

APN: 1319-10-111-005

RECORDING REQUESTED BY:

Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Millward Law, Ltd.
1591 Mono Ave
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording DOES contain personal information and/or social security number of any person.

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
) SS.
DOUGLAS COUNTY)

I, Carmen Del Nostro, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

That all of the real property situated in the State of Nevada, County of Douglas, more precisely described as:

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Lot 99 of the Final Map of GENOA LAKES PHASE 3, UNIT 2, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on May 1, 1995 in Book 595, page 78 as document No. 361251.

(Pursuant to NRS 111.312, the above-legal description previously appeared in Grant, Bargain, Sale Deed recorded November 21, 2014, as Document Number 853147.)

was acquired and held by Affiant, Carmen Del Nostro, and Susan Del Nostro, as Trustees of the Del Nostro Living Trust, dated October 3, 2014, by Grant, Bargain, Sale Deed executed by Carmen Del Nostro and Susan Del Nostro, on November 12, 2014, which deed was thereafter recorded with the Douglas County Recorder on November 21, 2014;

That Susan Del Nostro died on May 22, 2020, as identified in Certificate of Death #2020011079, issued by the Department of Health and Human Services of the State of Nevada attached hereto as Exhibit 1;

That Susan Del Nostro is the same person as Susan Del Nostro, Trustee of the Del Nostro Living Trust dated October 3, 2014; and

That Affiant, Carmen Del Nostro, is the surviving Trustee under the above-referenced Trust, which was in effect at the time of Susan Del Nostro's death, and the Trust has not been revoked.

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

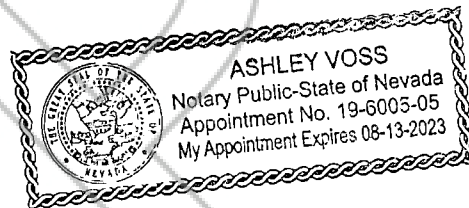
Date: 11-18-21, 2021

Carmen Del Nostro
Carmen Del Nostro, Affiant

State of Nevada)
Douglas County)

This instrument was signed and sworn to before me, Ashley Voss, a Notary Public, on November 18, 2021, by Carmen Del Nostro.

Ashley Voss
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4146893

CERTIFICATE OF DEATH

2020011079
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) Susan Elaine DELNOSTRO			2. DATE OF DEATH (Mo/Day/Year) May 22, 2020		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient		4. SEX Female
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 73	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY HOURS	7d. UNDER 1 MIN MIN
9a. STATE OF BIRTH (If not US/CA, name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Carmen DELNOSTRO
13. SOCIAL SECURITY NUMBER 0218		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Furniture		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Genoa		15d. STREET AND NUMBER 291 Genoa Highlands		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) JOHNSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary			
18a. INFORMANT- NAME (Type or Print) Carmen DELNOSTRO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 261 Genoa, Nevada 89411				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N.Lompa Ln Carson City NV 89701			
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) RUTH RHINES SIGNATURE AUTHENTICATED			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) RUTH RHINES SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) June 01, 2020		21c. HOUR OF DEATH 12:03		22b. DATE SIGNED (Mo/Day/Yr) June 01, 2020		22c. HOUR OF DEATH 12:03
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) May 22, 2020		22e. PRONOUNCED DEAD AT (Hour) 12:03	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 911 E Musser St. Carson City, NV 89701					23b. LICENSE NUMBER 9307	
24a. REGISTRAR (Signature) CELESTE RAMIREZ MUNOZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 01, 2020		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) Acute Cardiopulmonary Arrest					Interval between onset and death	
(b) Hypertension					Interval between onset and death	
(c) Alcohol Abuse					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 I.					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
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

000819126



CERTIFIED COPY OF VITAL RECORDS

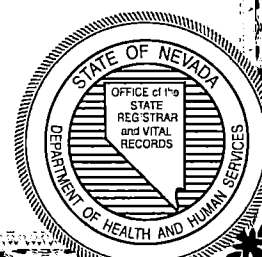
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

Celeste Ramirez Munoz STATE REGISTRAR

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

6/10/2020



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE