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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1420-28-215-007

Recording requested by:)
Christine Favero)
2936 La Cresta Circle)
Minden, NV 89423)

When recorded mail to:)
Christine Favero)
2936 La Cresta Circle)
Minden, NV 89423)

Mail tax statement to:)
Christine Favero)
2936 La Cresta Circle)
Minden, NV 89423)

AFFIDAVIT – DEATH OF CO-TRUSTEE

I, CHRISTINE S. FAVERO, of legal age, being first duly sworn, declare under penalty of perjury that:

DENNIS VINCENT FAVERO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DENNIS V. FAVERO named as one of the parties (grantees) in that certain deed dated September 1, 2016, and executed by Dennis V. Favero and Christine S. Favero, husband and wife as joint tenants with right of survivorship (grantors) to Dennis V. Favero and Christine S. Favero, Trustees, or their successors in trust, under the Favero Living Trust, dated February 18, 2003, and any amendments thereto (grantees), recorded on September 8, 2016, as Document No. 2016-887289 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

LOT 240 IN BLOCK C AS SHOWN ON THE FINAL MAP #PD99-02-07 OF SARATOGA SPRINGS ESTATES UNIT 7, A PLANNED DEVELOPMENT, FILED AUGUST 19, 2003 IN BOOK 803, PAGE 10079, AS DOCUMENT NO, 587125, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

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, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

DENNIS VINCENT FAVERO, the deceased party, died on March 21, 2023, as shown in the attached certified copy of Certificate of Death.

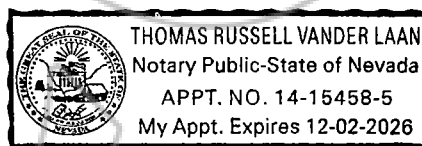
The Affiant is the Wife of the deceased party and now the sole surviving Trustee of the FAVERO LIVING TRUST, dated February 18, 2003, now holding title as CHRISTINE S. FAVERO, Trustee, or her successors in Trust, under the FAVERO LIVING TRUST, dated February 18, 2003.

Executed on this June 13, 2023, in Douglas County, State of Nevada.

Christine S. Favero
 CHRISTINE S. FAVERO
 Trustee of the FAVERO LIVING TRUST

STATE OF NEVADA)
): ss
 COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this June 13, 2023, by CHRISTINE S. FAVERO.



[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. 4340402

CERTIFICATE OF DEATH

2023006204
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) Dennis Vincent FAVERO		2. DATE OF DEATH (Mo/Day/Year) March 21, 2023		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) The Lodge Assisted Living and Memory Care		3e. If Hosp. or Inst. Indicate DOA OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
7e. UNDER 1 MIN MIN		8. DATE OF BIRTH (Mo/Day/Yr) August 11, 1941		4. SEX Male	
9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Christine STRAPAC			
13. SOCIAL SECURITY NUMBER 1607		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Chief Financial Officer		14b. KIND OF BUSINESS OR INDUSTRY Finance	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2936 La Cresta Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Dom FAVERO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Stella MEDIUS		
18a. INFORMANT- NAME (Type or Print) Christine S. FAVERO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2936 La Cresta Circle Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME St. Catherine's Cemetery		19c. LOCATION City or Town State Leechburg Pennsylvania 15656	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENICE PORTILLO		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
21. SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS Clawson Funeral Home Inc. 170 Main Street Leechburg PA 15656					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROBERT T FLOYD MD			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) March 23, 2023		21c. HOUR OF DEATH 10:05		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) Robert T Floyd MD 180 Ox-Yoke Lane Reno, NV 89521				23b. LICENSE NUMBER 14346	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 24, 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				Interval between onset and death	
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Protein Calorie Malnutrition					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Senile Degeneration of The brain					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Unknown Etiology					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				28. 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

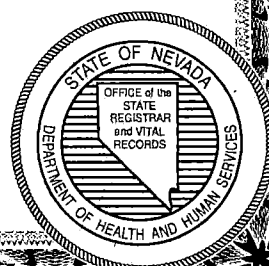
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **3/24/2023**

Scott Spangler

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE