DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 2022-983244

04/01/2022 10:05 AM

AARON RIECHERT CARPOL & RIFFLE

Pgs=4

**RECORDING REQUESTED BY:** 

Alexandra R. Martin Attorney at Law

WHEN RECORDED MAIL TO:

Alexandra R. Martin, Esq. Aaron, Riechert, Carpol & Riffle, APC 333 Twin Dolphin Dr. Ste 350 Redwood City CA 94065

**MAIL TAX STATEMENTS TO:** 

Lorie S. Longo 770 Bain Place, Redwood City, CA 94062

Parcel Number(s):1318-10-310-037 740 Cedar Street, Zephyr Cove, Nevada

KAREN ELLISON, RECORDER

# AFFIDAVIT DEATH OF TRUSTEE UNDER TRUST DATED DECEMBER 19, 2005

The undersigned, Lori S. Longo, Trustee of legal age, being first duly sworn, deposes and says:

- 1. Vito J. Longo, and Lori S. Longo as Trustors entered into the Longo Family Trust dated December 19, 2005. Said trust was restated in its entirety on June 22, 2020. Both Settlors served as the initial Trustees therein.
- 2. Vito J. Longo, died on October 20, 2021. That Vito Joseph Longo, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Vito J. Longo, named as Co-Trustee in that certain Trust dated December 19, 2005, and is the same person as Vito J. Longo, named as Trustee in that certain Grant Deed executed December 19, 2005, and recorded in the office of the Recorder of Douglas County, State of Nevada, on January 6, 2006 as document number 0665013 and is the same person as Vito J. Longo named as trustee in that certain Grant, Bargain, Sale Deed executed December 3, 2012, and recorded in the office of the Recorder of Douglas County, State of Nevada, on December 11, 2012 as document number 814329.
- 3. Said Trust as restated provided in Article Seven paragraph 7.1 entitled "Successor Trustee" on page one thereof that upon the death of Vito J. Longo, Lori S. Longo shall thereafter serve as Sole Trustee. Therefore Lori S. Longo has succeeded to the position of Trustee under said Trust Agreement.
- 4. Further, said Trust as restated provided in Article Seven paragraph 7.2(e) entitled "General Trustee-Related Provision" subparagraph (i) commencing on page sixteen (16) of that the Trustee, including any Successor Trustee, shall have the powers to sell, convey, exchange, encumber by mortgage, deed of trust or otherwise and invest and reinvest the trust property and other powers as set forth in said Trust.

### FOR LEGAL DESCRIPTION SEE ATTACHED EXHIBIT "A"

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED on March 29, 2022, at Redwood City, California.

Seri S. Longó

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA COUNTY OF SAN MATEO

SUBSCRIBED AND SWORN (or affirmed) to before me this 29<sup>th</sup> day of March 2022, by Lori S. Longo, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Ava A. Smoldt Notary Public AVA A. SMOLDT

Notary Public - California
San Mateo County
Commission # 2283085

My Comm. Expires Mar 26, 2023

### **EXHIBIT A**

The real property in the County of Douglas, State of Nevada, described as follows:

Lot 12, in Block B of Zephyr Cove Property in Section 10, Township 13 North, Range 18 East, M.D.B. & M., according to as delineated on that certain map entitled 'Amended Map of Zephyr Cove Property in Section 10, T13N, R18E", which was filed for record August 5, 1929 with Josephine L. Klotz, County Recorder, Douglas County, Nevada, after begin approved by the Board of County Commissioners of Douglass County, Nevada on the same date.

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Commonly known as 740 Cedar Street, Zephyr Cove, Nevada APN: 1310-10-310-037



## **COUNTY OF SAN MATEO**

REDWOOD CITY, CALIFORNIA

	3052021262118		CERTIFICATE OF DEATH STATE OF CALIFORNA USE BLACK INX ONLY 710 ENVISES, WHITEVALS OR ALTERATIONS 97-91 (RE) VIOLE 10.					3202141004032				
	STATE FILE NUMBER  1 NAME OF DECEDENT—FIRST (GIVEN)	2 MID	2 MIDDLE			S, WHOTEOUTS OR ALTERATIONS (3/05)  3 LAST (Family)			LOCAL REGISTRATION NUMBER			
DECEDENT'S PERSONAL DATA	VITO  AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		JOSEPH			LONGO					1	
	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDI	.E., LAST)			8/05/1		75 S AGE Yrs	F UNDER ONE YEA lonths Days	Hours	R 24 HOURS Minutes	6 SEX	
	9 BIRTH STATE/FOREIGN COUNTRY 10 SOCIAL	SECURITY NUMBER	11 EVER IN U	S ARMED FORC		MARITAL STATUS	S/SRDP (at Time of Death)	7 DATE OF DEA		0500	(24 Hours)	
	13 EDUCATION - Highest Lond/Degree 14/15 WAS DECEDENT HISPANIC/LATINO/A/JSPANISH7 (If yes, see worksheet on back)  16 DECEDENT'S RACE Up to 3 ratios may be based been worksheet on back)											
DECED	BACHELOR YES			<u>X</u>	NOLVV		ery store, road constructi	on, employment s	gency, etc }	19 YEARS IN C	CCUPATION	
	ELECTRICAL ENGINEER  20 DECEDENT'S RESIDENCE (Street and number, or loc		ENGINEERING				45					
AL	770 BAIN PLACE											
	21 CITY REDWOOD CITY	SAN MAT				-1877	24 YEARS IN COUNT 25	IN COUNTY 25 STATE/FOREIGN COUNTRY CA				
INFOR-	28 INFORMANT'S NAME, RELATIONSHIP	eet and number, or rural DWOOD CIT	76.	or lown, state a	nd zrp)							
	LORI LONGO, WIFE 28 NAME OF SURVIVING SPOUSE/SRDP"-FIRST	28 MIDDI		30 LAST (BIRTH NAME)								
SPOUSE/SRDP AND PARENT INFORMATION	LORI 31 NAME OF FATHER/PARENT-FIRST		32 MIDDLE			SIEMENS 33 LAST			34 BIRTH STATE			
	STEFANO		- \		LONGO					LA		
	35 NAME OF MOTHER/PARENT-FIRST		36 MIDDLE:			GREAT!		/ )	38 ВІЯТН \$ТА: МО			
TORV	39 DISPOSITION DATE mandadacoyy 40 PLACE OF FINAL DISPOSITION RES-I ORLI ONICO											
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALMER						43 LICENSE NUMBER			
	CREMATE/TRANSIT/RESIDENCE		NOT EMBALMED  45 LICENSE NUMBER 46 SIGNATURE OF LOCAL REGISTRAR					FCD 47 DATE mm/dd/coyy			/ссуу	
	A4 NAME OF FUNERAL ESTABLISHMENT AD IRECT CREMATION COM OF NORTHERN CALIFORNIA  102 IF HOSPITAL, SPECIFY ONE 103 IF OT						ON MAN HO		0/25/202	21		
PLACE DF DEATH	RESIDENCE PVOP DOA Hassice Nursing Whome/LTC X Home											
Ž	SAN MATEO 105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or focation) 770 BAIN PLACE								REDWOOD CITY			
CAUSE OF DEATH	107 CAUSE OF DEATH Enter the Open of events — classuse, myres or complexations — that directly caused death DO NOT enter terminal events such as a cad as a restal, inspiretory areast, or vertinouter fortilation without shorting the elibility. DO NOT ABBREVIATE IMMEDIATE CAUSE — (A) CARDIOPULMONARY ARREST						Onset an	Ture Interval Between 108 DEATH REPORTED TO CORONER?  Onset and Death YES X NO				
	(Final disease or condition resulting —)						MINS		BIOPSY PERFO			
	Sequentially, list conditions if any.			\_\_\				MOS	- 1 -	YES	X NO	
	leading to cause on Use A Enter UNDERLYING CAUSE (disease or							110	AUTOPSY PER!	FORMED?		
	CHOSE (Creates or Injury that Inflitted the events ID) Insufficed the events ID) Insuffice (Create or Injury that Inflitted the events ID)							(DI)	1111	ISED IN DETERMIN	ING CAUSE?	
	112 OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107										₩	
and the same of	NONE  113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (If yes, list type of operation and date)  113. If FEMALE PREGNANT IN LAST YEAR?											
	NO  114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED   115 SIGNATURE AND TITLE OF CERTIFIER								YES X NO UNK			
CATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES ST Decedent Attended Since Decedent Last See	ADITI	HDATE	DO			¥®	2014	0504	10/22/20		
PHYSICIAN'S CERTIFICATION	Decedent Attended Serice											
	119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE MANNER OF DEATH Natural Accident	HOUR DATE AND PLACES!	Pencing	┌┤≎	uld not be	120 INJURE	NO UN	1	Y DATE mm/dd/	TETYY 122 HOL	JR (24 Hours)	
CORONER'S USE ONLY	MANNER OF DEATH   Nature   Account   number   Succes   Investigation   determined   TES   NO   UNN    123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)											
	124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)											
	125 LOCATION OF INJURY (Street and number, or location, and city, and 27))											
76	126 SIGNATURE OF CORONER / DEPUTY CORONER		127 DATE mm/dd/coyy 128 TYPE NAME, TITLE OF CORONER /				NA DEPO IT COP	DEFOTE COMONEN .				
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CERTIFIED COPY OF VITAL RECORDS
COUNTY OF SAN MATEO, STATE OF CALIFORNIA

MARK CHURCH Assessor-County Clerk-Recorder

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Mateo County Assessor-County Clerk-Recorder.

By DIANA SIROÑ Deputy DATE ISSUED NOV 0 9 2021