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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1220-21-510-083

Recording requested by:)
Helen Saletti)
1666 Crowne Way)
Minden, NV 89423)

When recorded mail to:)
Helen Saletti)
1666 Crowne Way)
Minden, NV 89423)

Mail tax statement to:)
Helen Saletti)
1666 Crowne Way)
Minden, NV 89423)

AFFIDAVIT – DEATH OF CO-TRUSTEE

I, HELEN MARIE SALETTI, of legal age, being first duly sworn, declare under penalty of perjury that:

CLARENCE J. SALETTI JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CLARENCE J. SALETTI JR. named as one of the parties (grantees) in that certain deed dated January 11, 2013, and executed by Clarence J. Saletti, Jr. and Helen M. Saletti, Co-Trustees of the Saletti Family Trust (grantors) to Clarence J. Saletti Jr. and Helen M. Saletti, Co-Trustees of the Saletti Family Trust dated May 20, 2009 (grantees), recorded on January 16, 2013, as Document No. 816408 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 110 as set forth on the Final Subdivision Map FSM #94-04-03 for SKYLINE RANCH PHASE 3 filed for record with the Douglas County Recorder on July 5, 2005 in Book 705 of Official Records, Page 1491, as Document No. 648689.

Subject to:

- 1. All general and special taxes for the current fiscal year.

2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

CLARENCE J. SALETTI JR., the deceased party, died on July 4, 2023, as shown in the attached certified copy of Certificate of Death.

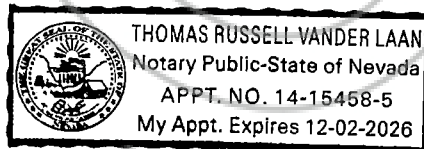
The Affiant is the Wife of the deceased party and now the sole surviving Trustee of the SALETTI FAMILY TRUST dated May 20, 2009, now holding title as HELEN MARIE SALETTI, Trustee, or her successors in Trust, under the SALETTI FAMILY TRUST dated May 20, 2009.

Executed on this November 27, 2023, in Douglas County, State of Nevada.

Helen M. Salette
HELEN MARIE SALETTI
Trustee of the SALETTI FAMILY TRUST dated May 20, 2009

STATE OF NEVADA)
): ss
COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this November 27, 2023, by HELEN MARIE SALETTI.



[Signature]
NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4358704

CERTIFICATE OF DEATH

2023014827
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) Clarence J SALETTI Jr		2. DATE OF DEATH (Mo/Day/Year) July 04, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) Carson Valley Senior Living		3a. If Hosp or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Residential Care Facility/Group Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR (MOS DAYS HOURS MINS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) August 09, 1941		9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Helen WEEHUNT	
13. SOCIAL SECURITY NUMBER ██████████-8927		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) FIREFIGHTER		14b. KIND OF BUSINESS OR INDUSTRY County	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1666 Crowne Wy		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Clarence J SALETTI Sr			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn L BLACK		
18a. INFORMANT- NAME (Type or Print) Helen SALETTI			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1666 Crowne Wy Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Creations 1600 Buckeye Rd 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) July 10, 2023		21c. HOUR OF DEATH 21:51		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 10, 2023		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) Cerebral Atherosclerosis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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) NATURAL		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	



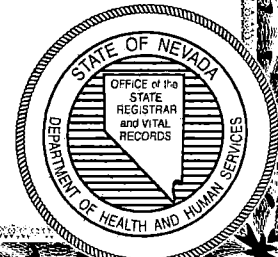
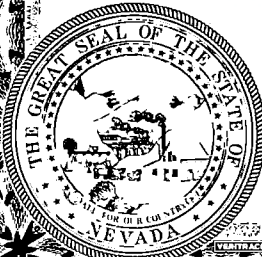
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: 7/11/2023

Cody D. Shingy
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