DOUGLAS COUNTY, NV Rec:\$40.00

KAREN ELLISON, RECORDER

2022-988455

08/15/2022 03:12 PM

Pas=4

Total:\$40.00 JOSEPH D. RUSSO



APN# 1318-16-810-038 Recording Requested by/Mail to: Name: JOSEAH D. RUSSO Address: 476 ELKS AVENUE City/State/Zip: ZEPHYR COUE, NV 89448 Mail Tax Statements to: Name: _____ Address: _____ City/State/Zip:

AFFIDAVIT OF DEATH

Title of Document (required)

| (Only use fa | applicable) | | |
|------------------|-------------|-----|----|
| | | / / | i. |

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

Affidavit of Death - NES 440.380(1)(A) & NRS 40.525(5)

_Judgment - NRS 17.150(4)

Military Discharge - NES 419.020(2)

JOSEPH D. RJSSO

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

Affidavit of Death

| STATE OF NEVADA |
|--|
| COUNTY OF DOUGLAS |
| I, Joseph D. RUSSO, residing at 476 ELKS AVENUE, ZEPHYR COVE being of legal age, depose and say that: |
| That LIBBY J. RUSSO, TRUSTEE OF RUSSO FAMILY TEOST DID 12/27/1993 died on JUNE 2, 2022 as evidence by a certified copy of that Certificate of Death, attached hereto; |
| 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; SEE EXHIBIT A |
| That no proceeding is being or has been conducted in NEVADA for administration of the descendant's estate. |
| Oath of Affirmation: |
| I certify under penalty of perjury under <u>NEVADA</u> 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 8/15/22_by Rusay TRUSTEE |
| Soseph Dard Kusss |
| STATE OF Newsda COUNTY OF Daglas, ss: |
| |
| OWEN WINBURN Notary Public State of Nevada Appt. No. 21-3531-05 |
| My Appl. Expires July 6, 2025 |
| Title (and Rank) |
| My commission expires Ly 6, 205 |

EXHIBIT A

Parcel I:

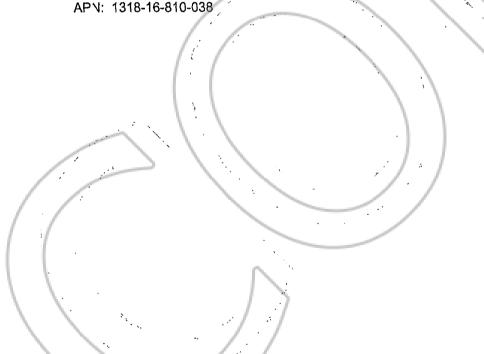
West one-half of Lot 73 and all of Lot 74, of the Elks Subdivision Plat, according to the Official Map, thereof, filed in the office of the County Recorder of Douglas County, Nevada, on May 5, 1927 and as shown on the Amended Plat of the Elks Subdivision, on January 5, 1928 and as shown on the Second Amended Plat of the Elks Subdivision, on June 5, 1952, as Document No. 8537, of Official Records.

Parcel II:

Commencing at the westerly one-half of Lot 73, as the same is laid down, delineated and numbered upon a certain map entitled "AMENDED PLAT OF THE ELKS SUBDIVISION, LAKE TAHOE, NEVADA", filed in the office of the County Recorder of Douglas County on January 5, 1928, at the northerly line and running thence northerly at a right angle to the northerly line of said lot, a distance of 20 feet; thence at a right angle westerly a distance of 75 feet; thence at a right angle southerly a distance of 20 feet to the northwesterly corner of Lot 74 as laid down, delineated and numbered upon a certain map; thence along the northerly line of said lot numbered 74 and Westerly one-half of Lot 73 a distance of 75 feet to the place of commencement.

Reference is hereby made to that certain Deed Restriction for Lot Consolidation, recorded May 23, 2000, in Book 500, Page 5143, as Document No. 492554, of Official Records.

Note: the above legal description previously appeared in Deed, recorded March 31, 1999, in Book 399, Page 7205, as Document No. 464591, of Official Records.





COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

| 3052022130120 | | CERTIFICATE OF DEATH STATE OF COMPONENT USE SLICK DISK ORMY NO ELSOWES WATERDOTS OR ALTERATIONS WITH THE COMPONENT OF THE PROPERTY OF THE PROP | | | 3202241002164 | | | | | | | |
|------------------------------|--|--|---|--|----------------------------------|--|---------------------------------------|--------------------------------|----------------------------------|---------------------------|-------------------|------------|
| STATE FILE NUMBER | | | | | | LOCAL REGISTRATION NUMBER | | | T | | | |
| ď | 1 NAME OF DECEDENT - FIRST (Given) | | JOSEPH | IINE | |] RUSS | | | | | \ | ١. |
| NAL DATA | AKA ALSO KNOWN AS - Include full / | AKA (FIRST, MIDDLE, LAST) | | | 4 DATE OF 09/29/ | BIRTH mm/dd/ccyy | 5 AGE Yrs 85 | IF UNDER ONE | YEAR 1 | NE UNDER ZA HE Hours N | URS 6 SE | FX |
| DECEDENT'S PERSONAL | B BIRTH STATE/FOREIGN COUNTRY NY | 10 SOCIAL SECURITY N | | ERINUS ARVEDI YES X ⊔O | □ w× I | MARRIED | | 06/02/2 | 2022 | | ноия да 2013 | ncurst |
| ECEDEN | 3 EDUCATION - rights Level/Degree 14/15 WAS DECEDENT HISPANICALATINO/AVSPANISH? (Flyes, see work-) instend basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind-stend basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races may be listed asso work-been freewind basely 16 DECEDENT'S RACE - Up to 3 races m | | | | | | | | | ARS IN OCCU | DIFFOR | |
| | TEACHER-PRINCIP | 'AL | טפויופט | PUBLIC E | | | 102:03 (40), 810. | cuon, eu playmi | mi agenty, a | - 1 | 52 | PAHON |
| JAL ENCE | 20 DECEDENT'S RESIDENCE (SI'00) 476 ELKS AVENUE | | | | | | | | | - | | |
| RESIDENCE | 21 CITY ZEPHYR COVE 28 INFORMANT'S NAME, RELATION | DOL | JGLAS | 21 B 700 | 23 7 P G 89448 | 3 | O COL | NV. | | | | A. Carried |
| INFOR- | JOSEPH DONALD RUSSO, HUSBAND P.C. BOX 10745, ZEPHYR COVE, NV 89448 | | | | | | | | | | | |
| SE/SRDP AND INFORMATION | JOSEPH | | DONALD | | | RUSSO | IME) | , | | | | |
| SPOUSE/SRDP ARENT INFORM | 31 NAME OF FATHER/PARENT-FIRS DOMINIC | | 32 MIDDLE | | < | 33 LAST MAUGERI | | | | IT. | BRTH STATE ALY | |
| SPOUS | SS NAME OF NOTHERVPARENT-FIRE | | 36 MIDDLE 37 LAST (BIRTH NAMS) - TORCIVIA | | | | OF BIRTH STATE | | | : | | |
| DARECTOR/ IEGISTRAR | 39 DISPOSITION DATE INTUIDIDATE INTUIDIDATE OF FINAL DISPOSITION RESIDENCE OF JOSEPH D. RUSSO 06/07/2022 476 ELKS AVENUE, ZEPHYR COVE, NV 89448 | | | | | | | | | | | |
| ML DIR L REGI | CREMATE/TRANSIT | | ▶ } | NOT EMBA | LMED | . 1 | | | | 43 UCEN | ISE NUMBER | |
| FUNERAL LOCAL F | 44 NAME OF FUNERAL ESTABLISHN CRIPPEN & FLYNN | WOODSIDE CHA | PEL FD879 SCOTT MORROW MD | | | | | 47 DATE ###/dd/ccyy 06/03/2022 | | | | |
| ъ. | MISSION HOSPICE | HOUSE WOODS | IDE. | Name of Street, or other Persons | , , , , , | HOSPITAL, SPECIFY C | | OTHER THAN | HOSPITAL, Nursing Home/LTA | SPECIFY ON | Z zinetes | 19t0 |
| PLACE OF DEATH | 134 COUNTY 125 FACILITY ADDRESS OR LOCATION WHERE FOUND (Shaw and number or location) SAN MATEO 2028 MARYLAND STREET | | | | | | | 7764 | 106 CITY REDWOOD CITY | | | |
| | 107 CAUSE OF DEATH IMMEDIATE CAUSE (A) STAG (Final disease or conduct resulting | Enter the chan of exchis diss as cordate erest, respeatory and E IV COLON CAN | ist. or ventricular for: | picalions that disc aton wilnout shows. | fy caused deat the otology Di | DO NOT enler territor. D'NOT ABBREVIATE | al ovents theh | Time in Ous (AT) M.C | et and Death | TOS DEATH R | _ | NO NO |
| r | In death) (8) Sequentially, ist conditions, if any, leading to cause (m) | | | | 1 | | · · · · · · · · · · · · · · · · · · · | (91) | | ICS BIOPS | Y PERFORMED | NO |
| OF DEAT | on Line A Enter UVDERLYING CAUSE (disease or | \ | | | _ \ | | | (CT) | | YE | | NO- |
| CAUSE | intuated the events (U) resulting in death) LAST | 1 | | | | | | ίση | | YE YE | DETERMINING C | NO NO |
| | NONE | 1 | | | | N IN 107 | | | | | | |
| - | NO PERFORMED | 1 | | | | | | | | YES |] 🗠 🗌 | UNK |
| PHYSICIAN'S CERTIFICATION | 114 CERTIFY THAT TO THE BEST OF MY N AT THE HOUR, DATE, AND PURCE STATED F Decedent Attended 5 nos | ROM THE CAUSES STATED | GARV AL | AN DARTER | NAK N | ND . | V | 1.05 | 5006 | 03/0 | 3/2022 | ≎/Y |
| PHYSI | | 102/2022 | PROVELL | KOAD, SUL | E 100, | SAN MATE | .O, CA 94 | 1402 | | | | |
| | 119 I CERTIFY THAT IN MY CPINION GEAT MANNER OF DEATH NATURAL | Acodent Homode | Surcide | Penning Investigation | Could not be determined | 120 INJURED A | NO L | NK 121 IN. | JURY DATE | mm/dd/coyy | 122 HOUR (24 | 4 Houns) |
| SE ONLY | 123 PLACE OF INJURY (sig., home, construction s1s, wooded area, etc.) | | | | | | | | | | | |
| CORONER'S USE ONLY | 124 DESCRIBE HOW INJURY OCCURRED (Everts which resulted in 7IV) | | | | | | | | | | | |
| CORO | 125 LOCATION OF 'NJURY (Street ar | / | nd z:p] | | | | | | | | | |
| | 127 DATE min did/copy 128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | | | | | | | | | | | |
| | ATE A B | C D | E | () () () () () () () () () () | O Z EP ODDATE OT EN LE | , | THE COUT HE HAVE | FAX A | WTH.# | | CENSUS T | PACT |
| | | | | | ************ | 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | | | | | | |

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN MATEO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HE ALTH SYSTEM.

06/08/2022

DATE ISSUED

OMound MD

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer

Marian Coronel



