

APN# 27 1220-17-610-020 P4N



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Judy Gialongo  
Address: 921 Springfield Dr.  
City/State/Zip: Gardnerville, NV

Mail Tax Statements to:

Name: Sane  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Affidavit Death  
Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Judith A. Gialongo  
Signature  
JUDITH ANN GIALONGO  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting  
\_\_\_\_\_  
\_\_\_\_\_

**Affidavit of Death**

STATE OF Nevada  
COUNTY OF Douglas

I, Judith Ann Giallongo residing at 921 Springfield Dr.  
Gardnerville Nevada, being of legal age, depose and say that:

That Mario Giallongo  
921 Springfield St.  
Gardnerville NV 89460 died on December 6<sup>th</sup> as  
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;

That no proceeding is being or has been conducted in Douglas County for administration of the descendant's estate.

**Oath of Affirmation:** See Attached Deed

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Signed and sworn to before me on

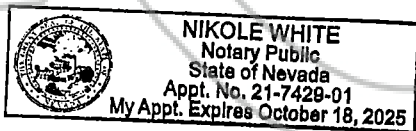
January 5, 2022 by \_\_\_\_\_

Judith Ann Giallongo  
JUDITH ANN GIALLONGO

STATE OF Nevada, COUNTY OF Douglas, ss:

[Signature]

Notary Public



Notary

Title (and Rank)

My commission expires 10/18/2025

Doc #  
DOC # 0646693  
06/13/2005 02:29 PM Deputy: KLJ  
OFFICIAL RECORD  
Requested By:  
SCARPELLO & HUSS LTD

NEW 1226-17-610-020 PTN  
a portion of APN 27-070-43

RECORDING REQUESTED BY AND MAIL  
TAX STATEMENTS TO:

Mario & Judith Ann Giallongo  
921 Springfield  
Gardnerville, NV 89460

AFTER RECORDATION RETURN BY MAIL THIS DEED TO:

David J. Morandi, Esq.  
Scarpello & Huss, Ltd.  
600 E. William Street, Suite 300  
Carson City, NV 89701

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 2 Fee: 15.00  
BK-0605 PG- 5161 RPTT: # 6



SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, MARIO GIALLONGO and JUDITH ANN GIALLONGO, husband and wife, as joint tenants, hereby grant to MARIO GIALLONGO and JUDITH ANN GIALLONGO, as Co-Trustees of the M. & J.A. GIALLONGO - 2005 TRUST, dated June 1, 2005, all their interest in the real property described herein as situated in the State of Nevada, County of Douglas, described as follows:

*As described*

Lot 147, Block C, as set forth on Final map of PLEASANTVIEW, PHASE 7 Map No. 1009-7 filed in the Office of the County Recorder of Douglas County, State of Nevada August 4, 1998, in Book 898, Page 634 as Document No. 446212.

a portion of APN 27-070-43

WITNESS our hands this 9<sup>th</sup> day of June, 2005, at Carson City, Nevada.

*Mario Giallongo*  
MARIO GIALLONGO

*Judith Ann Giallongo*  
JUDITH ANN GIALLONGO

STATE OF NEVADA            )  
                                  ): ss.  
CARSON CITY                )

On this 9th day of June, 2005, before me, the undersigned, a Notary Public in and for said state, personally appeared MARIO GIALLONGO and JUDITH ANN GIALLONGO, personally known or proved to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the entities upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.



Karen A. Easton  
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. 4252941

**CERTIFICATE OF DEATH**

2021030588  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Mario GIALONGO</b>		2 DATE OF DEATH (Mo/Day/Year) <b>December 06, 2021</b>		3a COUNTY OF DEATH <b>Douglas</b>	
	3b CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address number) <b>921 Springfield Drive</b>		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Home</b>	
DECEDENT	4 SEX <b>Male</b>		5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a AGE-Last birthday (Years) <b>81</b>		7b UNDER 1 YEAR MOS   DAYS		7c UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8 DATE OF BIRTH (Mo/Day/Yr) <b>July 15, 1940</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Italy</b>		9b. CITIZEN OF WHAT COUNTRY <b>Yemen</b>	
	10 EDUCATION <b>13</b>		11 MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Judith Ann SOUSA</b>	
PARENTS	13 SOCIAL SECURITY NUMBER <b>-3137</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Postal Worker</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Postal Service</b>	
	15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d STREET AND NUMBER <b>921 Springfield Drive</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Rosario GIALONGO</b>	
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elvira PISANO</b>		18a INFORMANT- NAME (Type or Print) <b>Judy GIALONGO</b>		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>921 Springfield Drive Gardnerville, Nevada 89460</b>	
TRADE CALL	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c LOCATION City or Town State <b>Carson City Nevada 89701</b>	
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
CERTIFIER	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>NITA SCHWARTZ MD</b>		21b DATE SIGNED (Mo/Day/Yr) <b>December 08, 2021</b>		21c HOUR OF DEATH <b>03:40</b>	
	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c HOUR OF DEATH		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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>		23b LICENSE NUMBER <b>9114</b>		24a REGISTRAR (Signature) <b>DARAN GRISSOM</b>	
CAUSE OF DEATH	24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 08, 2021</b>		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))	
	25a ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)		25b DATE OF INJURY (Mo/Day/Yr)		25c HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25d DESCRIBE HOW INJURY OCCURRED		26 AUTOPSY (Specify Yes or No) <b>No</b>		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
	28a 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	



CERTIFIED COPY OF VITAL RECORDS

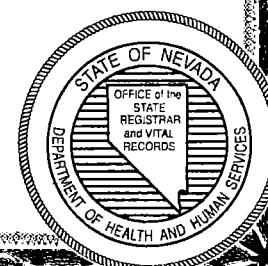
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

*[Signature]*

DATE ISSUED: 12/15/2021

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE