

APN 1220-16-210-158

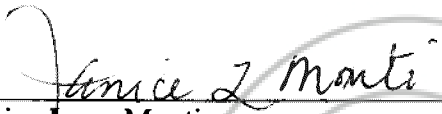
**RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:**

Steven E. Tackes, Esq.
Kaempfer Crowell
510 West Fourth Street
Carson City, NV 89703

MAIL TAX STATEMENTS TO:

Janice Lynn Monti, Trustee
Monti Family Trust dated August 14, 2017
P.O. Box 1477
Gardnerville, Nevada 89410

I affirm that this document submitted for recording **does** contain the social security number of any person or persons. (Per NRS 440.380(1) and 40.525(5))


Janice Lynn Monti

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
)ss:
CARSON CITY)

JANICE LYNN MONTI being first duly sworn, upon oath and under penalty of perjury, deposes and says as follows:

1. That I am over the age of twenty-one (21) years of age and competent to testify to the matters hereinafter stated.
2. That JON DAVID MONTI, the decedent mentioned in the attached Certificate of Death, who died on September 27, 2019, is the same person as JON DAVID MONTI, named as a Trustee of the MONTI FAMILY TRUST dated August 14, 2017, in that certain Grant Bargain

and Sale Deed recorded as Doc. No. 2017-902693 on August 14, 2017, covering the following described property.

3. That the real property described herein is real property situated in the County of Douglas, State of Nevada, and more particularly described as follows:

Lot 20, Block F, as said Lot and Block are shown on the Amended map of RANCHOS ESTATES, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 30 1972, as Document No. 62493.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof to be held and managed as the community property of the GRANTORS.

Legal description from Document No. 2017-902693, recorded August 14, 2017.

Commonly known as 1230 Monarch Ln., Gardnerville, Nevada 89460; APN 1220-16-210-158.

4. That I, JANICE LYNN MONTI, am named within the aforementioned Trust as the sole successor Trustee.

5. That I, JANICE LYNN MONTI, confirm, and I consent to serve as Trustee of the aforementioned Trust under the powers and duties as Trustee of such Trust.

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6. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

DATED this 28th day of August, 2020.

Janice L Monti

JANICE LYNN MONTI

SUBSCRIBED AND SWORN to before me
by JANICE LYNN MONTI
this 28th day of August, 2020.

Jano Barnhurst

Notary Public (Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4106028

CERTIFICATE OF DEATH

2019019757
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) Jon David MONTI		2. DATE OF DEATH (Mo/Day/Year) September 27, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street number) 1230 Monarch Ln		3e. If Hosp. or Inst. Indicate DOA,OP,Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 10, 1946		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Janice YARBROUGH	
13. SOCIAL SECURITY NUMBER 3044		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Aviation	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1230 Monarch Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Arthur MONTI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Madelyn SNODGRASS		
18a. INFORMANT- NAME (Type or Print) Janice MONTI			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 1477 Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) MARK D CANTY 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) October 08, 2019		21c. HOUR OF DEATH 12:10		22b. DATE SIGNED (Mo/Day/Yr)	
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) Mark D Canty MD 1495 Mill Street Reno, NV 89502				23b. LICENSE NUMBER 15475	
24a. REGISTRAR (Signature) BREECE D FLORES		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 08, 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) Metastatic Carcinoma Of The Lung And Bronchus		Interval between onset and death Years			
DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF: (d)		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, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. 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	

000790422



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: 10/10/2019

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

Love Shyue
Administrator
STATE REGISTRAR

