

A.P.N. No.:	1319-22-000-014
File No.:	1514749 WLD
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Paul Gregory Giordano and Thomas James Giordano	
405 MADISON TAYLOR PL.	
LAS VEGAS, NV 89144	

DOUGLAS COUNTY, NV	2021-979224
Rec:\$40.00	
\$40.00 Pgs=4	12/30/2021 03:52 PM
STEWART TITLE COMPANY - NV	
KAREN ELLISON, RECORDER	

(for recorders use only)

**Affidavit Death of Trustee
(Title of Document)**

Please complete Affirmation Statement below:

- 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: NRS 440.380(1)(A) and NRS 40.525(5)

Signature	Escrow Officer
Wendy Dunbar	Title
Print Signature	

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

RECORDING REQUESTED BY:
Stewart Title Company

WHEN RECORDED MAIL TO:
Paul Gregory Giordano and Thomas James Giordano,
Successor Trustees of the Albert Giordano Family Trust
dated August 19, 1970

ORDER NO. 1514749
A.P.N. No.: 1319-22-000-014

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

Paul Gregory Giordano and Thomas James Giordano of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as Albert G. Giordano named as one of the parties in that certain [Enter Data] dated Grant, Bargain, Sale Deed, executed by Kathlene Marie Prescott, Ruth Ellen Erwin, Alice Fay Ruybalid and Linda Louise Knowles to Albert G. Giordano, Trustee of the Albert Giordano Family Trust dated August 19, 1970, recorded as Instrument No. 0709023 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

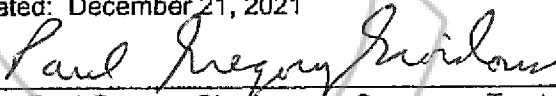
The land referred to in this Commitment is described as follows:


A parcel of land located within portions of Sections 22 and 27, Township 13 North, Range 19 East, MDB&M, described as follows:

Parcel 1 as shown on the Parcel I Map LDA 97-007 for Bartles Family Trust, filed for record in the office of the County Recorder of Douglas County, State of Nevada on January 8, 1998 in Book 198 at Page 622 as Document No. 429880.

2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: December 21, 2021


By: Paul Gregory Giordano, as Successor Trustee of The
Albert Giordano Family Trust


By: Thomas James Giordano, as Successor Trustee of
The Albert Giordano Family Trust

State of California
County of San Luis Obispo

Subscribed and sworn to (or affirmed) before me on this 24 day of December, 2021 by
Paul Gregory Giordano and Thomas James Giordano.

Signature  (Seal)



COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SOLANO
HEALTH AND SOCIAL SERVICES DEPARTMENT

3052020107798

CERTIFICATE OF DEATH

3202048001357

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) ALBERT		2. MIDDLE G.		3. LAST (Family) GIORDANO	
AKA, AL SO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 01/18/1925		5. AGE Yrs. Months Days 95	
6. SEX M		7. DATE OF DEATH mm/dd/yyyy 05/13/2020		8. HOUR (24 hours) 0640	
9. BIRTH STATE/FOREIGN COUNTRY ITALY		10. SOCIAL SECURITY NUMBER 9210		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) DIVORCED		13. EDUCATION - Highest Level/Degree (use worksheet on back) DOCTORATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COLLEGE PROFESSOR		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, read construction, employment agency, etc.) POSTSECONDARY EDUCATION		17. YEARS IN OCCUPATION 35	
18. DECEDENT'S RESIDENCE (Street and number, or location) 2350 ESTATES DR, APT 314		19. CITY FAIRFIELD		20. COUNTY/PROVINCE SOLANO	
21. ZIP CODE 94534		22. YEARS IN COUNTY 1		23. STATE/FOREIGN COUNTRY CA	
24. INFORMANT'S NAME, RELATIONSHIP THOMAS JAMES GIORDANO, SON		25. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1315 MARTINO RD, LAFAYETTE, CA 94549			
26. NAME OF SURVIVING SPOUSE/SRDP—FIRST -		27. MIDDLE -		28. LAST (BIRTH NAME) -	
29. NAME OF FATHER/PARENT—FIRST DOMINIC		30. MIDDLE EUGENE		31. LAST GIORDANO	
32. BIRTH STATE ITALY		33. NAME OF MOTHER/PARENT—FIRST GESONIMIA		34. MIDDLE -	
35. LAST TENUTA		36. BIRTH STATE ITALY		37. BIRTH STATE ITALY	
38. PLACE OF FINAL DISPOSITION SAN CARLOS CEMETERY		39. ADDRESS 792 FREMONT ST, MONTEREY, CA 93940			
40. DATE 05/19/2020		41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT MCCUNE GARDEN CHAPEL		45. LICENSE NUMBER FD388	
46. SIGNATURE OF LOCAL REGISTRAR BELA MATYAS, MD, MPH		47. DATE mm/dd/yyyy 05/19/2020		48. LICENSE NUMBER 50	
101. PLACE OF DEATH PARADISE VALLEY ESTATES		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SOLANO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2350 ESTATES DR, APT 314		106. CITY FAIRFIELD	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) SUDDEN CARDIAC DEATH (B) ATRIAL FIBRILLATION (C) TYPE II DIABETES MELLITUS		108. TIME INTERVAL BETWEEN ONSET AND DEATH (A) 10 MINS (B) 20 YRS (C) 25 YRS		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PACEMAKER, DIVERTICULOSIS, CONGESTIVE HEART FAILURE, STAGE III CHRONIC KIDNEY DISEASE					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. NONE					
115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		116. SIGNATURE AND TITLE OF CERTIFIER DOUGLAS FREEMAN M.D.		117. LICENSE NUMBER C51473	
118. DATE mm/dd/yyyy 10/07/2019		119. DATE mm/dd/yyyy 03/23/2020		120. SIGNATURE AND TITLE OF CERTIFIER DOUGLAS FREEMAN M.D.	
121. TYPE AT TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DOUGLAS FREEMAN M.D.		122. ADDRESS 2458 HILBORN AVE, FAIRFIELD, CA 94534			
123. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		124. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		125. INJURY DATE mm/dd/yyyy	
126. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		127. HOUR (24 hours)			
128. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
129. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
130. SIGNATURE OF CORONER / DEPUTY CORONER		131. DATE mm/dd/yyyy		132. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B	
C		D		E	
FAX AUTH.#		CENSUS TRACT		"010001004542132"	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO

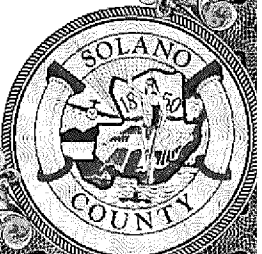
This is a true and exact reproduction of the document officially registered and placed on file in the office of the Solano County Health and Social Services Department, Public Health Division.

By lk, Deputy. DATE ISSUED **JUN 03 2020**

Bela T. Matyas
BELA MATYAS, MD, MPH
HEALTH OFFICER AND LOCAL REGISTRAR

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASOLANODI