTIFIER'S ADDRESS <b>1501 N CAMPBELL, TUCSON, AZ, 85724</b>					

Date Registered: 12/31/2018

Date Issued: 01/11/2019

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016

*Krystal Colburn*  
**KRYSTAL COLBURN**  
ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT  
OF HEALTH SERVICES

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

J1231840