

KAREN ELLISON, RECORDER

APN: 1318-15-111

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RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Jamie L. Walker, Esq. c/o ALLING & JILLSON, LTD. 276 Kingsbury Grade, Suite 2000 Post Office Box 3390 Lake Tahoe, Nevada 89449-3390

Pursuant to NRS 440.380, I, the undersigned, affirm that this document submitted for recording does contain personal information of any person or persons.

NOTICE OF DEATH OF TRUSTEE

COMES NOW Barbara Joanne Parina, and being first duly sworn, deposes and says:

- She is the sole serving Trustee of the Parina 2003 Trust; 1.
- 2. That she was a Co-Trustee with Anthony S. Parina;
- That as Trustees, Anthony S. Parina and Barbara Jean Parina, acquired title to certain 3. real property located in the County of Douglas, State of Nevada, more particularly described in Exhibit A attached hereto and made a part hereof.
- That Anthony S. Parina died in Contra Costa County, California, on or about May 19, 2019. The State of California issued a Death Certificate, No. 3052019105721, attached hereto as Exhibit B and incorporated herein by reference.
- Pursuant to the trust instrument which states, "In the event of the death of either Anthony S. Parina or Barbara Joanne Parina, or if for any reason whatsoever one of them ceases to serve as a Trustee hereunder, the other shall serve as sole Trustee hereunder." Now, therefore, be it known the undersigned is acting as sole Trustee of the Parina 2003 Trust.

County, Nevada, on this 6 th day of June 2019	rustee have executed this document at Douglas MANUL MUL JOANNE PARINA, Successor Trustee
STATE OF NEVADA)) ss. COUNTY OF DOUGLAS)	
This instrument was acknowledged before	me on June 6, 2019, by Barbara Joanne Parina.
WITNESS my hand and official seal.	CORINNE KOBEL Notary Public, State of Nevada Appointment No. 18-2542-5 My Appt. Expires May 17, 2022

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EXHIBIT A

LEGAL DESCRIPTION

PARCEL NO. 1

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LOT 78, AS SHOWN ON THE OFFICIAL PLAT OF PINEWILD UNIT NO. 2, A CONDOMINIUM, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER, DOUGLAS COUNTY, NEVADA, ON OCTOBER 23, 1973, AS DOCUMENT NO. 69660.

PARCEL NO. 2

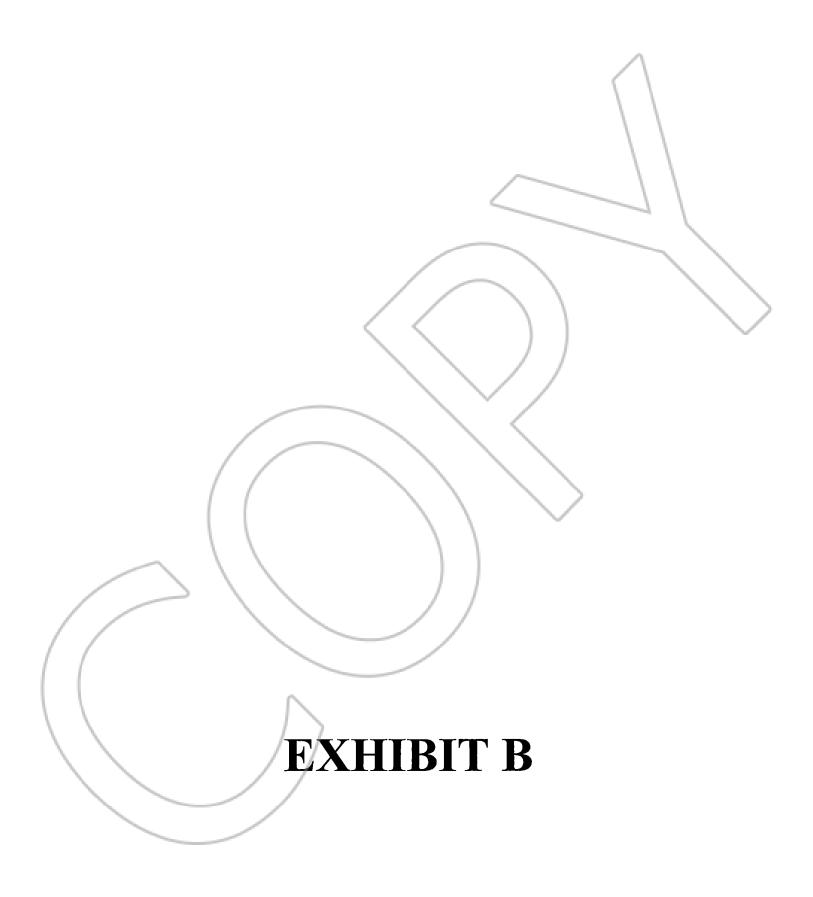
THE EXCLUSIVE RIGHT TO THE USE AND POSSESSION OF THOSE CERTAIN PATIO AREAS ADJACENT TO SAID DESIGNATED AS "RESTRICTED COMMON AREA" ON THE SUBDIVISION MAP REFERRED TO IN PARCEL NO. 1, ABOVE.

PARCEL NO. 3

AN UNDIVIDED INTEREST AS TENANTS IN COMMON AS SUCH INTEREST IS SET FORTH IN BOOK 377, AT PAGE 417 THROUGH 423, OF THE REAL PROPERTY DESCRIBED ON THE SUBDIVISION MAP REFERRED TO IN PARCEL NO. 1, ABOVE, DEFINED IN THE AMENDED DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS OF PINEWILD, A CONDOMINIUM PROJECT, RECORDED MARCH 11, 1974, IN BOOK 374 OF OFFICIAL RECORDS AT PAGE 193, AND SUPPLEMENT TO AMENDED DECLARATION OF COVENANTS, CONDITIONS, AND RESTRICTIONS OF PINEWILD, A CONDOMINIUM PROJECT, RECORDED MARCH 5, 1977, IN BOOK 377 OF OFFICIAL RECORDS AT PAGE 411, AS LIMITED COMMON AREA AND THEREBY ALLOCATED TO THE UNIT DESCRIBED IN PARCEL NO. 1 ABOVE, AND EXCEPTING NON-EXCLUSIVE EASEMENTS FOR INGRESS AND EGRESS, UTILITY SERVICES, SUPPORT AND ENCROACHMENTS, MAINTENANCE AND REPAIR OVER THE COMMON AREAS AS DEFINED AND SET FORTH IN SAID DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS.

PARCEL NO. 4

NON-EXCLUSIVE EASEMENTS APPURTENANT TO PARCEL NO. 1 ABOVE, FOR INGRESS AND EGRESS, UTILITY SERVICES, SUPPORT ENCROACHMENTS, MAINTENANCE AND REPAIR OVER THE COMMON AREAS, AS DEFINED AND SET FORTH IN THE DECLARATION OF COVENANTS, CONDITIONS, AND RESTRICTIONS OF PINEWILD, MORE PARTICULARLY DESCRIBED IN THE DESCRIPTION OF PARCEL NO. 3, ABOVE.



COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052019105721			CERTIFICATE OF DEATH						3201907003028						
_	STATE FILE NUMBER 1, NAME OF DECEDENT- FIRST (Given)		2. MEDIDLE	STATE OF CALFORNA SE BLACK INK CHALF AND ENSURES, WHITEOUTS ON ALTERATIONS VS-1 (400) OLE 3. LAST (Family)					ilM	LOCAL	REGISTRATIC	N NUMBER	4		
£	ANTHONY		STEWA				PARIN.	A		1					
AL DATA	AKA, ALSO KNOWN AS - Include full AKA (FIRST, M		14. DATE OF BIRTH mm/dc/coyy 5. A 01/19/1940 79					F UNDER ON Months		FUNDER 24 H	QURG Minutes	6. SEX			
DECEDENT'S PERSONAL	9. BIRTH STATE/FOREIGN COUNTRY 10. SO	CIAL SECURITY NUM 3717	MBÉR 11. EV		X NO			2. MARITAL STATUS/SROP" (44 Time of Decidi) MARRIED		7. DATE OF DEATH mm/dd/c 05/19/2019		dd/ocyy	9y 8. HOUR (24 Hours) 0855		
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DECI	17. USUAL OCCUPATION - Type of work for most of DEVELOPER	ETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction REAL ESTATE						tion, employm	on, employment agency, etc.) 19. YEARS IN OCCUPATION 30					
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, of 3008 OAKHAM DRIVE	r location)						-					-		
				OSTA 94583 2			2	COUNTY 25. STATE/FOREIGN COUNTRY CA							
INFOR-										ÖÑ, C	mumber, city or town, state and zip) , CA 94583				
SPOUSE/SRDP AND PARENT INFORMATION								E)							
	31. NAME OF FATHERYPARENT-FIRST 32. MIDDLE WALTER DOUG			AF AF			33. LAST PAR		$\overline{}$	\top	The second second			OA. BIRTH STATE	
				37. LAST (BIFT				•	E)		38. SIRTH STATE				
TOR/	39. DISPOSITION DATE mm/da/coyy 40. PLACE 05/23/2019 3008	OF FINAL DISPOSIT	RES OF	F TO	RY CA	STILL CA 94	O 1583		7	7					
DIRECT SEGIST	05/23/2019 3008 OAKHAM DRIVE, SAN RAMON, CA 94583 42. SIGNATURE OF EMBALMER 42. SIGNATURE OF EMBALMER							/	7		43. LICE	NSE NUM	BER		
FUNERAL DIRECTORY LOCAL REGISTRAR	CR/RES 44. NAME OF FUNEFAL ESTABLISHMENT GRISSOM'S CREMATION & CENTERS	BURIAL	45. L		UMBER 4	SIGNATI	RE OF LOCA	L REGISTRA	R ARNITA	NO. ME	50		mmydd/		
	101. PLACE OF DEATH BRUNS HOUSE			Name of Street, or other Designation of the Street, or other Desig			HOSPITAL S		103. IF	OTHER THAI	N HOSPITAL,	SPECIFY OF	(E ecuderil's	Other	
PLACE OF DEATH	104. COUNTY 105. FA	OLITY ADDRESS OF			Dna teer(2)	number, or		\		106.	Home/LTI CITY LAMO	<u>с Ц н</u>	Ome		
	107. CAUSE OF DEATH Enter the cheer cerclass of	nain of enemis disease errest, respiratory errest	ses, mjuries or comp I, or ventriouler Rorillo	plications -	that directly ut showing th	causa:1 de etiology !	eth. DO NOT e	nter terminal e EVIATE,	wents such	Time On	Interval Behaves sol and Dooth			TO COPIONER?	
	INVEDICITE CAUSE (IV. RESPIRATORY FAILURE WITH HYPOXIA FOR INCOME) OF CONSION REMAINS OF CONSION REMAINS									MD X YES					
	ndestry sequentially, list 69 PULMONARY FIBROSIS conditions, it any,							(BT)			SY PŁRFO	FMED7			
CAUSE OF DEATH	conditions of terms leading to clause on Line A Entire UNDERWIND (S) CHRONIC OBSTRUCTIVE PULMONARY DISEASE								YF ICT)		110. AUTO		ORMED?		
SEOF	CAUSE (cleans or litty that initiated the events (0)							YF		111, USED #		NG CAUSE?			
2	resulting in death) LAST 112. OTHER SIGNEFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT DESIGNADA	IN THE IN	UDEDI VINO	ALIC CIL	CM (N) 107					<u> </u>	es		
	NONE														
	NONE	DITION IN ITEM 107 (OR 112? (Fl yes, Fet	type of or	peration and o	Sale.)					113A	YES	NO	LAST YEAR? UNK	
NN'S TION	114. I CERTIFY THAT TO THE BEST OF MY KNOW EDGE DEAT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSI December Attended Since December Last	ES STATED.	SIGNATURE AND	יוו פ	RANIC	HMI	1		X	C.	CENSE MUMI	051			
PHYSICIAN'S CERTIFICATION	(A) mm/dd/ccyy (B) mm/dd/cc	уу 118.	TYPE ATTENDING	PHYSICL	AN'S NAME,	MAILING	OORESS, ZI	P CODE RI	JSS DAV	/ID GR	ANICH	M.D.	21/20	19	
112. I CERTIFY THAT IN MY OPINION DEATH GOOLIRIED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 120. INJURRED AT WORK? 121. INJURY											LIURY DATE	nama ididi ocyy	122. HOU	R (24 Hours)	
բ	MANNER OF DEATH Netural Accident 123. PLACE OF INJURY (e.g., home, construction sh	Homoide		Pending Investigation		determinad		YES	ino [] ur	aK					
SEON	124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in View)														
(ER'S (124. DESCRIBE HOW INJURY OCCUMED (EVERS	waca usa teg in inju	7)												
CORO	122. PLACE OF NJURY (e.g., home, construction site, wooded ones, etc.) 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Injury) 125. LOCATION OF INJURY (Street and number, or location, and city, and zip)										-				
	126. SIGNATURE OF CORONER / DEPUTY CORONA	ER /		127.	DATE mm/e	td/ocyy	128, TYP	E NAME, TITI	LE OF CORONE	R/DEPUTY	CORONER				
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CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

05/24/2019 DATE ISSUED



Cles Amono

ISSUED CHRISTOPHER FARNITANO, MD COUNTY HEALTH OFFICER
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

