DOUGLAS COUNTY, NV

2020-942446

02/19/2020 12:26 PM

Rec:\$40.00 Total:\$40.00 JUSTIN CLOUSER



KAREN ELLISON, RECORDER

APN# 1320-02-001-069

Recording Requested by/Mail to:

Name: W.P. Hitchcock

Address: 1777 Borel Place, Suite 100

San Mateo, CA 94402

Mail Tax Statements to:

Name: ROSA MANRUBIA

Address: 1752 Washington St.

City/State/Zip: San Mateo, CA 94403

## AFFIDAVIT OF DEATH OF TRUSTEE

Title of Document (required)

|   | (Only use if applicable)   |
|---|--|
|   | The undersigned hereby affirms that the document submitted for recording |
|   | DOES contain personal information as required by law: (check applicable) |
|   | XAffidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)                  |
| 1 | Judgment – NRS 17.150(4)   |

Military Discharge – NRS 419.020(2)

This document is being (re-)recorded to correct document #\_ \_\_\_\_\_, and is correcting Recording requested by: Rosa Manrubia 1752 Washington St. San Mateo, CA 94403

And when recorded, mail to: W. P. Hitchcock 1777 Borel Pl, Suite 100 San Mateo, CA 94402

APN: 1320-02-001-069

For recorder's use

### AFFIDAVIT OF DEATH OF TRUSTEE

State of Nevada

County of Douglas ) ss

ROSA MANRUBIA, of legal age, being first duly sworn, deposes and says:

- VALENTE L. TAGLIAFICO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Valente L. Tagliafico named as Trustee of the Valente Tagliafico Revocable Trust of 2016, amended April 26, 2017 and executed by VALENTE L. TAGLIAFICO as Settlor and Trustee.
- At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real
  property commonly known as 2543 Fremont Avenue, Minden, which property is described in a
  Deed which was executed by VALENTE L. TAGLIAFICO as Grantor April 5, 2016, and recorded as
  Instrument No. 2016-881908 of Official Records of Douglas County, Nevada.
- 3. The legal description of said property is as follows:

ALL THAT PORTION OF LOT 1 OF THE NORTHWEST 1/4 OF SECTION 2, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.B.& M., FURTHER DESCRIBED AS FOLLOWS:

ALL OF PARCEL 4, AS SHOWN ON THAT CERTAIN PARCEL MAP NO. 2, FOR DON ROOKER, RECORDED IN THE OFFICE OF THE COUNTY RECORDER.FOR DOUGLAS COUNTY, NEVADA, ON APRIL 21:1978: IN BOOK 478 OF OFFICIAL RECORDS AT PAGE 1254, AS DOCUMENT NO 19852, AND FURTHER IMPOSED ON THAT CERTAIN RECORD OF SURVEY RECORDED IN BOOK 579, AT PAGE 134, AS DOCUMENT NO 32081.

- 4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
- 5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

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

Dated, February \_\_\_\_\_

\_,2020

Graza man Recker

State of California
County of San Mateo

who appeared before me.

Signature

W. P. HITCHCOCK COMM. # 2289903 ON OTARY PUBLIC - CALIFORNIA ON SAN MATEO COUNTY COMM. EXPIRES JUNE 21, 2023

# **COUNTY OF SAN MATEO**

## **HEALTH SYSTEM**

SAN MATEO, CALIFORNIA

| 3052020002116                                     |   |                 | CERTIFICATE OF DEATH  USE BLACK BIX ORAY NO EMANGES, WHITEOUTS OR ALTERATIONS |                            |   |             |  |   | 3202041000051           |                                |             |   |  |                     |  |
|---|---|-----------------|---|----------------------------|---|-------------|--|---|-------------------------|--------------------------------|-------------|---|--|---------------------|--|
|   | STATE FILE NUMBER  1 NAME OF DECEDENT—FIRST (GIVEN)  VALENTE                        |                 |   |                            | 2 MIDDLE  |             |  |   | 3 LAS                   | iT (Family)                    | LOCA        | LOCAL REGISTRATION MUNBER                   |  |                     |  |
| L DATA  | AKA ALSO KNOWN AS - Inducts ted AKA (FIRST, MIDDLE, LAST)                           |                 |   | 1                          | LORI  |             |  |   | F BIFTH mm/dd/c         |                                | IF UNDER 24 | HOURS   8 SEX                               |  |                     |  |
| DÉCEDENT'S PERSONAL DATA                          | 9 BIRTH STATE/FORE  | IGN COUNTRY     |   | CURITY NUMBER              | 11 EV   | ERINUS      | ARMED FORCES   |   | /1943                   | 76<br>S/SRDP* (at Time of Deat | Moraha      | Days<br>OF DEATH mm                         | Hours<br>Ndd/coyy  | 8 HOUR (24 Hou      |  |
| ENTSPR  | CA<br>13 EDUCATION - Rightest<br>(see worksheet on her)                             | Level/Degree 1  | 4/15 WAS DECEDENT H   | 7849<br>Ispanicaatinow     | SPANISH7  |             | NO L   | NK                                      | MARRIEC                 |                                | 01/04       | 1/2020                                      |  | 1743                |  |
| DECED   | LHS GRADU   | ATE [L          | YE9YE9Ork for most of life DO /   |                            |   |             | <u> </u>   | ٥١٧                                     | AUCASIA                 | N<br>By store, road constr.    |             | The second name of                          | The same of the sa | YEARS IN OCCUPAT    |  |
|   | GENERAL (   |                 | ACTOR and number, or location   | <u> </u>                   |   | COV         | STRUCT   | 101                                     | N                       |                                |             | , man agency,                               |  | 40                  |  |
| T NESTOENCE                                       | 1752 WASH   | 22 COUNTY/PRI   | OUNTY/DOOMOG  |                            |   |             |  |   |                         |                                |             | -   |  |                     |  |
|   | SAN MATEO   | [               |   |                            | N MATEO   |             |  | 23 ZIP CODE 24 YEARS IN COU<br>94403 40 |                         |                                | CA          |   |  |                     |  |
| INFOR-  |   | NRUBI           | A, SPOUSE   |                            | 27 INFORMANT'S MATING ADDRES<br>1752 WASHING TO |             |  |   |                         | 79.                            | AN MA       | TEO. C                                      | A 944(   | 13                  |  |
| SPOUSE/SRDP AND<br>PARENT INFORMATION             | 28 NAME OF SURVIVING SPOUSE/SROP ARST<br>ROSA                                       |                 |   | E,                         | E,  |             |  |   | RAMOS                   |                                |             | 1   |  |                     |  |
|   | LORI  |                 |   |                            | 32 MIDDLE<br>VALENTE                            |             |  | 133 LAST<br>TAGLIAFICO                  |                         |                                |             |   |  | 34 ВИТН ВТАТЕ<br>СА |  |
| SPOR  |   |                 |   | J.                         |   |             |  | 1                                       | 37 LAST (BIRTH<br>BOHME | / -                            | 7           | -  :  | 38 BIRTH STATE  CA   |                     |  |
| CTOR/   | 39 DISPOSITION DATE 01/10/2020  |                 | 40 PLACE OF FINAL<br>HIGHWAY  | orsposition SI<br>92 AT SK | CYLAV<br>YLINE                                  | NN MI       | EMORIAL  | . P/                                    | ADV                     | 1402                           |             | /   |  |                     |  |
| FUNERAL DIRECTOR/<br>LOCAL REGISTRAR              | 41 TYPE OF DISPOSITION(S) BU  |                 |   |                            | 42 510  | SNATURE (   | OF EMBALMEN<br>VO ROL  | ٦,                                      |                         | V                              | 7           | <br>5(3)                                    | 1  | NSE NUMBER          |  |
|   | 44 NAME OF FUNERAL<br>SNEIDER &<br>FUNERAL H  | SULLIV          | AN & O'CON  | NELL'S                     | 45 UC   | JENSE NUI   | MBER 48 SIGN   | ATUR                                    | E OF LOCAL REGI         |                                |             | <del>50</del>                               | 47 DATE  | 39158<br>mm/dd/ccyr |  |
| , P   | 101 PLACE OF DEATH<br>MILLS-PENII   |                 | 1   |                            |   |             | 102  |   | OSPITAL SPECIF          | ONE 103 IF                     |             | N HOSPITAL,                                 | SPECIFY ON   | codont's            |  |
| PLACE OF<br>DEATH                                 | SAN MATEO   | 7               | 1501 TRO  | PIESS OR LOCATE            | ORIVE   | FOUND (S    | treet and number   | orlo                                    |                         | POAF                           | / -         | Home/LT(                                    | Н.   | One One             |  |
| CALISE OF DEATH                                   | 107 CAUSE OF DEATH  | CARDI           | Enter the chain of event  | a riscasos, Injurio        |   |             | nat denotily caused<br>howing the abolog   | death<br>OO                             | DO NOT enlar term       | unal events such               | Terre       | URLING<br>Interval Betomen<br>set and Degan |  | EPORTED TO CORDNE   |  |
|   | IMMEDIATE CAUSE (A (Final disease or condition resulting in death)                  |                 | OCEIVIC 311   |                            |   |             | /  | L.                                      | $-$ \                   |                                | (AII)       | DAYS  | YE   | S X NO              |  |
|   | conditions, if any,   |                 | ULMONALE  | <del></del>                |   |             |  | 1                                       | \                       | _                              | (BT)        | ARS   | 109 BIOPS  | Y PERFORMED?        |  |
|   | CAUSE (disease or   |                 | D OBESITY   |                            |   |             | _  |   |                         |                                | lcu         | ARS   | 110 AUTOI  | PEY PERFORMED?      |  |
|   | initiated the events (D) resulting in death) LAST                                   | - N             | \_  |                            |   |             |  |   |                         |                                | (DT)        | <u> </u>                                    | TIT USED H   | DETERMINANCI CAUSE? |  |
| - 1   | 112 OTHERSIGNIFICAN<br>SLEEP APNE   |                 | N   | <b>%</b>                   |   |             |  | IVEN                                    | N 107                   |                                |             |   | <del>,</del> .   |                     |  |
| 100   | 113 WAS OPERATION PE<br>NO  |                 | *No.  | The Parket                 | yes, asi typ                                    | e of operat | ion and date )   | 7                                       |                         |                                |             | 1134  | FEMALE, PRI  | CONNT IN LAST YEAR  |  |
| PHYSICIAN'S<br>CERTIFICATION                      | 114 I CERTIFY THAT TO THE E<br>AT THE HOUR, DATE, AND PLA<br>Decedent Attended Sing | CC 2 IVI ED PHO | WILEDGE DEATH OCCURRE<br>MITHE CAUSES STATED<br>SCOREN LINE SEEN AUYO         | NAMOUS                     |   | AIT I       |  |   | /                       | Y(E)                           | - (         |   | ER   117 DA  | TE mm/dd/ccyy       |  |
| CENTE   | A) mm/dd/eeyy<br>12/31/2019   | 01/0            | mm/dd/ecyy<br>04/2020   | 118 TYPEATT                | OLIST<br>12LIO                                  | YSICIAN'S   | NAME, MAIUNG   | ADDI                                    | LINICAME                | MICHELE J<br>CA 94010          | ANE L       | EE M D                                      | 10170<br>I.  | 8/2020              |  |
| - 1,  | HANNER OF DEATH   | Natural         | Accident Homic  | ATE, AND PLACE STA         | Pen   | HE CAUSES   | STATED Could not determine   | , i                                     | 120 INJURED A           | -, CA 940 II                   | 121 INJ     | URY DATE DE                                 |  | 22 HOUR (24 Hours)  |  |
| ŌΙ  | 123 PLACE OF INJURY (   | g , home, con   | struction site, wooded a  | rea, etc.)                 |   |             | U ORGANIE  |   |                         |                                | <u>.l</u>   |   |  |                     |  |
| CORONER'S USE                                     | 24 DESCREE HOW INJURY OCCURRED (Events which resulted in triply)                    |                 |   |                            |   |             |  |   |                         |                                |             |   |  |                     |  |
| CORON   | 25 LOCATION OF INJUR  | Y (Street and n | umber, or location, and   | city, and zip)             |   |             |  | _                                       |                         |                                |             |   |  |                     |  |
| Y   | 26 SYGNATURE OF CORO  | WER / DEPLIT    | YCORONER  | _                          |   | 127 DATE    | mm/dd/coyy   | Ti                                      | ZB TYPE NAME, T         | TLE OF CORONER                 | / DEPUTY CO | 4:<br>DRONER                                |  |                     |  |
| STATE   | A B   |                 | C   | E                          |   | TURAN MA    | N N TO LOCAL DE LA COMPANION D |   |                         |                                | FAX AU      | тн≢   | 70   | ENSUS TRACT         |  |
| Name of Street, or other Designation of the least |   |                 |   |                            | !   |             | *0100  | 0100                                    | 04412626°               |                                |             |   | L  |                     |  |

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN MATEO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

DATE ISSUED -01/10/2020 -Alex Riquelme SMound MD

