Rec:\$35.00 Total:\$35.00 2019-930518 06/17/2019 04:05 PM

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ALLING & JILLSON, LTD



KAREN ELLISON, RECORDER

APN: 1319-19-411-015

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:

- 1. She is the sole serving Trustee of the Parina 2003 Trust;
- 2. That she was a Co-Trustee with Anthony S. Parina;
- 3. That as Trustees, Anthony S. Parina and Barbara Jean Parina, acquired title to certain real property located in the County of Douglas, State of Nevada, more particularly described as follows:

Lot 13, Block 9, as shown on the Official Map of Kingsbury Estates Unit No. 2, filed in the office of the County Recorder, on June 6, 1962, as Document No. 20174, Official Recorder of Douglas County, State of Nevada.

- 4. 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 A** and incorporated herein by reference.
- 5. 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.

IN WITNESS WHE	REOF.	Grantor and Trustee have executed this document at Douglas
County, Nevada, on this 6 th		
	(
	\	Mala Stull Challes
		BARBARA JOANNE PARINA, Successor Trustee
STATE OF NEVADA)	
COLINTY OF DOLICE AS) ss.	
COUNTY OF DOUGLAS)	

This instrument was acknowledged before me on June 6, 2019, by Barbara Joanne Parina.

WITNESS my hand and official seal.

NOTARY PUBLIC





CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052019105721						CERTIFICATE OF DEATH STATE OF CLUFORINA USE BLACK INK ONLY MO ERICLIES, WHITEDUTS CHALTERATIONS STATEO OF CLUFORINA OF THE STATE OF CLUFORINA OF THE ST								3201907003028				
STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Given)														LOCAL REGISTRATION MUMBER				
<u> </u>	ANTHONY		2. MIDDLE STEWART					PARINA					\ \					
DECEDENT'S PERSONAL DATA	AKA, ALSO KROWN A3 - Include full AKA (FIRST, MIDDLE, LAST)									4. DATE OF BIRTH mm/dd/coyy 5. 7			79	79 Months Days		hours	24 HOURS 6. SEX Minutes M	
'8 PERSO	CA					YES X NO				MARRIED			י כ	7. DATE OF DEATH / 05/19/2019		9	8. HOUR (24 Hours) 0855	
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B	DEVELOPI	ETRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., growny store, road construction REAL ESTATE						employment agency, etc.) 19. YEARS IN OCCUPATION 30									
USUAL RESIDENCE	3008 OAKI										COUNTY 25. STATE FOR EIGN COUNTRY							
RESID	1					NTY/PROVINCE NTRA COSTA				94583			24. YEARS II 2	CA				
INFOR-	TORY CAS	ASTILLO, DAUGHTER 3008 OAKHAM DRIVE, SAN RAMOI											N, CA 94	583	d zip)			
SPOUSE/SRDP AND PARENT INFORMATION	28, NAME OF SURVIVING SPOUSE/SRIDP-FIRST BARBARA					JOAN	NE		_				30 LAST (BIRTH NAME) HEASLEY					
	WALTER					DOUGLAS				PARINA					1	34. EIRTH STATE CA		
SPO	35, NAME OF MOTHER/PARENT-FIRST SARAH			DWDDD	JEANNE STION RES OF TORY CAS					37. LAST (BIRTH NAME) TRATHEN				1	39. EIRTH STATE CA			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	99. DISPOSITION DAT 05/23/2019 41. TYPE OF DISPOS			8 OAKI			, SAI	N RA	MON,	CA9			/			142.1	LICIENSE NUMBER	
RAL DIE	CR/RES					42. SIGNATURE OF EMBALMER NOT EMBALMED 45. LICENSE NUMBER 46. SIGNATURE OF LOCAL REGISTRAN							_/			DATE mm/dd/ccyy		
돌	44. NAME OF FUNERAL ESTABLISHMENT GRISSOM'S CREMATION & BURIAL CENTERS 101. PLACE OF DEATH							FD1610 CHRISTOPHER FARNITAN							O, ME	0.5	5/23/2019	
PLACE OF DEATH	BRUNS HO		1 105								X Hos	☐ Nur		Decudoral's Other				
5 2	105. FOLIAT ADVISOR OF DEATH 107. CAUSE OF DEATH 107. CAUSE OF DEATH 108. FOLIAT ADVISOR OF DEATH 109. FOLIAT STATE OF CHARM OF ACTION OF CONTROL OF C												ALAMO Time Internal Between 108, DEATH REPORTED TO CORONERS					
								or vantrioular fibrillation without showing the etiology. DO NOT ABBREVIATE,								Orset and Death X YES NO		
	in death) Sequentially, list conditions, if any,	ROSI	s							1	(eT) YRS		PES X NO					
SAUSE OF DEATH	leading to cause on Line A. Enter UNDERLYING CAUSE (disease or	UCTI	VE PULMONARY DISEASE								YRS	110. A	LUTOPSY PERFORMED?					
CAUSE C	Injury that initiated the events resulting in death) LA										(OT) 111, USED IN DETERMINING CAUSE YES NO							
-	NONE	CANT CONDITI	IONS CONTI	RIBUTING TO D	XEATH BL	T NOT RESI	JLTING I	N THE LI	NDERLYING	CAUSE G	VEN IN 1	.07			•			
_	NONE	N, PERFORME	D FOR ANY	CONDITION IN	TEM 107	OR 1127 (II	yes, list t	type of o	peration and	date.)		7		-		115A IF FEMAL YES	E PRECHANT IN LAST YEARS	
PHYSICIAN'S CEHTIFICATION	114, I CERTIFY THAT TO AT THE HOUR, DATE, AN Deceder! Attende	ID PLACE STATES	FROM THE C	E DEATH OCCUR AUSES STATED. I Last Seen Alive	N.	S. SIGNATUR RUSS	DA\/	ם מוי	RANIC	Н М.	D,//		¥		GEOMO	<u> </u>	17. DATE mm/dd/ccyy 15/21/2019	
CERTIF	05/13/2019	•	5/19/2	[™] 019	34	TYPEATTE	ISKIF	PHYSICI RK A	VENUI	, MAILING E, PL	ADDRE EAS	ss,zip∞ ANT H	^{©€} RUSS fiLL, CA	DAVI 94523	D GRANI 3	CH M.D).	
	119. I CERTIFY THAT IN MANINER OF DEATH	Netural	Acci	deni Hon	necide [D PLACE STA Suicide	TED FROM	ATHE CAL Yending Twestgali	USES STATED.	Could not determine	te d	120, INJUR YES	ED AT WORK?	UNK	121, INJURY D	ATE mm/dd/o	cyy 122. HOUR @4 Hours	
SEONLY	123. PLACE OF INJURY (e.g., home, construction site, veocied crea, etc.)																	
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)																	
CORO	125. LOCATION OF			/	nd city, ex	id zip)												
	128. SIGNATURE OF	28. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE min/dd/ccyy 128. TYPE NAME, TITLE OF CORONER / 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.

DATE ISSUED ______

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Cho Amo

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.

CACONTRADL