

APN# 1320-08-401-004

Recording Requested by:

Name: Livia Giovanna D'Atri
Address: 7669 N. Via Camello Del Norte
City/State/Zip: Scottsdale, AZ 85258
143-2605427-MK

Affidavit-Death of Trustee
(Title of Document)

Recorder Affirmation Statement

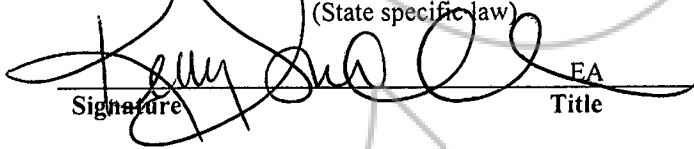
Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: Nevada

(State specific law)

 EA
Signature Title

Kelly Shinkevich
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Livia Giovanna D'Atri
7669 N. Via Camello Del Norte
Scottsdale, AZ 85258

Space Above This Line for
Recorder's Use Only

A.P.N. 1320-08-401-004

File No.: 143-2605427 (mk)

Affidavit - Death of Trustee

State of Arizona)
County of Maricopa)ss.
)

Livia Giovanna D'Atri ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **John Joseph D. Atri** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **October 22, 1991** at **South Lake Tahoe, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **1-10-1991** executed by **Livia Giovanna D'Atri and John Joseph D. Atri, trustees** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **10-2-2000** which was recorded as Instrument No. **0516945** in Book **0601**, Page **5872**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 11-16-2020

DECLARANT:

Livia Giovanna D'Atri
Livia Giovanna D'Atri

State of AZ)
)ss
County of Maricopa)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Maricopa and State AZ, this 19 day of Nov, 20 20 by Livia Giovanna D'Atri, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature [Handwritten Signature]

My Commission Expires: Aug 13, 2024



Notary Name: KYLER EHM Notary Phone: 316-734-0573
Notary Registration Number: 588031 County of Principal Place of Business MARICOPA

EXHIBIT 'A'

THAT CERTAIN PARCEL OF LAND SITUATE IN THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 8, TOWNSHIP 13 NORTH, RANGE 20 EAST, M.D.B. & M., DOUGLAS COUNTY, NEVADA, AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE 1/4 CORNER COMMON TO SECTIONS 8 & 17, SAID POINT BEING MARKED WITH A SPIKE SET FLUSH WITH THE PAVEMENT, FROM WHICH POINT THE SOUTHWEST CORNER OF SECTION 8 BEARS SOUTH 89° 38' 01" WEST, 2610.19 FEET; THENCE ALONG THE SECTION LINE COMMON TO SECTIONS 8 & 17, SOUTH 89° 38' 01" WEST, 25.00 FEET TO A POINT ON THE WESTERLY RIGHT-OF-WAY LINE OF HAYBORN ROAD, SAID POINT BEING THE TRUE POINT OF BEGINNING; THENCE CONTINUING ALONG SAID SECTION LINE, SOUTH 89° 38' 01" WEST, 366.00 FEET TO A POINT; THENCE, LEAVING SAID SECTION LINE, NORTH 00° 00' 09" WEST, 410.63 FEET TO A POINT; THENCE, SOUTH 89° 46' 14" WEST, 39.15 FEET TO A POINT; THENCE, ALONG A LINE WHICH IS PARALLEL TO, AND 318.00 FEET SOUTH OF THE NORTH LINE OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 8, NORTH 89° 46' 14" EAST, 405.15 FEET TO A POINT ON THE WESTERLY RIGHT-OF-WAY LINE OF HAYBORN ROAD; THENCE, LEAVING SAID 1/16 LINE AND ALONG SAID WESTERLY RIGHT-OF-WAY LINE WHICH IS PARALLEL TO AND 25 FEET WEST OF THE EAST LINE OF THE SOUTHWEST 1/4 OF SECTION 8, SOUTH 00° 00' 09" EAST, 1004.76 FEET TO THE TRUE POINT OF BEGINNING.

NOTE: THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED JUNE 22, 2001 IN BOOK 601, PAGE 5872 AS INSTRUMENT NO. 516945, OF OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA.

CERTIFICATION STATEMENT

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidmer, M.D.

Archie Wise Deputy Registrar
 Registrar of Vital Statistics
 El Dorado County, California

DEC 02 1991

Date

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
 USE BLACK INK ONLY

3-91-09-000587

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN		1B. MIDDLE JOSEPH	1C. LAST (FAMILY) D'ATRI
2A. DATE OF DEATH—MO. DAY, YR. OCTOBER 22, 1991		2B. HOUR 0950	3. SEX M
4. RACE White	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. OCTOBER 15, 1919	7. AGE IN YEARS 72
8. STATE OF BIRTH CA	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Vicenzo D'Atri	10B. STATE OF BIRTH Italy
11A. FULL MAIDEN NAME OF MOTHER Gieni Buscaino	11B. STATE OF BIRTH Italy	12. MILITARY SERVICE? 1939 TO 1942 <input type="checkbox"/> NONE	13. SOCIAL SECURITY NO. 5946
14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Livia J. Biassetto	16A. USUAL OCCUPATION Butcher	16B. USUAL KIND OF BUSINESS OR INDUSTRY Meat Cutting
16C. USUAL EMPLOYER Self-Employed	16D. YEARS IN OCCUPATION 40	17. EDUCATION—YEARS COMPLETED 12	18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1271 Cedar Ridge Dr.
18B. CITY Zephyr Cove	18C. ZIP CODE 89448	18D. COUNTY Douglas	18E. NUMBER OF YEARS IN THIS COUNTY 23
18F. STATE OR FOREIGN COUNTRY Nevada	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Livia J. D'Atri - Wife	19A. PLACE OF DEATH Barton Memorial Hospital	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP
19C. COUNTY El Dorado	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 4th and South Ave.	19E. CITY So. Lake Tahoe	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 27? IF YES, LIST TYPE OF OPERATION AND DATE. No	27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR 10/18/90	27B. DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR 10/22/91
27C. CERTIFIER'S LICENSE NUMBER A37074	27D. DATE SIGNED 10/27/91	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS LARRY A. PAPPAS, MD, P.O. Box 5657, So. Lake Tahoe, CA. 96157	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER
28B. DATE SIGNED	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO
30C. DATE OF INJURY: MONTH, DAY, YEAR	30D. HOUR	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
34A. DISPOSITION(S) BU	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Holy Cross Cemetery Colma, CA.	34C. DATE: MO. DAY, YEAR 10-28-91	34D. SIGNATURE OF EMBALMER [Signature]
34E. LICENSE NUMBER 6466	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) McFarlane Mortuary	36B. LICENSE NO. FD-1180	37. SIGNATURE OF LOCAL REGISTRAR Curtiss E. Weidmer
37. REGISTRATION DATE 10-23-91, M. Mc	STATE	CENSUS TRACT	