

**Prepared By And Return To:**

David Tiongco  
1186 Chisholm Trail  
Gardnerville, NV 89460  
APN: 1220-08-811-007

**AFFIDAVIT – DEATH OF TRUSTEE**

STATE OF NEVADA  
COUNTY OF DOUGLAS

**DAVID TIONGCO**, being of legal age, being first duly sworn, deposes and says:

That **ADRIENNE TIONGCO**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **ADRIENNE TIONGCO**, Trustee of the **TIONGCO FAMILY TRUST DATED OCT. 14, 1999, AND TO THE HEIRS AND ASSIGNS FOREVER** title holders by deed dated October 10, 2005, recorded October 14, 2005, in Book/Page: 1005 / 6869, in the official records of Douglas County, Nevada and covering the property situated in the Township of Gardnerville, County of Douglas and State of Nevada and described as follows:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE CITY OF GARDNERVILLE, COUNTY OF DOUGLAS, STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

LOT 13, AS SHOWN ON THAT FINAL SUBDIVISION MAP LDA #97-008-08 FOR SZILVERAMCH PHASE 8, FILED FOR RECORD ON MAY 07, 2004, IN BOOK 0504, PAGE 2789, AS FILE NO. 615242, OFFICIAL RECORDS DOUGLAS COUNTY, NEVADA. PARCEL ID: 1220-08-811-007

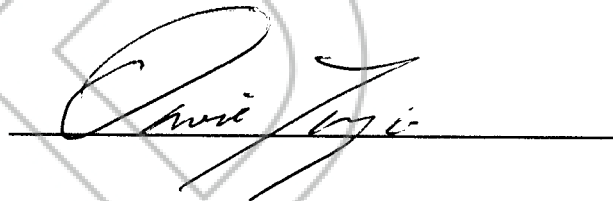
THIS BEING THE SAME PROPERTY CONVEYED TO DAVID TIONGCO AND ADRIENNE TIONGCO, TRUSTEES OF THE TIONGCO FAMILY TRUST DATED OCT. 14,

1999, AND TO THE HEIRS AND ASSIGNS FOREVER FROM SUMMIT HOMES, LTD., A NEVADA CORPORATION, IN A DEED DATED OCTOBER 10, 2005, AND RECORDED OCTOBER 14, 2005, IN DEED BOOK 1005 PAGE 6869 AND INSTRUMENT NUMBER 0657870.

Commonly known as: 1186 Chisholm Trail, Gardnerville, NV 89460

ARTICLE III B of trust provides that if either ADRIENNE TIONGCO OR DAVID TIONGCO, is through resignation, discharge, incapacity or death, unable or unwilling to act as Trustee, the other shall be the sole Trustee. That at the date hereof, DAVID TIONGCO is the sole Trustee of the above named trust.

Dated: 4-26, \_\_\_\_\_, 2020



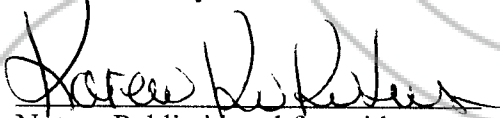
**DAVID TIONGCO**

**STATE OF NEVADA**

**COUNTY OF** DOUGLAS

On this 26 day of April, 2020, personally appeared before me, a Notary Public in and for said County and State, DOUGLAS XLEVADA, who acknowledged that they executed the above instrument, as their free act and deed.

**WITNESS** my hand and official seal.

  
Notary Public in and for said  
County and State  
My Commission Expires: 2-26-2024



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

CERTIFICATE OF DEATH

2019008781  
STATE FILE NUMBER

CASE FILE NO. 407343

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) <b>Adrienne Glen TIONGCO</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 28, 2019</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		4. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street address, Hosp. or Inst. indicate DOA, if other, fill in pertinent (Specify) <b>Carson Tahoe Regional Medical Center Inpatient</b>		5. SEX <b>Female</b>	
6. RACE (Specify) <b>White</b>		7a. AGE Last Birthday (Years) <b>79</b>		8. DATE OF BIRTH (Mo/Day/Year) <b>March 23, 1940</b>	
9a. STATE OF BIRTH (if not USCA, name country) <b>California</b>		9b. CITIZEN OF VITAL COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. SOCIAL SECURITY NUMBER <b>████████-██-1997</b>		12. USUAL OCCUPATION (Use Key - Work Done During Most of Year) <b>HOME-MAKER</b>		13. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	
14a. RESIDENCE - STATE <b>Nevada</b>		14b. COUNTY <b>Douglas</b>		14c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
14d. RESIDENCE - STREET AND NUMBER <b>1185 Chisholm Trail</b>		14e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15. EVER IN US ARMED FORCES? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Adrian STEIN</b>		17. MOTHER/SPOUSE - NAME (First Middle Last Suffix) <b>Mable PARVINS</b>			
18a. INFORMANT - NAME (Type in Print) <b>David TIONGCO</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) <b>1185 Chisholm Trail Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR LOCATORY NAME <b>Cherry's Cemetery</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>CHRISTIE S. HILBE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cherry's Carson Valley Funeral Home 1547 E. Carson Blvd. Minden NV 89423</b>	
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) <b>JOSE A. ARANDA MD</b>		22a. On the basis of a coroner's 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/Year) <b>May 03, 2019</b>		21c. HOUR OF DEATH <b>18:02</b>		22b. DATE SIGNED (Mo/Day/Year)	
21d. NAME OF ATTENDING PHYSICIAN (If Other Than Certifier) (Type in Print)		21e. LICENSE NUMBER		22c. PRONOUNCED DEAD (Mo/Day/Year)	
21f. NAME OF ATTENDING PHYSICIAN (If Other Than Certifier) (Type in Print)		21g. LICENSE NUMBER		22d. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CORONER / PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER (If not Part I) <b>Jose Aranda MD 1990 Medical Parkway Carson City, NV 89705</b>				23b. LICENSE NUMBER <b>11478</b>	
24a. REGISTRAR (Signature) <b>ANGELICA REYNOLDS</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Year) <b>May 03, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death			
PART I (a) <b>Cardiopulmonary Arrest</b>		Interval between onset and death			
(b) <b>Chronic Respiratory Failure With Hypoxia</b>		Interval between onset and death			
(c) <b>Acute Encephalopathy</b>		Interval between onset and death			
(d) <b>Hypertension</b>		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Hypokalemia, Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>NO</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>NO</b>					
28a. ACC., SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Year)		28c. HOUR OF INJURY	
28d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		28e. DESCRIBE HOW INJURY OCCURRED			
29a. INJURY AT WORK (Specify Yes or No)		29b. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		29c. 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.

*Janey Shytle*  
Interim Administrator  
STATE REGISTRAR

DATE ISSUED: 5/6/2019

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

