

APN: 1022-29-310-014

WHEN RECORDED RETURN TO:
KYLE A. WINTER, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



MAIL TAX STATEMENTS TO:
DAVID MICHAEL GIORGI
110 Hwy 95A East
Yerington, NV 89447

The party executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
 : ss
CARSON CITY)

DAVID MICHAEL GIORGI, being first duly sworn, deposes and says:

1. That THE BALDO GIORGI AND JACQUELINE N. GIORGI TRUST was established on December 3, 1980, amended and restated in its entirety on December 20, 2000, and thereafter amended from time to time.

2. That BALDO GIORGI and JACQUELINE N. GIORGI were the Grantors and original Trustees of THE BALDO GIORGI AND JACQUELINE N. GIORGI TRUST.

3. That Grantor and Trustee, JACQUELINE N. GIORGI, died on June 22, 2003, and a certified copy of her death certificate issued by the State of Nevada is attached hereto as EXHIBIT 1.

4. That Grantor and Trustee, BALDO GIORGI, died on November 6, 2019, and a certified copy of his death certificate issued by the State of Nevada is attached hereto as EXHIBIT

2.

5. That the currently acting Trustee of THE BALDO GIORGI AND JACQUELINE N. GIORGI TRUST is DAVID MICHAEL GIORGI.

6. That THE BALDO GIORGI AND JACQUELINE N. GIORGI TRUST is the owner of that certain parcel of real property situated in Douglas County, State of Nevada, commonly referred to as 1927 Dayton Street, more particularly described as follows:

Lot 143, of TOPAZ SUBDIVISION, as the same appears upon a Plat of said subdivision, duly filed in the Office of the County Recorder of Douglas County, State of Nevada, on August 10, 1954, as Document NO. 9774.

(Pursuant to NRS 111.312, this legal description was previously recorded on September 7, 1983, as Document No. 086554, Official Records of Douglas County, Nevada.)

7. That the BALDO GIORGI AND JACQUELINE N. GIORGI TRUST, and the sub-trusts created thereunder, are irrevocable.

8. That this Affidavit has been executed under the laws of the State of Nevada.

9. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

DATED this 16 day of January, 2020.

David Michael Giorgi
DAVID MICHAEL GIORGI

STATE OF NEVADA)
 : ss.
CARSON CITY)

On January 16, 2020, personally appeared before me, a notary public, DAVID MICHAEL GIORGI, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.

Christine Harper
NOTARY PUBLIC

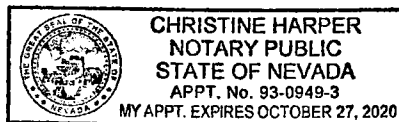


EXHIBIT 1

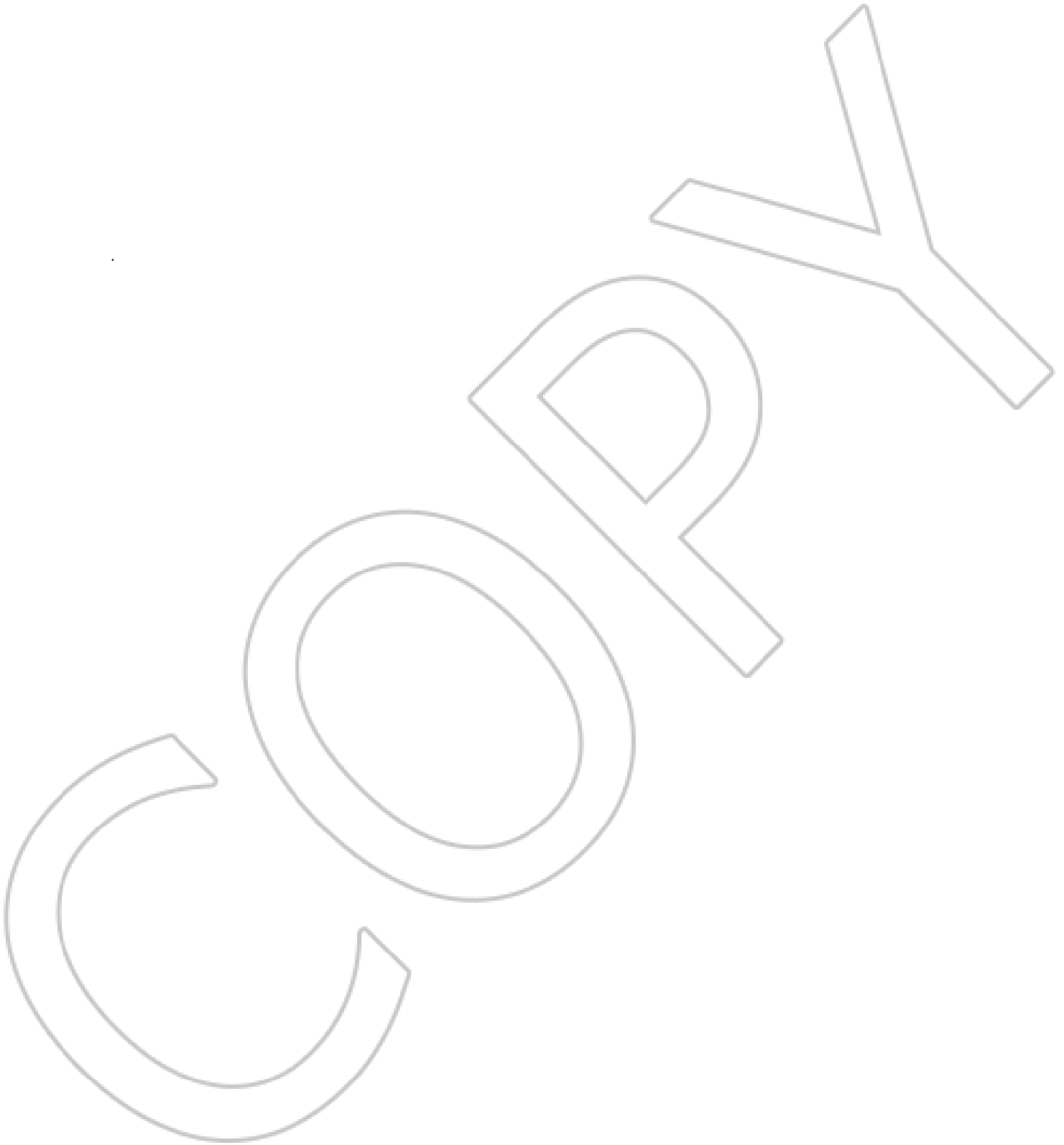


EXHIBIT 1

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

2003 0008721

TYPE PRINT
PERMANENT INK
CEDENT
DEATH CERTIFIED BY
RECORDING SECTION OF
VITAL STATISTICS
RENTS
POSITION
CERTIFIER
CONDITIONS
GAVE TO
IMMEDIATE
CAUSE
THE
LAST
USE OF
EARTH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Jacqueline Norine GIORGI		2. June 22, 2003	3a. Carson City
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient (Specify)
3b. Carson City		3c. Carson - Tahoe Hospital	3e. Inpatient
4. Female		SEX	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS
5. White	6.	7a. 73	7b. :
UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	8. June 28, 1929	
9a. California	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9b. USA	9c. USA	10. 16	11. Married
12. Baldo Giorgi		SURVIVING SPOUSE (If wife, give maiden name)	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	KIND OF BUSINESS OR INDUSTRY
13. -2678		14a. Teacher	14b. 842 Education
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1927 Dayton
INSIDE CITY LIMITS (Specify Yes or No)		15e. YES	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Angelo Bardini		17. Emily Cabral	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Baldo Giorgi		18b. 1927 Dayton Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION	City or Town State
19a. Burial	19b. Valley View Cemetery	19c. Yerington Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. [Signature]	20b. 614	20c. 25 Hwy 208 Yerington, Nevada 89447 10	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 6/25/03 HOUR OF DEATH 2250 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) and manner stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 22b. 22c. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22d. ON 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Laurence Gay, M.D., P.O. 19936, Reno, NV 89511		23b. 5152	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]	24b. June 26, 2003	24c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Ruptured intracerebral arteriovenous malformation	DUE TO, OR AS A CONSEQUENCE OF:		hours
(b)	DUE TO, OR AS A CONSEQUENCE OF:		
(c)	DUE TO, OR AS A CONSEQUENCE OF:		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
Dysphagia, Decreased level of consciousness	26.	27.	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

No. 236922

STATE REGISTRAR



CERTIFIED COPY OF VITAL RECORDS

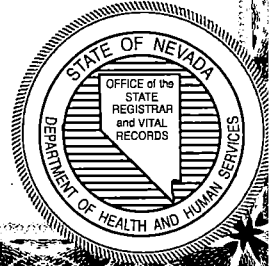
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

JAN 24 2020

DATE ISSUED:

[Signature]
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT 2

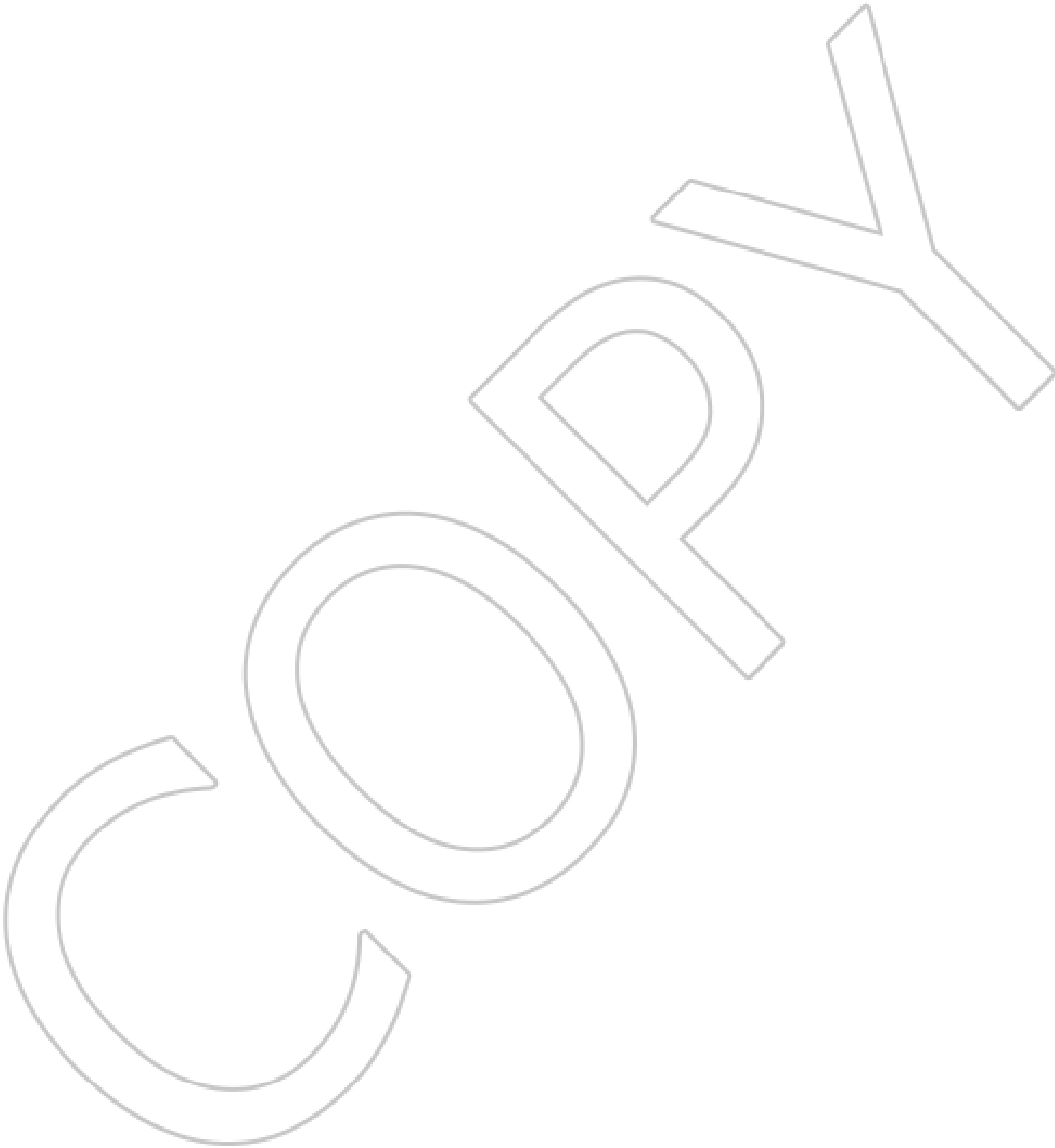


EXHIBIT 2

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4112832

CERTIFICATE OF DEATH

2019022222

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Baldo GIORGI		2. DATE OF DEATH (Mo/Day/Year) November 06, 2019		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Sparks		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) Northern Nevada Medical Center		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 88	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) November 27, 1930		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 15		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sandra STEVISON	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-8566		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) RANCHER		14b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1927 Dayton Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Ugo GIORGI	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dina GALANTUOMINI		18a. INFORMANT- NAME (Type or Print) David Michael GIORGI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 110 Hwy 95A Yerington, Nevada 89447	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Valley View Cemetery		19c. LOCATION City or Town State Yerington Nevada 89447	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) GERALD HITCHCOCK		20b. FUNERAL DIRECTOR LICENSE NUMBER FD614		20c. NAME AND ADDRESS OF FACILITY Freitas Rupracht Funeral Home, PO BOX 1271 Yerington NV 89447	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) AYODELE OKUNOLA MD		21b. DATE SIGNED (Mo/Day/Yr) November 08, 2019		21c. HOUR OF DEATH 07:08	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) Ayodele Okunola MD 748 S Meadows Pkwy Reno, NV 89521		23b. LICENSE NUMBER 13936		24a. REGISTRAR (Signature) BLAIR J HEDRICK	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 13, 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	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Ventricular Tachycardia		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Systolic Congestive Heart Failure		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	(c) Acute Respiratory Failure		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)	
(d) Unknown Etiology		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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		

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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: 12/13/2019

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

Blair J Hedrick
Administrator

