

APN# 1320-33-715-027

Recording Requested by/Mail to:

Name: Robert Stiles

Address: 1382 Brooke Way

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Robert Stiles

Address: 1382 Brooke Way

City/State/Zip: Gardnerville, NV 89410



KAREN ELLISON, RECORDER

Affidavit of Death of Trustee

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)

Robert Stiles

Signature

Robert Stiles

Printed Name

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

Recording requested by:
Robert Stiles, Trustee
1382 Brooke Way
Gardnerville, NV 89410

And when recorded, mail to:
Robert Stiles, Trustee
1382 Brooke Way
Gardnerville, NV 89410

APN: 1320-33-715-027

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE


State of Nevada)
) ss.
County of Douglas)

Robert Stiles, of legal age, being first duly sworn, deposes and says:

1. John Michael Mauriello, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John M. Mauriello named as Trustee in the Declaration of Trust dated May 26, 2010, and executed by John M. Mauriello as Settlor and Trustee.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1382 Brooke Way, Gardnerville, NV 89410, which property is described in a Deed which was executed by William John Lepore, Jr. as Grantor on September 8, 2014, and recorded as Document No. 2014-852628, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:
Lot 35, Block H, as set forth on Final Subdivision Map No. 1006-7 for Chichester Estates Phase 7, filed in the Office of the County Recorder of Douglas County, State of Nevada on October 13, 2000, in Book 1000, Page 2398, as Document No. 501336.
4. I am the named successor Trustee under the above-referenced Trust which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

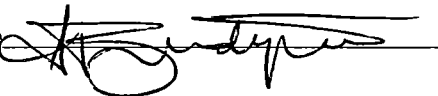
I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

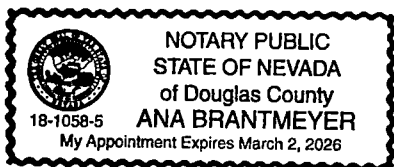
Dated 8-1-22


Robert Stiles

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 1st day of August, 2022 by Robert Stiles, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature 



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4295276

CERTIFICATE OF DEATH

2022017145
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) John Michael MAURIELLO		2. DATE OF DEATH (Mo/Day/Year) July 14, 2022		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 ar number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR (MOS DAYS)		7c. UNDER 1 DAY (HOURS MINS)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████ 3294		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1342 Brooke Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16 FATHER/PARENT - NAME (First Middle Last Suffix) John MAURIELLO			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Antoinette R MURNO		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Robert STILES		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1342 Brooke Way 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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) MERCEDES Q QUARTUCCI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD983		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED CRAIG RAU MD		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) July 18, 2022		21c. HOUR OF DEATH 06:10		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 10991	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 19, 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) Acute Cardiorespiratory Failure		Interval between onset and death			
	(b) Multifocal Pneumonia		Interval between onset and death			
PART II	(c) Pulmonary Fibrosis		Interval between onset and death			
	(d) Chronic Obstructive Pulmonary Disease		Interval between onset and death			
26. AUTOPSY (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		
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		
28d. DESCRIBE HOW INJURY OCCURRED						



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.

Scott Spangler

DATE ISSUED: 7/21/2022

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

