

APN: 1022-29-310-014

Recording Requested by/Return to:

Name: DAVID MICHAEL GIORGI or
SHARON M. O'KEEFE

Address: 110 Hwy 95A East

City/State/Zip: Yerington, NV 89447

Mail Tax Statements to:

Name: DAVID MICHAEL GIORGI

Address: 110 Hwy 95A East

City/State/Zip: Yerington, NV 89447



SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH OF LIFE TENANT

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

David Michael Giorgi

AFFIDAVIT OF DEATH OF LIFE TENANT

STATE OF NEVADA)
 : ss
CITY OF YERINGTON)

DAVID MICHAEL GIORGI, being first duly sworn, deposes and says:

1. I am the current sole Trustee of THE BALDO GIORGI, JACQUELINE N. GIORGI TRUST and the sub-trusts created thereunder, and I make this Affidavit based on my personal knowledge of the facts.

2. THE BALDO GIORGI AND JACQUELINE N. GIORGI TRUST was established on December 3, 1980, amended and restated in its entirety on December 20, 2000, and thereafter amended from time to time.

3. BALDO GIORGI and JACQUELINE N. GIORGI, husband and wife, were the Grantors and original Trustees of THE BALDO GIORGI AND JACQUELINE N. GIORGI TRUST. JACQUELINE N. GIORGI died on June 22, 2003. BALDO GIORGI died on November 6, 2019. I am the eldest child of BALDO and JACQUELINE N. GIORGI.

4. THE BALDO GIORGI AND JACQUELINE N. GIORGI TRUST, as amended, and the sub-trusts created thereunder, are irrevocable.

5. THE BALDO GIORGI AND JACQUELINE N. GIORGI TRUST is the owner of that certain parcel of real property situated in Douglas County, State of Nevada, identified as Assessor's Parcel Number 1022-29-310-014 and commonly referred to as 1927 Dayton Street, more particularly described as follows:

Lot 143, of TOPAZ SUBDIVISION, as the same appears upon a Plat of said subdivision, duly filed in the Office of the County Recorded of Douglas County, State of Nevada, on August 10, 1954, as Document NO. 9774.

EXHIBIT 1

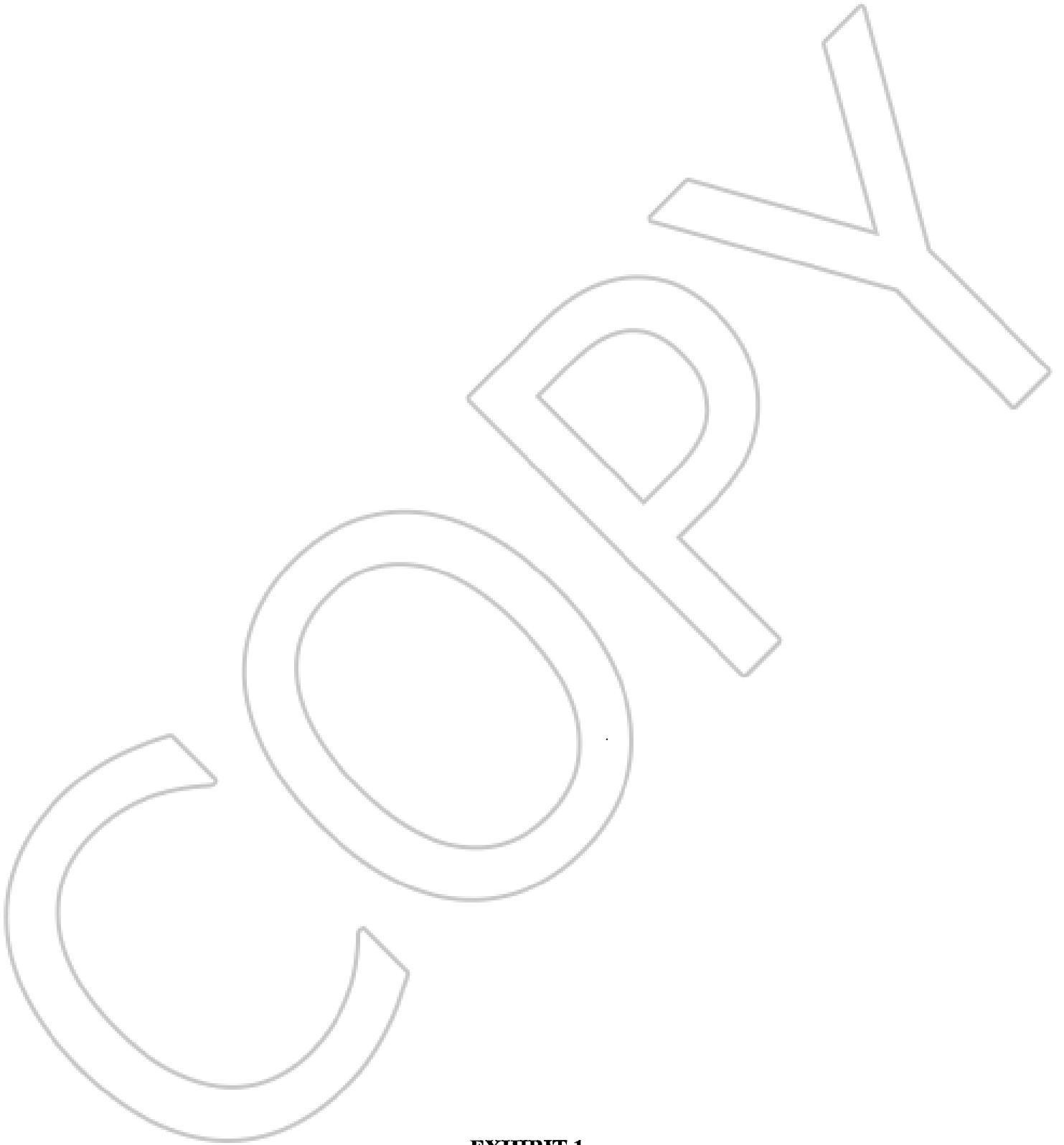


EXHIBIT 1

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4363679

CERTIFICATE OF DEATH

2023017302
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Burial

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) Sandra		2 DATE OF DEATH (Mo/Day/Year) August 04, 2023		3a COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 6062 Plumas Street		3e.If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
5 RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 84	
9a STATE OF BIRTH (If not US/CA, name country) Missouri		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12	
11 MARITAL STATUS (Specify) Widowed		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8 DATE OF BIRTH (Mo/Day/Yr) February 05, 1939	
13 SOCIAL SECURITY NUMBER ██████████-3977		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b KIND OF BUSINESS OR INDUSTRY HOMEMAKER	
15a RESIDENCE - STATE Nevada		15b COUNTY Washoe		15c CITY, TOWN OR LOCATION Reno	
15d STREET AND NUMBER 6062 Plumas Street #A		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		4 SEX Female	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Lewis Harold STEVISON			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Marjorie MCFARLANE		
18a INFORMANT - NAME (Type or Print) Robin MOXLEY			18b MAILING ADDRESS (Street or R.F.D. No, City or Town State, Zip) 74 Hunter Avenue Bishop, California 93514		
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY - NAME Mountain View Cemetery		19c LOCATION City or Town State Reno Nevada 89503	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH COX		20b FUNERAL DIRECTOR LICENSE NUMBER FD755		20c NAME AND ADDRESS OF FACILITY Mountain View Mortuary PO Box 5158 Reno NV 89513	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) MARJORIE UHALDE MD					
21b DATE SIGNED (Mo/Day/Yr) August 09, 2023		21c HOUR OF DEATH 14:05		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Marjorie Uhalde MD 1625 E Prater Way Sparks, NV 89434		23b LICENSE NUMBER 4427		22d PRONOUNCED DEAD (Mo/Day/Yr)	
24a REGISTRAR (Signature) BLAIR J HEDRICK		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 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))		Interval between onset and death			
PART I (a) Heart Disease		Interval between onset and death			
(b) Coronary Artery Disease		Interval between onset and death			
(c) Hypertension		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 I Hypertlipidemia, Breast Cancer, Diabetes Mellitus, Degenerative Joint Disease Chronic Kidney Disease				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	

0005 9983 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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

8/10/2023

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

