

APN# 1221-06-001-042

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2575923

Affidavit - Death of trustee
(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380 (State specific law)

Nichole McDonald Escrow Assistant
Signature Title

Nichole McDonald
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

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

Giomi Trust
2039 Fish Spg Rd
Gardnerville NV
89410

Space Above This Line for
Recorder's Use Only

A.P.N. 1221-06-001-042

File No.: 143-2575923 (mk)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Roxene D. Giomi ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Harold George Giomi** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **3-24-2016** at **Reno** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **1-12-2016** executed by **Roxene D. Giomi and Harold George Giomi** trustees as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **11-26-2019** which was recorded as Instrument No. 2019-939937 in Book **N/A**, Page **N/A**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 12-16-2019

DECLARANT:

Roxene D. Giomi
Roxene D. Giomi



State of NV)
)ss
County of Douglas)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Douglas and State NV, this 16 day of December, 20 19 by Roxene D. Giomi, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature *Mary Kelsh*

My Commission Expires: 11-10-22

Notary Name: Mary Kelsh Notary Phone: 782-5111
Notary Registration Number: 98-49567-5 County of Principal Place of Business Douglas

EXHIBIT 'A'

**LOT 96 OF FISH SPRINGS ESTATES, ACCORDING TO THE MAP THEREOF, FILED FOR
RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA,
ON AUGUST 30, 1973, AS DOCUMENT NO. 68451.**

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3885981

CERTIFICATE OF DEATH

2016005633
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) Harold George GIOMI		2. DATE OF DEATH (Mo/Day/Year) March 24, 2016		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) Renown Regional Medical Center Inpatient		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINIS		8. DATE OF BIRTH (Mo/Day/Yr) August 18, 1942	
9a. STATE OF BIRTH (if not USA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Roxene GALLETTI			
13. SOCIAL SECURITY NUMBER 4910		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Banker		Finance		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 315 Ute Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
18. FATHER/PARENT - NAME (First Middle Last Suffix) Bruno Paul GIOMI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Yola LARI		
18a. INFORMANT- NAME (Type or Print) Roxene GIOMI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 10657, Zephyr Cove, Nevada 89448			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME St Mary's Catholic Cemetery		19c. LOCATION City or Town State Sacramento California 95820	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) QUANG B VINH M.D. 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) March 30, 2016		21c. HOUR OF DEATH 09:12		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Brandi M Kindig M.D.		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Quang B Vinh M.D. 1155 Mill St Reno, NV 89502			
23b. LICENSE NUMBER 11019		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 31, 2016		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) Acute On Chronic Systolic Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Sepsis					
DUE TO, OR AS A CONSEQUENCE OF					
(d) Aspiration Pneumonia					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1					
26. AUTOPSY (Specify Yes or No) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC. SUICIDE, HGM, 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	

STATE REGISTRAR

VRS-Rev-20120523a

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:

4/4/2016

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

