

APN: 1320-34-002-032



KAREN ELLISON, RECORDER

Recording Requested By/Return To:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, Nevada 89423

Mail Future Tax Statements To:
MARK VINCENT BARTOLOMUCCI, Trustee
1525 Scoti Lane
Gardnerville, NV 89410

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

AFFIDAVIT OF DEATH OF SETTLOR/TRUSTEE OF TRUST

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

MARK VINCENT BARTOLOMUCCI, being of legal age, and being of sound mind and body, hereby swears (or affirm) under penalty of perjury, that the following is true of his own personal knowledge:

That ELLEN MARIE BARTOLOMUCCI, the Decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as ELLEN MARIE BARTOLOMUCCI, Settlor and Trustee of the *Mark Vincent Bartolomucci and Ellen Marie Bartolomucci 2006 Trust*, dated April 7, 2006, and any amendments thereto (hereinafter: "the Trust") and named as one of the grantees in that certain Quitclaim Deed dated October 3, 2017, and recorded on October 20, 2017, as Document No. 2017-905840 of Official Records of Douglas County, State of Nevada, which Quitclaim Deed pertains to property situated at 1525 Scoti Lane, Gardnerville, Douglas County, Nevada, and more precisely described as:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description was previously recorded in that certain Quitclaim Deed recorded as Document No. 2017-905840 of Official Records of Douglas County, State of Nevada, on October 20, 2017.

The Trust was in effect at the date of death of Decedent and has not been revoked.

I, MARK VINCENT BARTOLOMUCCI, shall forthwith serve as sole Trustee of the *Mark Vincent Bartolomucci and Ellen Marie Bartolomucci 2006 Trust*, dated April 7, 2006, and any amendments thereto.

I, MARK VINCENT BARTOLOMUCCI, declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: March 1, 2022.

*Mark Vincent Bartolomucci and Ellen Marie Bartolomucci
2006 Trust, dated April 7, 2006*



MARK VINCENT BARTOLOMUCCI, Surviving Settlor
and Sole Trustee

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On March 1, 2022, before me, a Notary Public, personally appeared MARK VINCENT BARTOLOMUCCI, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.

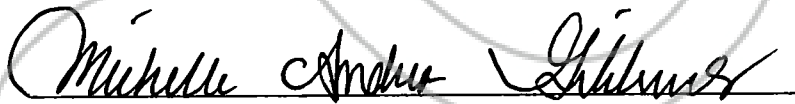
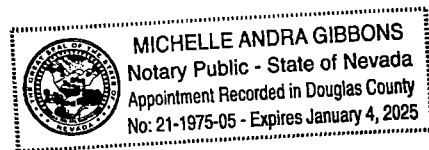

Notary Public

EXHIBIT "A"
LEGAL DESCRIPTION

LOT 6, IN BLOCK B, AS SET FORTH ON THE FINAL MAP OF SIERRA SUNSET HEIGHTS,
UNIT NO. 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF
DOUGLAS COUNTY, NEVADA ON MARCH 20, 1986, DOCUMENT NO. 132396.

APN: 1320-34-002-032

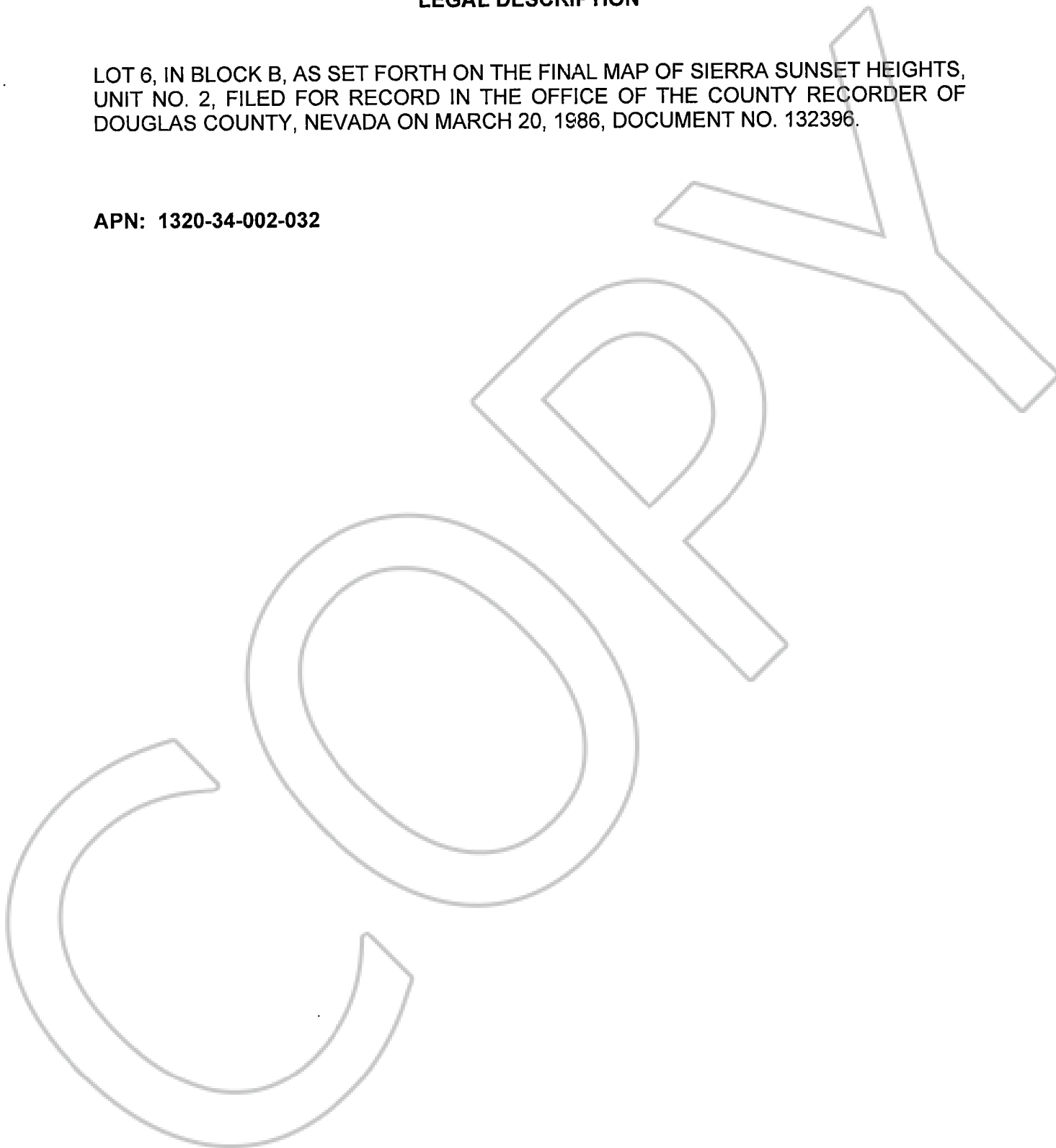




EXHIBIT 1

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*Certified Copy of Certificate of Death, State of Nevada,
Ellen Marie Bartolomucci, Deceased*

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4263478

CERTIFICATE OF DEATH

2022002393
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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) Ellen Marie BARTOLOMUCCI		2. DATE OF DEATH (Mo/Day/Year) January 26, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 1525 Scoti Lane		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 62	
9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER [REDACTED] 3661		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of INTERIOR DESIGNER		14b. KIND OF BUSINESS OR INDUSTRY DESIGN	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCAT ON Gardnerville	
15d. STREET AND NUMBER 1525 Scoti Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		4. SEX Female	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Richard BARRETT			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Ethelyn HAYS		
18a. INFORMANT- NAME (Type or Print) Mark Vincent BARTOLOMUCCI		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1525 Scoti Lane Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
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) NITA SCHWARTZ MD 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)		
21b. DATE SIGNED (Mo/Day/Yr) February 01, 2022		21c. HOUR OF DEATH 20:48		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 1		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 02, 2022		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) Breast Cancer With Metastasis Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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				26 AUTOPOST (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	



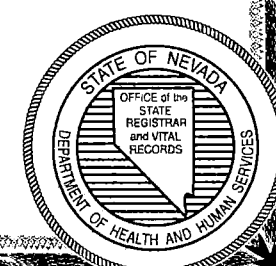
CERTIFIED COPY OF VITAL RECORDS

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.

Jan Skyles
STATE REGISTRAR

DATE ISSUED: 2/4/2022

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE