

APN# 1318-16-810-038



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: JOSEPH D. RUSSO

Address: 476 ELKS AVENUE

City/State/Zip: ZEPHYR COVE, NV 89448

Mail Tax Statements to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

AFFIDAVIT OF 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)

Signature

JOSEPH D. RUSSO  
Printed Name

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,  
NEVADA, 89448, being of legal age, depose and say that:

That LIBBY J. RUSSO, TRUSTEE  
OF RUSSO FAMILY TRUST  
DTD 12/27/1993 died on JUNE 2, 2022 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; 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 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  
8/15/2022 by

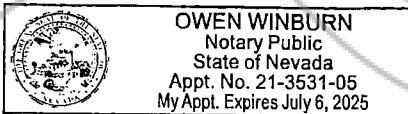
Joseph Daniel Russo

[Signature], TRUSTEE

STATE OF Nevada COUNTY OF Douglas, ss:

[Signature]

Notary Public



Notary

Title (and Rank)

My commission expires July 6, 2025

## 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.

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM
SAN MATEO, CALIFORNIA

3052022130120

CERTIFICATE OF DEATH

3202241002164

Form containing personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only sections.

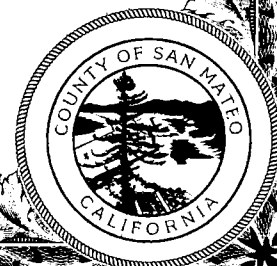
CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SAN MATEO

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

DATE ISSUED 06/08/2022 Marian Coronel

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



\* 001152552 \*

Signature of Scott Morrow, MD

SCOTT MORROW, MD
HEALTH OFFICER AND PUBLIC HEALTH