

DOUGLAS COUNTY, NV

2023-994031

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02/17/2023 02:03 PM

FIRST AMERICAN TITLE MINDEN

SHAWNYNE GARREN, RECORDER

APN# 1022-18-001-041 & 1022-18-001-042

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Pinizzotto Family Trust 2010

Address: PO BOX 330

City/State/Zip: Lee Vining CA 93541

AFFIDAVIT DEATH OF TRUSTEE

Printed Name

Title of Document (required)

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

E. TOBIAS

Printed Name

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

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
NANCY J. PINIZZOTTO

Space Above This Line for
Recorder's Use Only

A.P.N. 1022-18-001-041

File No.: 143-2660443 (et)

Affidavit - Death of Trustee

State of NV)
County of DOUGLAS)ss.
)

NANCY J. PINIZZOTTO ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **MICHAEL LEE PINIZZOTTO** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **5/6/2015** at **MAMMOTH LAKES, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **JANUARY 10, 2010** executed by **MICHAEL L. PINIZZOTTO AND NANCY J. PINIZZOTTO** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **GRANT DEED** dated **7/25/2014** which was recorded as Instrument No. **2015-857324** in Book **N/A**, Page **N/A**, of Official Records of **DOUGLAS** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 02/16/2023

DECLARANT:
Nancy J. Pinizzotto
NANCY J. PINIZZOTTO

State of Washington)
)ss
County of pierce)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County pierce and State Washington this 16 day of February, 2023 by Nancy J. Pinizzotto, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature Thalia M Simpson

THALIA M SIMPSON NOTARY PUBLIC STATE OF WASHINGTON COMMISSION # 20108122 COMMISSION EXPIRES 04/10/2024
--

My Commission Expires: 04/10/2024

This notarial act involved the use of communication technology

Notary Name: Thalia M. Simpson Notary Phone: 7142501818
Notary Registration Number: 20108122 County of Principal Place of Business Pierce County

EXHIBIT 'A'

PARCEL 1:

THAT PORTION OF THE NORTH ONE-HALF OF SECTION 18, TOWNSHIP 10 NORTH, RANGE 22 EAST, M.D.B.&M., PARTICULARLY AS FOLLOWS:

**BEGINNING AT A POINT ON THE EAST-WEST CENTERLINE OF SAID SECTION 18, FROM WHICH POINT THE WEST QUARTER SECTION CORNER BEARS SOUTH 87°47'30" WEST A DISTANCE OF 3462.28 FEET;
THENCE FROM THE POINT OF BEGINNING SOUTH 87°47'30" WEST ALONG SAID EAST-WEST CENTERLINE A DISTANCE OF 660.13 FEET;
THENCE NORTH 03°17'00" WEST A DISTANCE OF 708.34 FEET TO A POINT IN THE CENTERLINE OF A 60 FOOT ROADWAY AND UTILITY EASEMENT AS SHOWN ON THAT CERTAIN RECORD OF SURVEY MAP FILED OCTOBER 10, 1969 AS DOCUMENT NO. 45990 IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA;
THENCE NORTH 86°43'00" EAST ALONG THE CENTERLINE OF SAID ROADWAY A DISTANCE OF 660.00 FEET;
THENCE SOUTH 03°17'00" EAST A DISTANCE OF 720.72 FEET TO THE POINT OF BEGINNING.**

NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED FEBRUARY 23, 2015 AS INSTRUMENT NO. 2015-857324.

PARCEL 2:

THAT PORTION OF THE NORTH ONE-HALF OF SECTION 18, TOWNSHIP 10 NORTH, RANGE 22 EAST, M.D.B.&M., PARTICULARLY DESCRIBED AS FOLLOWS:

**BEGINNING AT A POINT ON THE EAST-WEST CENTERLINE OF SAID SECTION 18, FROM WHICH POINT THE WEST QUARTER SECTION CORNER BEARS SOUTH 87°47'30" WEST A DISTANCE OF 3462.28 FEET;
THENCE FROM THE POINT OF BEGINNING NORTH 03°17'00" WEST A DISTANCE OF 720.72 FEET TO A POINT IN THE CENTERLINE OF A 60.00 FOOT ROADWAY AND UTILITY EASEMENT AS SHOWN ON THAT CERTAIN RECORD OF SURVEY MAP FILED OCTOBER 10, 1969, AS DOCUMENT NO. 45990;
THENCE NORTH 78°51'17" EAST ALONG SAID CENTERLINE A DISTANCE OF 270.19 FEET TO A POINT ON A CURVE IN THE WESTERLY RIGHT OF WAY LINE OF U.S. HIGHWAY 395, HAVING A RADIUS OF 9900.00 FEET AND A CENTRAL ANGLE OF 04°35'54";
THENCE FROM A TANGENT WHICH BEARS SOUTH 20°45'36" EAST ALONG SAID CURVE AND ARC DISTANCE OF 794.53 FEET MORE OR LESS, TO A POINT ON THE EAST-WEST CENTERLINE OF SAID SECTION 18;
THENCE LEAVING SAID HIGHWAY RIGHT OF WAY LINE SOUTH 87°47'30" WEST A DISTANCE OF 475.68 FEET TO THE POINT OF BEGINNING.**

NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED APRIL 15, 2004 IN BOOK 404, PAGE 7258 AS INSTRUMENT NO. 610319.

PARCEL 3:

A NON-EXCLUSIVE EASEMENT 60.00 FEET IN WIDTH, FOR ROADWAY AND UTILITY PURPOSES AS SET FORTH ON THE CERTAIN RECORD OF SURVEY MAP FILED OCTOBER 10, 1969, AS DOCUMENT NO. 45990, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA.

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER COUNTY OF MONO BRIDGEPORT, CALIFORNIA

CERTIFICATE OF DEATH

3 2015 26 000015
LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)							
Michael		Lee		Binizzotto							
4. DATE OF BIRTH mm/dd/yyyy						5. AGE Yrs	6. SEX				
01/04/1944						71	M				
9. BIRTH PLACE FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED SERVICES		12. MARITAL STATUS (SP: Spouse, DP: Divorced, W: Widowed, N: Never Married)		13. HOUR		14. MIN	
CA		[REDACTED]-4173		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Married		05/06/2015		2254	
15. EDUCATION - Highest completed		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, specify race/ethnicity)		17. USUAL OCCUPATION		18. KIND OF BUSINESS OR INDUSTRY		19. YEARS IN OCCUPATION			
Some College		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Self Employed		Hospitality		20			
20. DECEDENT'S RESIDENCE (Street and number, or location)											
31 4th Street											
21. CITY		22. COUNTY		23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/REGION COUNTRY			
Lee-Vining		Mono		93341		27		CA			
26. INFORMANT'S NAME, RELATIONSHIP						27. INFORMANT'S MAILING ADDRESS (Street and number, or care number, city or town, state and zip)					
Nancy J. Binizzotto - Spouse						31 4th Street, Lee Vining, CA 93541					
28. NAME OF SPANISH HOUSEHOLD - FIRST			29. MIDDLE			30. LAST BIRTH NAME			31. BIRTH STATE		
Nancy			Jane			Hodge			PA		
32. NAME OF FATHER - FIRST			33. MIDDLE			34. LAST			35. BIRTH STATE		
George			-			Binizzotto			PA		
36. NAME OF MOTHER - FIRST			37. MIDDLE			38. LAST (MARRIED)			39. BIRTH STATE		
Hazel			Lucille			Dalton			IL		
40. DESCRIPTION DATE mm/dd/yyyy		41. PLACE OF FINAL DISPOSITION									
05/12/2015		Mono Lake Cemetery, Lee Vining, CA 93541									
42. TYPE OF DISPOSITION		43. SIGNATURE OF EMBALMER		44. LICENSE NUMBER		45. SIGNATURE OF LOCAL REGISTRAR		46. DATE mm/dd/yyyy			
CR/BU		Not Embalmed		FD-192		LYNDA SALCIDO		5/12/2015			
47. NAME OF FUNERAL ESTABLISHMENT											
Brune Mortuary											
48. PLACE OF DEATH											
Mammoth Hospital											
49. COUNTY		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)						51. CITY			
Mono		85 Sierra Park Road						Mammoth Lakes			
52. CAUSE OF DEATH											
Enter the chain of events... (Do not use medical terms unless directly caused death. Do NOT enter final diagnosis unless cardiac arrest, respiratory arrest, or sudden infant death syndrome is explicitly stated on the pathology report.)											
IMMEDIATE CAUSE (A)						63. DEATH REPORTED TO CORONER			64. DEATH REPORTED TO CORONER		
Cardiac Arrest						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			65. DEATH REPORTED TO CORONER		
66. UNDERLYING CAUSE (B)						67. DEATH REPORTED TO CORONER			68. DEATH REPORTED TO CORONER		
Coronary Artery Disease						Minutes			2015-267-014-M		
69. UNDERLYING CAUSE (C)						70. DEATH REPORTED TO CORONER			71. DEATH REPORTED TO CORONER		
Diabetes						Years			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
72. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 67						73. ALFORDY PERFECTED			74. ALFORDY PERFECTED		
Diabetes						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
75. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 67 OR 72? (If yes, list date of operation and site)						76. IF FEMALE, PREGNANT IN LAST YEAR			77. IF FEMALE, PREGNANT IN LAST YEAR		
Pacemaker 01-2000						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
78. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE OTHER OCCURRENCE AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		79. SIGNATURE AND TITLE OF CORONER		80. LICENSE NUMBER		81. DATE		82. SIGNATURE			
Decedent Alleged Since		Phillip West		118		05/12/2015		Phillip West, Chief Deputy Coroner			
83. MANNER OF DEATH		84. TYPE OF DEATH		85. TYPE OF DEATH		86. INJURED AT WORK?		87. INJURY DATE		88. HOUR (24-hour)	
<input checked="" type="checkbox"/> Natural		<input type="checkbox"/> Accidental		<input type="checkbox"/> Sudden		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		1AK			
89. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)											
90. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)											
91. LOCATION OF INJURY (Street and number, or location, and city and zip)											
92. SIGNATURE OF CORONER/DEPUTY CORONER											
Phillip West											
93. DATE		94. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER		95. SIGNATURE							
05/12/2015		Phillip West, Chief Deputy Coroner		[Signature]							
96. STATE REGISTRATION		97. COUNTY		98. CITY		99. ZIP CODE		100. FAX AUTH#		101. CENSUS TRACT	
A		MONO		BRIDGEPORT		93341					

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF MONO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Mono County Recorder.

DATE ISSUED May 12, 2015

Lynda Roberts
LYNDA ROBERTS
MONO COUNTY RECORDER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Recorder.



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