

APN: 1121-35-001-037

Prior APN 1121-35-001-035

When Recorded, Please Return To:

Millward Law, Ltd.

1591 Mono Ave

Minden, NV 89423

Mail Future Tax Statements To:

David Rosso

880 Sheridan Lane

Gardnerville, NV 89460



SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH OF CO-TRUSTEE

(The attached document does contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA)
) SS.
DOUGLAS COUNTY)

I, David J. Rosso, Co-Trustee of the Harold J. Rosso Trust, dated May 10, 2002, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

That all of the real property commonly known as 830 Cavelti, Gardnerville, Nevada 89410, situated in the State of Nevada, County of Douglas, APN: 1121-35-001-037, more precisely described in **Exhibit A**, attached hereto and incorporated herein, was acquired and held by Harold J. Rosso, Trustee of the Harold J. Rosso Trust, dated May 10, 2002, by Grant, Bargain and Sale Deed, executed by Harold J. Rosso and David J. Rosso on December 2, 2004, which deed was thereafter recorded with the Douglas County Recorder on December 7, 2004;

That Harold James Rosso died on January 10, 2023, as identified in Certificate of Death #2023000409, issued by the Department of Health and Human Services of the State of Nevada attached hereto as **Exhibit B**;


That Harold James Rosso is the same person as Harold J. Rosso, Trustee of the Harold J. Rosso Trust, dated May 10, 2002; and

That Affiant, David J. Rosso, is a successor Co-Trustee with Judith Rosso, a successor Co-Trustee, under the above-referenced Trust, which was in effect at the time of Harold James Rosso's death, and the Trust has not been revoked.

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

Date: June 7th, 2023



David J. Rosso, Affiant

State of Nevada)
) ss.
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on June 7th, 2023, by David J. Rosso.



Notary Public

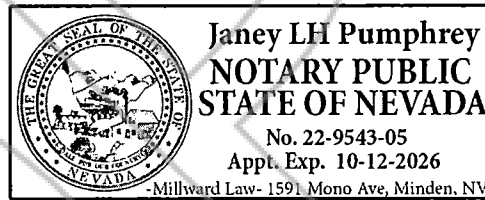
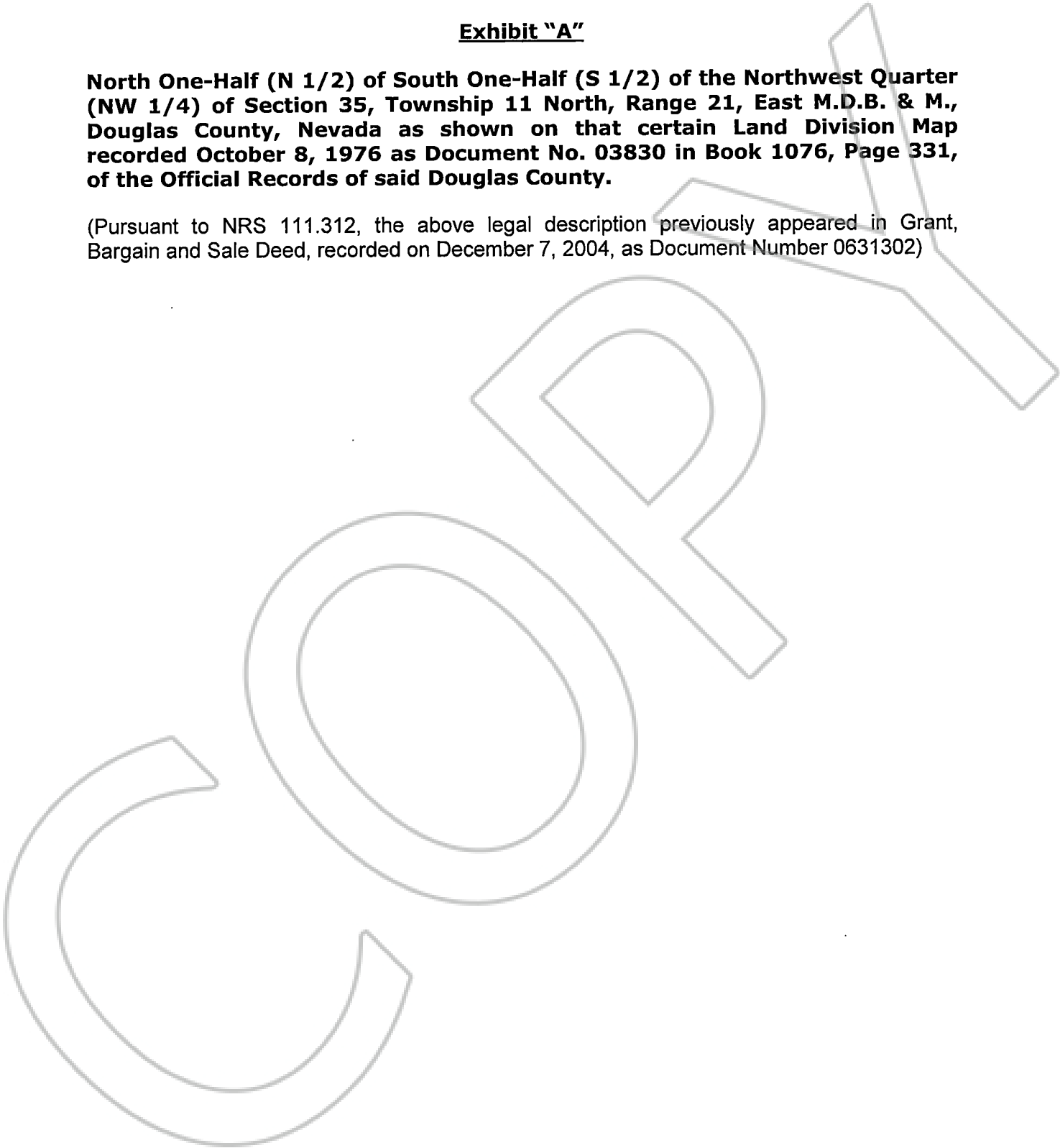


Exhibit "A"

North One-Half (N 1/2) of South One-Half (S 1/2) of the Northwest Quarter (NW 1/4) of Section 35, Township 11 North, Range 21, East M.D.B. & M., Douglas County, Nevada as shown on that certain Land Division Map recorded October 8, 1976 as Document No. 03830 in Book 1076, Page 331, of the Official Records of said Douglas County.

(Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain and Sale Deed, recorded on December 7, 2004, as Document Number 0631302)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4327870

CERTIFICATE OF DEATH

2023000409
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) Harold James ROSSO | | 2. DATE OF DEATH (Mo/Day/Year) January 10, 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 ar number) Carson Valley Senior Living | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility | |
| 4. SEX Male | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 98 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) September 13, 1924 | | 9a. STATE OF BIRTH (if not US/CA, name country) Michigan | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 16 | | 11. MARITAL STATUS (Specify) Divorced | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | |
| 13. SOCIAL SECURITY NUMBER 9516 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of ENGINEER | | 14b. KIND OF BUSINESS OR INDUSTRY Aerospace | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 1189 Kimmerling Road | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? Yes | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) George D ROSSO | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Grace SMITH | | |
| 18a. INFORMANT - NAME (Type or Print) David ROSSO | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 880 Sheridan Lane Gardnerville, Nevada 89460 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MERCEDES Q QUARTUCCI SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD983 | | 20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502 | |
| 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) January 11, 2023 | | 21c. HOUR OF DEATH 03:10 | | 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) | |
| 21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 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) SHANA B RHINEHART SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 12, 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) Coronary Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____ | | | |
| 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) | | 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

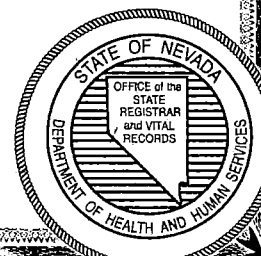
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

1/24/2023

DATE ISSUED:

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