

APN 1420-05-101-001

WHEN RECORDED RETURN TO:

Tamara Reid, Esq.
Aguirre Riley, P.C.
427 West Plumb Lane
Reno, NV 89509

MAIL TAX STATEMENTS TO:

Christina M. Pearson, Trustee
5400 Wilmington Avenue
Reno, NV 89511

The undersigned hereby affirms that this document, including any exhibits, submitted for recording does contain the social security number of a person. (Per NRS 440.380)

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

CHRISTINA M. PEARSON, of legal age, being first duly sworn, deposes and says:

1. GREGORY A. MALAVAZOS, the Decedent referenced in the certified Certificate of Death attached hereto, died on August 25, 2021, and was, until his death, and is the same person as GREGORY A. MALAVAZOS, Trustee of the GREGORY MALAVAZOS TRUST dated August 31, 2018, as to an undivided 1/3 interest, in that certain Grant, Bargain, Sale Deed dated December 30, 2019, executed by Gregory A. Malavazos, trustee or successor trustee of the Gregory Malavazos Trust dated August 31, 2018 as to an undivided 1/3 interest and Carol J. Malavazos, trustee or successor trustee of the Carol Malavazos Trust dated August 31, 2018 as to an undivided 1/3 interest, recorded as Document Number 2020-940562 on January 7, 2020 in Official Records of Douglas County, Nevada, covering the real property located at 1008 Topsy Lane, Carson City, County of Douglas, State of Nevada, described as follows:

See Exhibit A attached hereto and made a part hereof.

2. That upon the death of GREGORY A. MALAVAZOS, CHRISTINA M. PEARSON became the successor Trustee under the GREGORY MALAVAZOS TRUST, dated August 31, 2018.

Dated this 23 day of September, 2021.

GREGORY MALAVAZOS TRUST

By: 
CHRISTINA M. PEARSON, Trustee

State of Nevada
County of Washoe

SUBSCRIBED and SWORN to (or affirmed) before me this 23rd day of September, 2021
by CHRISTINA M. PEARSON, Trustee of the Gregory Malavazos Trust.

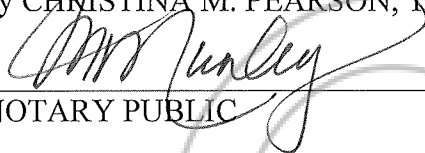

NOTARY PUBLIC



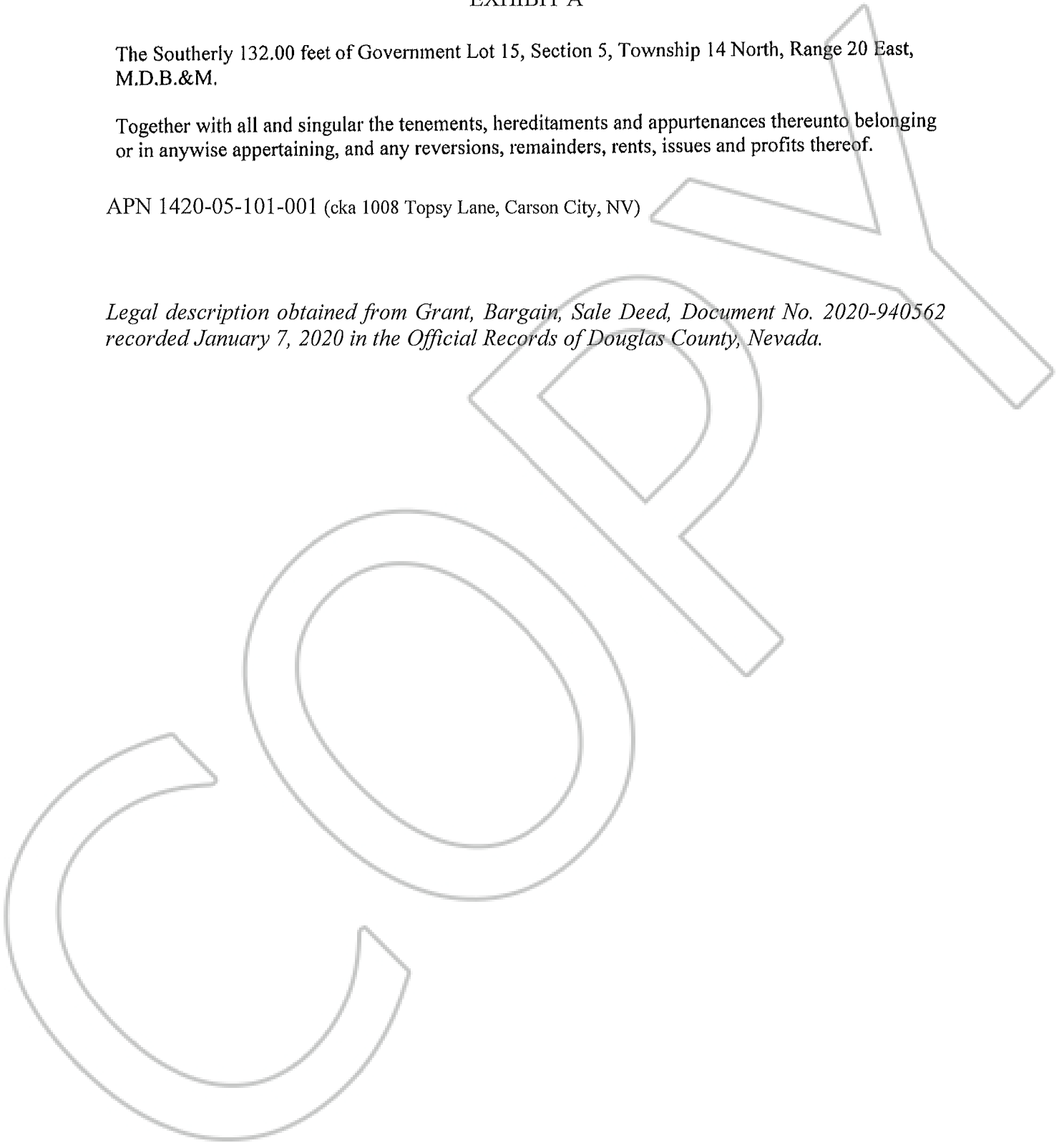
EXHIBIT A

The Southerly 132.00 feet of Government Lot 15, Section 5, Township 14 North, Range 20 East, M.D.B.&M.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues and profits thereof.

APN 1420-05-101-001 (cka 1008 Topsy Lane, Carson City, NV)

Legal description obtained from Grant, Bargain, Sale Deed, Document No. 2020-940562 recorded January 7, 2020 in the Official Records of Douglas County, Nevada.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4232317

CERTIFICATE OF DEATH

2021020437
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Burial

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) Gregory A MALAVAZOS		2. DATE OF DEATH (Mo/Day/Year) August 25, 2021		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Stone Valley Group Home		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Residential Care Facility/Group 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) September 05, 1947		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-4415		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Real Estate Investor		14b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 5400 Wilmington Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Arthur MALAVAZOS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lela HODGE		
18a. INFORMANT- NAME (Type or Print) Christina Marie PEARSON		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 5400 Wilmington Ct Reno, Nevada 89511			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY -NAME Northern Nevada Veterans Cemetery		19c. LOCATION City or Town State Fernley Nevada 89408	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502	
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) MARJORIE UHALDE 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) August 26, 2021		21c. HOUR OF DEATH 08:58		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22a. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Marjorie Uhalde MD 5542 Longley Ln Reno, NV 89511				23b. LICENSE NUMBER 4427	
24a. REGISTRAR (Signature) CARMEN M MENDOZA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 26, 2021		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				Interval between onset and death	
(a) Lewy Body Dementia				Interval between onset and death	
(b) Parkinsonism				5 Years	
(c)				Interval between onset and death	
(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 I. Cerebral Atherosclerosis, Hyperlipidemia, Benign Prostatic Hypertrophy, Paranoid Schizophrenia				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. 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	



000432417

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.

DEPUTY REGISTRAR

DATE ISSUED:

8/30/2021

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

SIGNATURE AUTHENTICATED

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

