

RECORDING REQUESTED BY:

John J. Rank, Esq.

WHEN RECORDED RETURN TO:

John J. Rank, Esq.
Attorney at Law
45 Jan Court, Suite 170
Chico, California 95928



KAREN ELLISON, RECORDER

Space Above For Recorder's Use Only
A.P.N.: 1220-08-812-033

AFFIDAVIT OF DEATH OF TRUSTEE/SETTLOR

State of Nevada) Name of Decedent: SALLY IRENE PARENTI
)ss.
County of Douglas) Date of Death: July 23, 2019

MICHAEL PARENTI, being of legal age, being first duly sworn deposes and says:

That SALLY IRENE PARENTI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SALLY I. PARENTI, named as one of the parties in that certain Grant, Bargain and Sale Deed dated July 27, 2017, executed by MICHAEL PARENTI and SALLY I. PARENTI, husband and wife as joint tenants, to MICHAEL PARENTI and SALLY I. PARENTI, as Trustees of the PARENTI FAMILY 1993 REVOCABLE TRUST DATED JANUARY 15, 1993, said deed having been recorded on August 7, 2017, as Document No. 2017-902398, Official Records of Douglas County, State of Nevada.

SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN

[Commonly known as 1027 Rocky Terrace Drive, Gardnerville, Nevada 89460.]

In accordance with Article Seven, Section 7.1 of the Declaration of Trust, MICHAEL PARENTI shall forthwith serve as the sole trustee of the PARENTI FAMILY 1993 REVOCABLE TRUST DATED JANUARY 15, 1993.

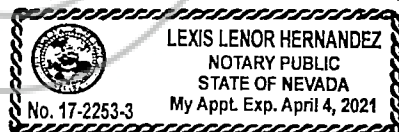
I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: September 21, 2019

Michael Parenti
MICHAEL PARENTI

State of Nevada)
)ss.
County of Douglas)

Signed and sworn to (or affirmed) before me on September 21st, 2019, by MICHAEL PARENTI.



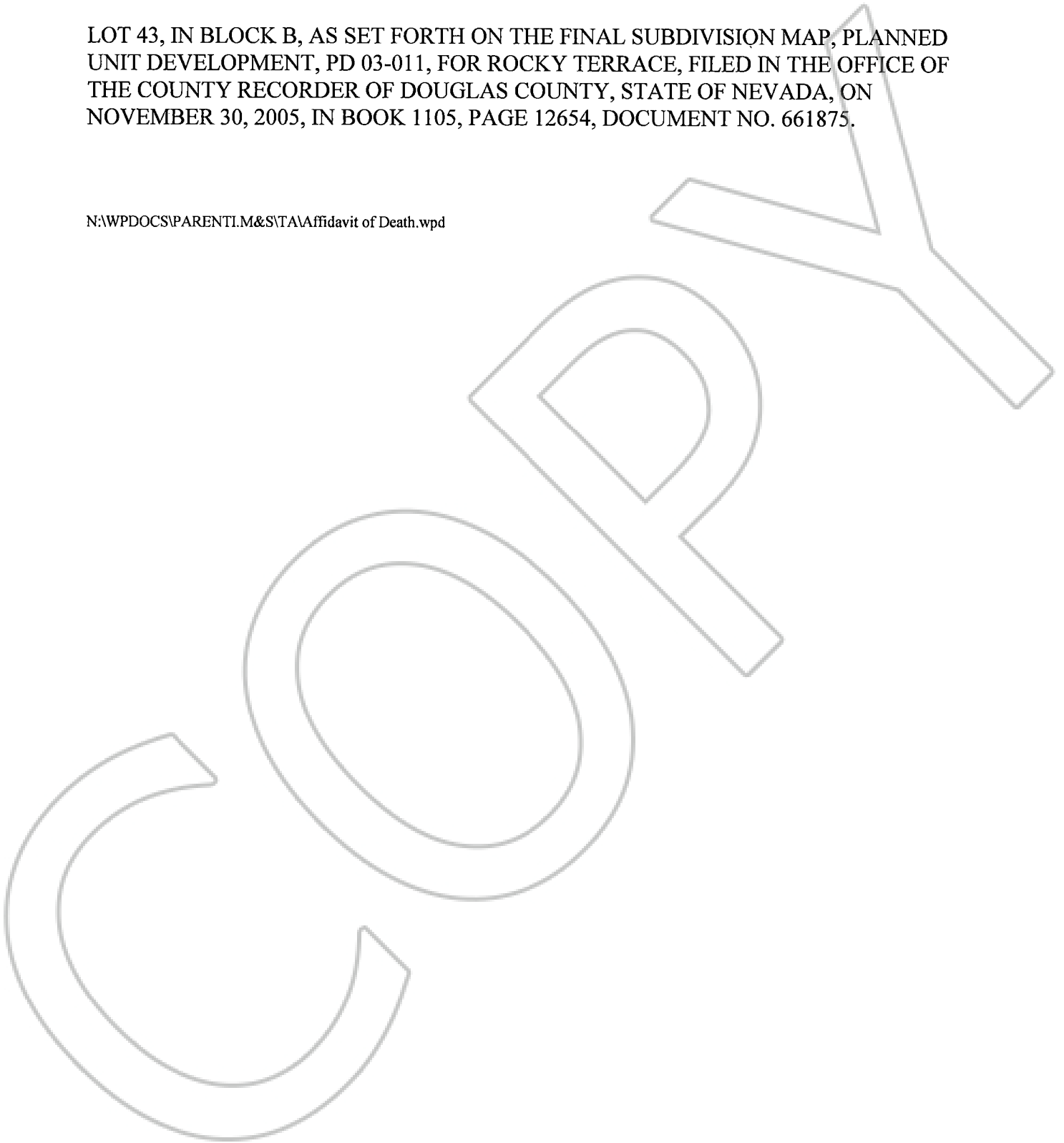
L. L. Hernandez
Notary Public
My Commission Expires: 04/04/2021

MAIL TAX STATEMENTS TO:
MICHAEL PARENTI, Trustee, 1027 Rocky Terrace Drive, Gardnerville, Nevada 89460

EXHIBIT "A"

LOT 43, IN BLOCK B, AS SET FORTH ON THE FINAL SUBDIVISION MAP, PLANNED UNIT DEVELOPMENT, PD 03-011, FOR ROCKY TERRACE, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON NOVEMBER 30, 2005, IN BOOK 1105, PAGE 12654, DOCUMENT NO. 661875.

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4094110

CERTIFICATE OF DEATH

2019014666
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) Sally Irene PARENTI		2 DATE OF DEATH (Mo/Day/Year) July 23, 2019		3a COUNTY OF DEATH Carson City	
3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address number) Carson Tahoe Regional Medical Center		3e If Hosp or Inst indicate DOA,OP/Emr Rm Inpatient(Specify) Inpatient	
4 SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 69		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) November 15, 1949		9a STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11. MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Michael PARENTI	
13. SOCIAL SECURITY NUMBER -3056		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY BMU Chico State	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1027 Rocky Terrace Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Theodore Peter PREHODEN			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Ann KLAkamp		
18a. INFORMANT- NAME (Type or Print) Michael PARENTI		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1027 Rocky Terrace Dr Gardnerville, Nevada 89460			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) ROY H SEXTON MD SIGNATURE AUTHENTICATED			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)		
21b DATE SIGNED (Mo/Day/Yr) July 25, 2019		21c HOUR OF DEATH 05:25		22b DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Roy H Sexton MD 1600 Medical Parkway Carson City, NV 89703			
23b LICENSE NUMBER 14938		24a REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 25, 2019	
24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I		(a) Cardiopulmonary Arrest			
DUE TO, OR AS A CONSEQUENCE OF		(b) Glioblastoma			
DUE TO, OR AS A CONSEQUENCE OF		(c) DUE TO, OR AS A CONSEQUENCE OF			
DUE TO, OR AS A CONSEQUENCE OF		(d)			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Unknown Etiology				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a ACC., SUICIDE, HOM. UNDET OR PENDING INVEST. (Specify)			
28b DATE OF INJURY (Mo/Day/Yr)		28c HOUR OF INJURY		28d DESCRIBE HOW INJURY OCCURRED	
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	



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.

DATE ISSUED: 7/29/2019

Ann Shughart
Administrator
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

