

A.P.N.: 1220-16-311-016

File No.: 131-2291629 (Rt)

RECORDING REQUESTED BY

ROBERT J. DEMETRIOU

**AND WHEN RECORDED
RETURN TO AND MAIL
TAX STATEMENTS TO:**

Robert J. Demetriou
1129 Maricopa Hwy, #B-261
Ojai, CA 93023



KAREN ELLISON, RECORDER

Space Above This Line for
Recorder's Use Only

Affidavit - Death of Trustee

State of California)
)ss.
County of Ventura)

ROBERT J. DEMETRIOU ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the States of California and Nevada:

1. **JOHN S. DEMETRIOU** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on May 13, 2019 at Reno, Nevada.
2. Decedent is the same person named as the trustee in that certain Trust Agreement dated August 31, 1998 executed by John S. Demetriou as trustor (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Deed dated 10/04/2006 which was recorded as Instrument No. 0686189 in Book 1006, Page 3798, of Official Records of Douglas County, Nevada as legally described as follows:

LOT 16, IN BLOCK A, AS SHOWN ON THE OFFICIAL PLAT OF DOWNTOWN GRIZ
SUBDIVISION, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY
RECORDER, ON OCTOBER 7, 1991, AS DOCUMENT NO. 262042, OFFICIAL RECORDS.

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: June 14, 2019

DECLARANT:

ROBERT J. DEMETRIOU

**California Notarial
LOOSE CERTIFICATE ATTACHED**

Jurat

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.

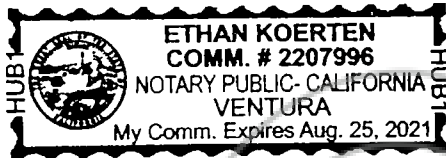
State of California

County of Ventura)

Subscribed and sworn to (or affirmed) before me on this 14th day of JUNE, 2019,

by ROBERT J. DEMETZOU,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



(SEAL) SIGNATURE

OPTIONAL INFORMATION

The acknowledgment contained within this document is in accordance with California law. Any certificate of acknowledgment performed within the State of California shall use the preceding wording pursuant to Civil Code section 1189. An acknowledgment cannot be affixed to a document sent by mail or otherwise delivered to a notary public, including electronic means, whereby the signer did not personally appear before the notary public, even if the signer is known by the notary public. In addition, the correct notarial wording can only be signed and sealed by a notary public. The seal and signature cannot be affixed to a document without the correct notarial wording.

THE INFORMATION BELOW IS OPTIONAL. HOWEVER, IT MAY PROVE VALUABLE AND COULD PREVENT FRAUDULENT ATTACHMENT OF THIS FORM TO AN UNAUTHORIZED DOCUMENT.

CAPACITY CLAIMED BY THE SIGNER

- INDIVIDUAL
- CORPORATE OFFICER
- PARTNER (S)
- ATTORNEY-IN-FACT
- TRUSTEE
- OTHER _____

DESCRIPTION OF ATTACHED DOCUMENT

AFFIDAVIT, DEED OF TRUST

TITLE OR TYP OF DOCUMENT

2

NUMBER PAGES (INCLUDING ACKNOWLEDGMENT)

6/14/2019

DATE OF DOCUMENT

OTHER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4082284

CERTIFICATE OF DEATH

2019010274
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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

| | | | | | |
|--|--|---|--|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) John Stephen DEMETRIOU | | 2. DATE OF DEATH (Mo/Day/Year) May 13, 2019 | | 3a. COUNTY OF DEATH Washoe | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Reno | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Renown Regional Medical Center | | 3e If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU) | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 68 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 12 | |
| 13. SOCIAL SECURITY NUMBER ██████-0995 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Nicholas Emmanuel DEMETRIOU | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elizabeth KOLSKY | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | |
| 18a. INFORMANT- NAME (Type or Print) Diane Barbara DEMETRIOU | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 852 Cabernet Ct Unit A Gardnerville, Nevada 89460 | | 11. MARITAL STATUS (Specify) Married | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME La Paloma Reno | | 19c. LOCATION City or Town State Reno Nevada 89511 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) RYAN BOWEN | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD810 | | 20c. NAME AND ADDRESS OF FACILITY Simple Cremation Reno 4600 Kietzke Lane, Ste. G-173 Reno NV 89502 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) RICK MAIER DO | | 21b. DATE SIGNED (Mo/Day/Yr) May 22, 2019 | | 21c. HOUR OF DEATH 16:42 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 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. (Signature & Title) | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Rick Maier DO 75 Pringle Way, Ste 505 Reno, NV 89502 | | 23b. LICENSE NUMBER DO2215 | | 22c. HOUR OF DEATH | |
| 24a. REGISTRAR (Signature) CARMEN M MENDOZA | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 23, 2019 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I | | 25. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | |
| (a) Cardiovascular Failure | | Interval between onset and death | | | |
| (b) Methicillin-resistant Staphylococcus aureus Bacteremia | | Interval between onset and death | | | |
| (c) Septic Shock | | Interval between onset and death | | | |
| (d) Septic Arthritis | | Interval between onset and death | | | |
| 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) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| 28e. INJURY AT WORK (Specify Yes or No) | | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | |
| | | | | 28d. DESCRIBE HOW INJURY OCCURRED | |

0003-2750

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.

DEPUTY REGISTRAR

Signature Authenticated

DATE ISSUED:

5/29/2019 This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

