

APNs:
1022-29-310-010; 1022-29-310-011
1022-29-310-012; 1022-29-310-013



KAREN ELLISON, RECORDER

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 TRUSTEES

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, APN 1022-29-310-010, more particularly described as follows:

Lot 139, as shown on the Map of Topaz Subdivision, filed in the office of the County Recorder in August 10, 1954, Document No, 9774, Official Records of Douglas County, State of Nevada.

(Pursuant to NRS 111.312, this legal description was previously recorded on March 7, 1985, as Document No. 114413, Official Records of Douglas County, Nevada.)

7. 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, APN 1022-29-310-011, more particularly described as follows:

Lot 140, as shown on the map of TOPAZ SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 10, 1954, in Book 1 of Maps, as File No. 9774.

(Pursuant to NRS 111.312, this legal description was previously recorded on July 12, 2001, as Document No. 518203, Official Records of Douglas County, Nevada.)

8. 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, APN 1022-29-310-012, more particularly described as follows:

Lot 141, as shown on the map of TOPAZ SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 10, 1954, in Book 1 of Maps, as File No. 9774.

(Pursuant to NRS 111.312, this legal description was previously recorded on July 12, 2001, as Document No. 518203, Official Records of Douglas County, Nevada.)

9. 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, APN 1022-29-310-013, more particularly described as follows:

Lot 142 as shown on the map of TOPAZ SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 10, 1954, in Book 1 of Maps, as File No. 9774.

(Pursuant to NRS 111.312, this legal description was previously recorded on July 12, 2001, as Document No. 518202, Official Records of Douglas County, Nevada.)

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

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

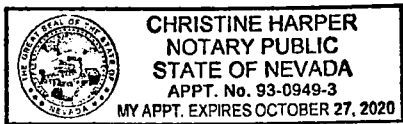
12. That Affiant certifies and declares under penalty of perjury of the laws of the State of Nevada that the foregoing is true and correct.

DATED this 2 day of June, 2020.

David Michael Giorgi
DAVID MICHAEL GIORGI

STATE OF NEVADA)
 : ss.
CARSON CITY)

On June 2, 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

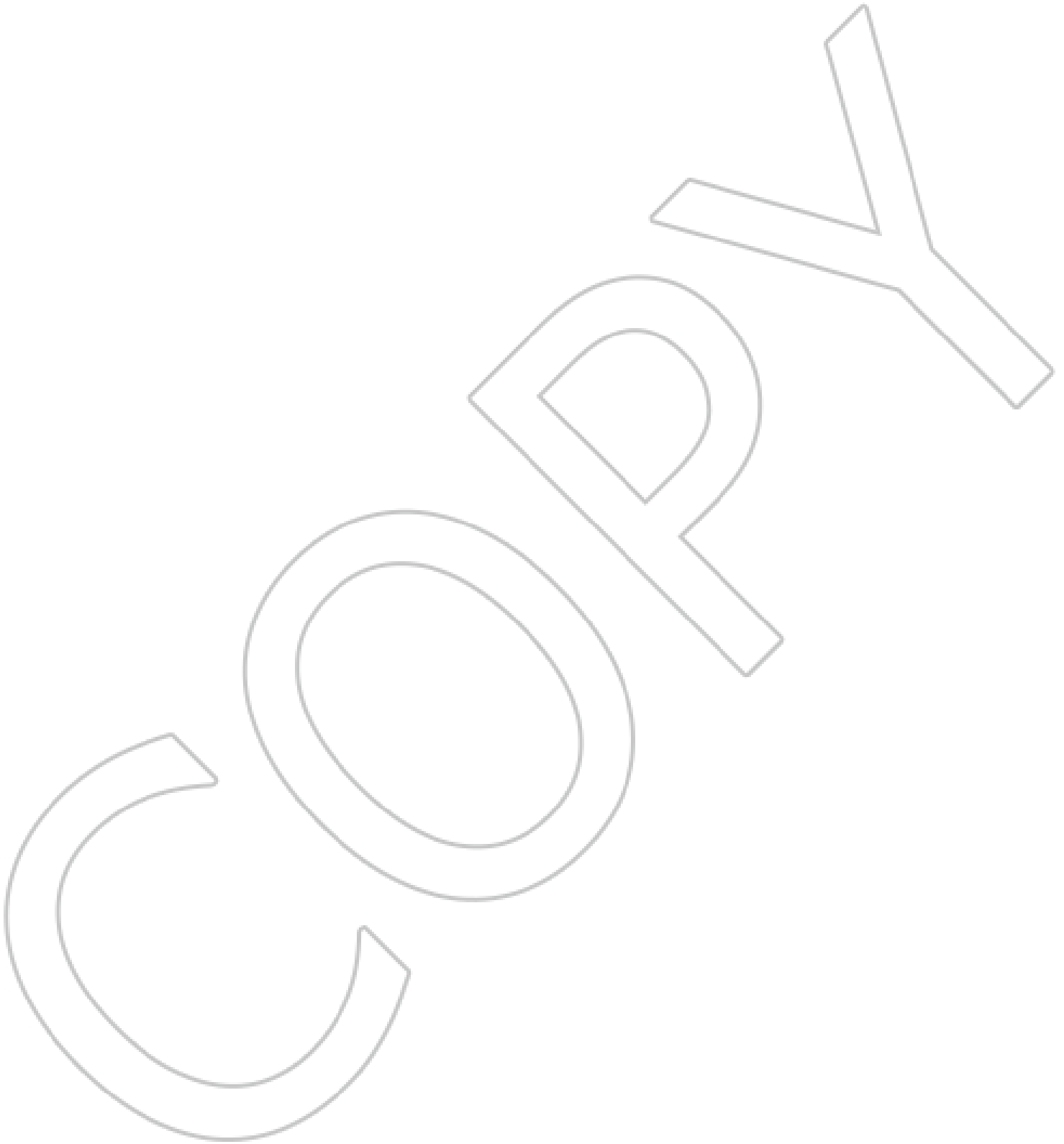


EXHIBIT 1

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 IN PERMANENT INK
CEDENT
DEATH RECORDED IN STRUCTURE HANDBOOK REGARDING POSITION OF VITAL RECORDS
MENTS
POSITION
CERTIFIER
CONDITIONS ANY CHANGES TO IMMEDIATE CAUSE OF THE UNDERLYING DISEASE LAST
USE OF DEATH

| | | | |
|---|--|---|--|
| 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 |
| 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. | SEX |
| 5. White | | 6. | 4. Female |
| AGE—Last Birthday (Years) | UNDER 1 YEAR MOS : DAYS | UNDER 1 DAY HOURS : MINS | DATE OF BIRTH (Mo., Day, Yr.) |
| 7a. 73 | 7b. : | 7c. : | 8. June 28, 1929 |
| STATE OF BIRTH (if not U.S.A., name country) | CITIZEN OF WHAT COUNTRY | Decedent's Education. Specify highest grade completed. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) |
| 9a. California | 9b. USA | 10. 16 | 11. Married |
| SOCIAL SECURITY NUMBER | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | KIND OF BUSINESS OR INDUSTRY | SURVIVING SPOUSE (If wife, give maiden name) |
| 13. 2678 | 14a. Teacher | 14b. 842 Education | 12. Baldo Giorgi |
| 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. <i>[Signature]</i> | 20b. 614 | 20c. Freitas Ruprecht Funeral Home 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) <i>[Signature]</i> | | 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) <i>[Signature]</i> | |
| DATE SIGNED (Mo., Day, Yr.) | | DATE SIGNED (Mo., Day, Yr.) | |
| 21b. 6/25/03 | | 22b. : | |
| HOUR OF DEATH | | HOUR OF DEATH | |
| 21c. 2250 | | 22c. : | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | PRONOUNCED DEAD (Mo., Day, Yr.) | |
| 21d. : | | 22d. ON | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) | | PRONOUNCED DEAD (Hour) | |
| 23a. Laurence Gay, M.D., P.O. 19936, Reno, NV 89511 | | 22e. AT | |
| LICENSE NUMBER | | 23b. 5152 | |
| REGISTRAR | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | DEATH DUE TO COMMUNICABLE DISEASE | |
| 24a. (Signature) <i>[Signature]</i> | 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: | | Interval between onset and death |
| (c) : | DUE TO, OR AS A CONSEQUENCE OF: | | 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. | 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. : | 28h. : |

STATE REGISTRAR

000802424



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:

JAN 24 2020

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

No. 236922



[Signature]
STATE REGISTRAR
Administrator

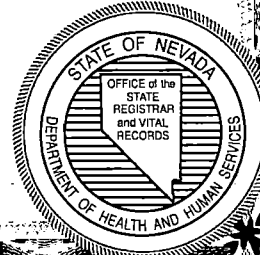


EXHIBIT 2

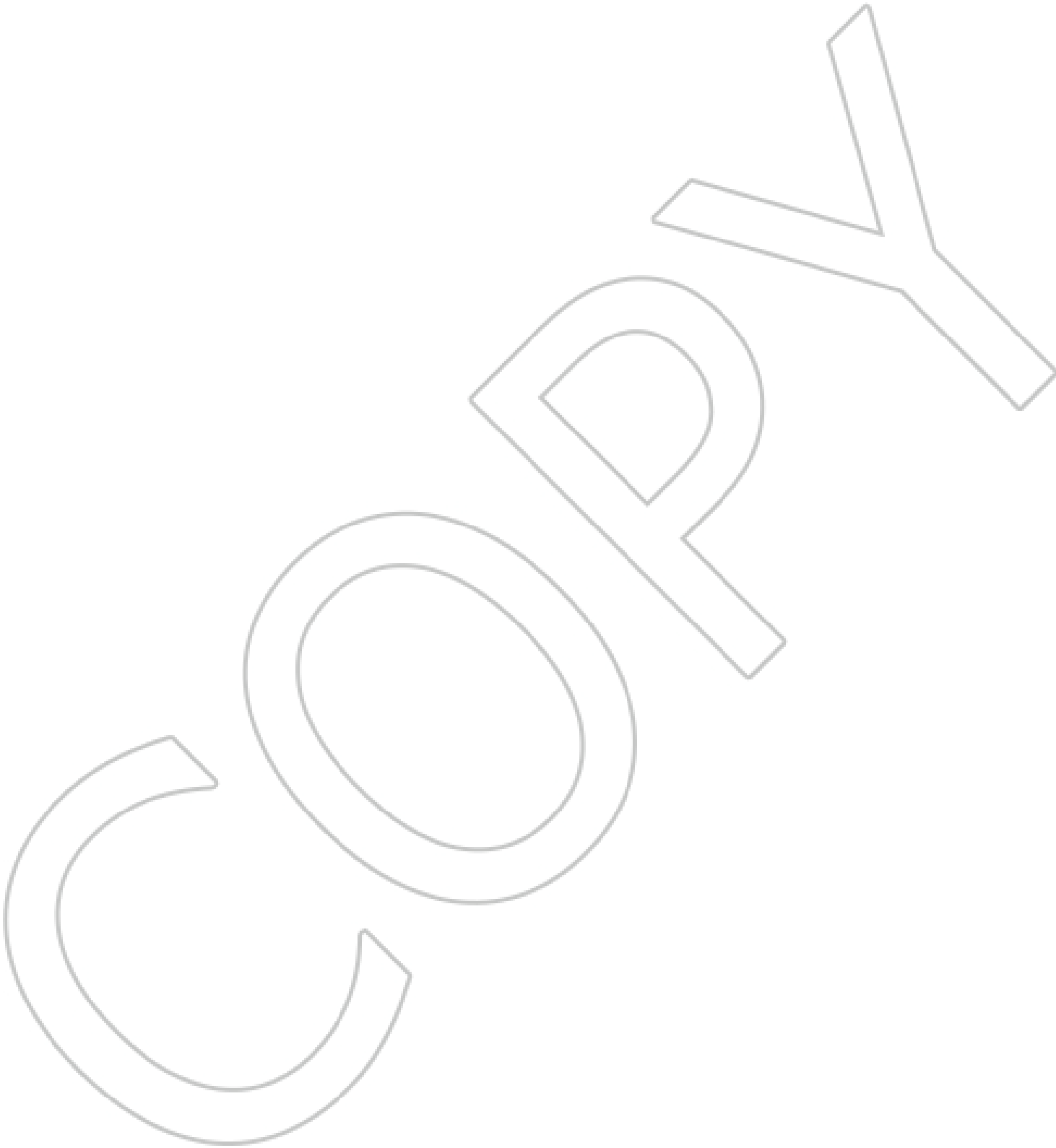


EXHIBIT2

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 and 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 DAYS | | 7c. UNDER 1 DAY HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) November 27, 1930 | | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 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) | | 14b. KIND OF BUSINESS OR INDUSTRY | | |
| | 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 | | Ever in US Armed Forces? No | | |
| | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Ugo GIORGI | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dina GALANTUOMINI | | | |
| TRADE CALL | 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 | | | | |
| | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Valley View Cemetery | | 19c. LOCATION City or Town State Yerington Nevada 89447 | | |
| CERTIFIER | 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 | | |
| | TRADE CALL - NAME AND ADDRESS | | | | | | |
| REGISTRAR | 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 | | 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) November 08, 2019 | | 21c. HOUR OF DEATH 07:08 | | 22b. DATE SIGNED (Mo/Day/Yr) | | |
| CAUSE OF DEATH | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 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 | | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 24a. REGISTRAR (Signature) BLAIR J HEDRICK | | 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 | (a) Ventricular Tachycardia | | | | Interval between onset and death | | |
| | (b) Systolic Congestive Heart Failure | | | | Interval between onset and death | | |
| PART II | (c) Acute Respiratory Failure | | | | Interval between onset and death | | |
| | (d) Unknown Etiology | | | | Interval between onset and death | | |
| 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, HOMICIDE, UNDETERMINED 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 | | | |

000797793



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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

