06/17/2019 04:05 PM

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Rec:\$35.00 Total:\$35.00

ALLING & JILLSON, LTD



KAREN ELLISON, RECORDER

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

APN: 1319-19-411-024

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 all that certain real property situate in the County of Douglas, State of Nevada more particularly described as follows:

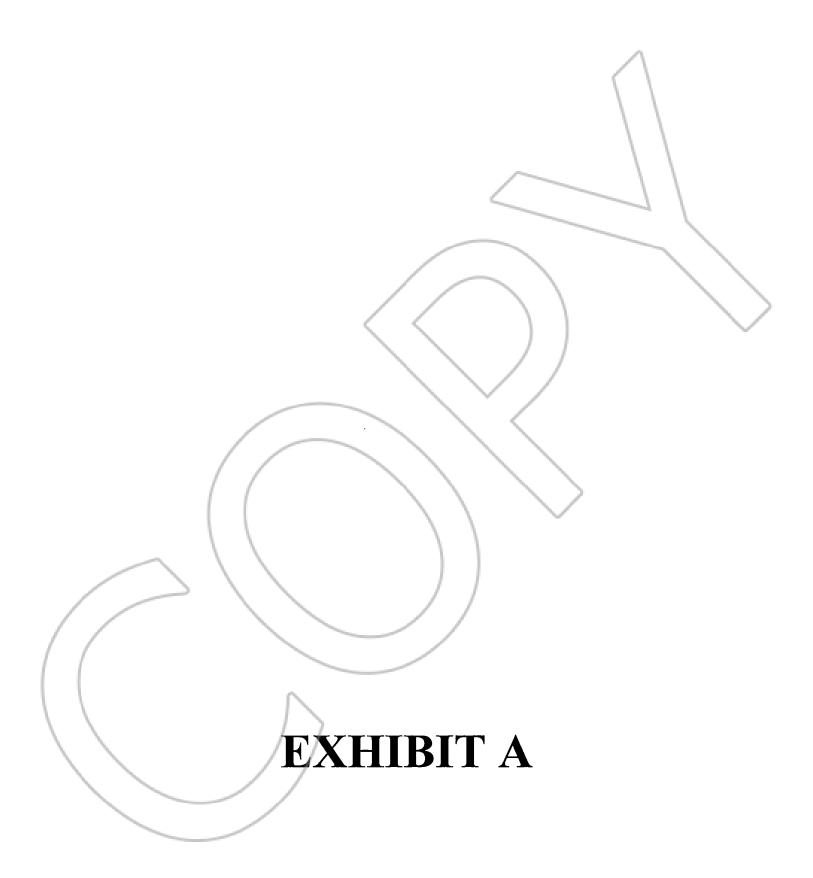
Lot 11, Block 9, as shown on the Official Map of KINGSBURY ESTATES UNIT NO. 2, filed for record in the office of the Douglas County Recorder, on June 6, 1962, as Document No. 20174, Official Records.

- 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 WHEREOF, Grantor and Trustee have executed this document at Douglas
County, Nevada, on this 6 th day of June 2019.
Dunch some price
BARBARA 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.

NOTARY PUBLIC

WITNESS my hand and official seal.



COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

	3052		CERTIFICATE OF DEATH							3201907003028								
	STATE FILE NUMBER 1. NAME OF DECEDENT - FIRST (Given)				USE BLACK NOK ONLY /M GRASHES, NATIOUTS ON ALTERATIONS VS-114/REV 3006) 2. MIDDLE 3. LAST (Family)						Family 1	LOCAL REGISTRATION NUMBER						
DATA	ANTHONY AKA, ALSO KHOWN AS - Include (ut AKA (FIRST, MIDDLE, LAST)				STEWART				PARINA									
NAL D	AKA. ALSO KNOWN					E OF BIRTH mrvdd/ccyy 5, AGE Yra. 79			Mont	HOER ONE YEAR	IF UNDER	24 HOURS Minutes	6. SEX					
DECEDENT'S PERSONAL	9. BIRTH STATE/FOR	UMBER 11. EVER IN U.S. ARMED FO			UNK	MARRIED			0	5/19/2019)	085	R (24 Hours)					
EDENT	13. EDUCATION - Highest Land/Cognes 14/15. WAS DECEDENT HISPANIC/LATINO/AUSPANISHY											e may be	be listed (see worksheet on back)					
DEC	17. USUAL OCCUPAT DEVELOPE	ION - Type of	work for most of life.	DO NOT USE						buction,	on, employment agency, etc.) 19. YEARS IN OCCUPATE 30							
. 8	20. DECEDENT'S RES 3008 OAKH			cationy								-			_			
USUAL RESIDENCE	21. CITY 22. CO COI					INTY/PROVINCE NTRA COSTA			23. ZIP CODE 24, YEARS IN COUN 94583 2				25. STATE-FOREIGN COUNTRY					
INFOR-	26. INFORMANTS N			R		27. NIFORWAYTS MULING ADDRESS SINEST and AUTO-S OF AVAILABLE OF A						ÖM	oute number, city or town, state and zip) N, CA 94583					
	28. NAME OF SURMYING SPOUSE/CROP-PRST BARBARA				29. MIDDLE JOANNE					ASLE	No.	1 2						
SPOUSE/SADP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT-FIRST WALTER				32. MIDDLE DOUGLAS			7	33. LAST PARINA							34. BIRTH STATE		
	35. NAME OF MOTHER/PARENT-FIRST SARAH			36. MIDDLE JEANNE				37. LAST (BRTH NAME) TRATHEN							I STATE			
_	39. DISPOSITION DAT 05/23/2019	•	40. PLACE OF	FINAL DISPOS	TION RE	SOF	TORY C	ASTILL	.0				7		1			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41. TYPE OF DISPOS		1 3000 0	DINIVE	DRIVE, SAN RAMON, CA 94583 42. SIGNATURE OF EMBALMER							43. LICENSE NUMBER						
	CR/RES 44. NAME OF FUNERAL ESTABLISHMENT					► NOT EMBALMED 45. LICENSE NUMBER 46. SIGNATURE OF LOCAL REGISTRAR						1	47. DATE mm/dd/coyy					
52	S GRISSOM'S CREMATION & BURIAL FD1610 CHRISTOPHER FARNITANO, ML 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												OS	5/23/20	19			
PLACE OF DEATH	E BRUNS HOUSE									ERVOP		Hospi	n Nursh		Decuderats Home	Offiser Offiser		
PLAC	CONTRA C	OSTA	1	IRAND			OOND (Silve) a	na number, o	r location)	\setminus		W.	106. CITY ALAMO					
GAUSE OF DEATH	107. CAUSE OF DEAT	1	en cerdisc ente	d, respiratory en	est, or ventric	uiter fibrilitation	tions that dire without showing	clly caused d the etiology	DO NOT A	T enler term BREVIATE.	inal eventa such	1	Time Interval Behavior 108, DEATH REPORTED TO CORONER? VICTOR 1084 and Death 1 VICTOR 1084 AND 1084 A					
	(Final disease or condition resulting in death)	f		E WITH HYPOXIA						DAYS 2019-2490								
	Sequentially, list conditions, if any,	IS \					N	YRS		☐ AES X NO								
	leading to cause on Line A. Enter UNDERLYING CAUSE (disease or	IVE PULMONARY DISEASE						-	YRS	110. A	LUTOPSY PE YES	RFORMED?						
AUSE O	injury that initiated the events resulting in death) LAS		$\overline{}$	\ \							(DT)	111, US	ED IN DETERM	INING CAUSE?				
d	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE																	
	113, WAS OPERATIO NONE	N PERFORME	FOR ANY CONDIT	ION IN ITEM 10	7 OR 1127 R	l yes, list typ	e of operation s	nd date.)					1	13A IF FEMAL	E, PREGNANT	INLAST YEAR?		
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO AT THE HOUR, DATE, AN	THE BEST OF M					LE OF CERTIFIE	er.	7		V@	•	116. LICENSE N	. 1.		"		
	Decedent Attended Since Decedent Last Seen Alive P (A) mm/dd/ccyy (3) mm/dd/ccyy 111					B. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RUSS DAVID							G50400 05/21/2019 0 GRANICH M.D.					
# H	05/13/2019 05/19/2019 3470 BUSKIRK AVENUE, PLEASANT HILL, CA 94523 119. I CERTIFY THAT IN MY OPINION DEFINING CONTRED AT THE HOUR, DATE, AND PLACE SWIED FROM THE CAUSES STORED. 120. INJURY DATE AND ASSESSY 122. HOUR CA HOURS														DUR (24 Hours)			
>	MANANSER OF DEATH Natural Accident Humoide Suicide Pending Count not be VES INO UNX																	
SEONL	;	123. PLACE OF INJURY (e.g., home, construction afte, wooded area, etc.)																
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which needled in injury)																	
CORON	125. LOCATION OF I	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)																
	126. SIGNATURE OF	66. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/ccyy 128. TYPE NAME, TITLE OF CORONER / D									DEPUTY CORONER							
BTA REGIS	ATE A	B	°	/ p	E				0010042				FAX AUTH.		CEN	SUS TRACT		
-	The State of the S		-			-	·											

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





