

WHEN RECORDED MAIL TO:
Pamela Delehoy, Successor Trustee of the
Revocable Trust of Ross Lee Ribarich,
dated October 21, 2022
4040 Sunrise Court
Wellington, NV 89444

The undersigned hereby affirms that this document
submitted for recording includes a death certificate
which contains a social security number as required
by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 02300457-RLT

APN No.: 1022-14-001-011

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas }

Pamela Delehoy, being duly sworn, deposes and says:

1. Ross Lee Ribarich, the decedent mentioned in attached copy of Certificate of Death, is the same person as Ross Lee Ribarich named as one of the trustee(s) in that certain Quitclaim Deed dated 10/21/2022, executed by Ross L. Ribarich a widower to Ross Lee Ribarich, Trustee of the Revocable Trust of Ross Lee Ribarich, dated October 21, 2022, recorded on 10/27/2022 as instrument number 2022-991151, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Pamela Delehoy, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: June 26, 2023

Pamela Delehey
Pamela Delehey, Successor Trustee

STATE OF NEVADA }
COUNTY OF DOUGLAS } SS:

This instrument was acknowledged before me on _____

by _____

Please see attachment
NOTARY PUBLIC

COOPY

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Alameda)

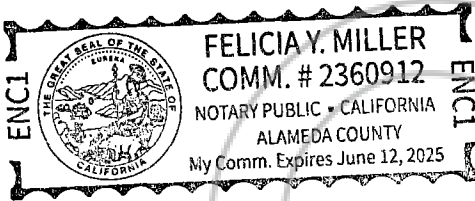
On June 26, 2023 before me, Felicia Y. Miller, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Pamela Delehoy
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit - Death of Trustee - Succession of Successor Trustee
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

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 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SACRAMENTO
DEPARTMENT OF HEALTH SERVICES

3052023024239

CERTIFICATE OF DEATH

3202334001093

STATE FILE NUMBER 3052023024239		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 3/05)		LOCAL REGISTRATION NUMBER 3202334001093	
1. NAME OF DECEDENT - FIRST (Given) ROSS		2. MIDDLE LEE		3. LAST (Family) RIBARICH	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 08/05/1943		5. AGE Yrs. 79	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 4294		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP* (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/ccyy 01/27/2023		8. HOUR (24 Hours) 1435	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DRIVER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TRANSPORTATION		19. YEARS IN OCCUPATION 15	
20. DECEDENT'S RESIDENCE (Street and number, or location) 4040 SUNRISE CT					
21. CITY WELLINGTON		22. COUNTY/PROVINCE NEVADA		23. ZIP CODE 89444	
24. YEARS IN COUNTY 34		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP PAMELA DELEHOY, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 4909 YELLOWSTONE PARK DR, FREMONT, CA 94538		
28. NAME OF SURVIVING SPOUSE/SROP** - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST ANTONE		32. MIDDLE		33. LAST RIBARICH, JR	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST LOU ANNA		36. MIDDLE	
37. LAST (BIRTH NAME) BOSHARD		38. BIRTH STATE UT			
39. DISPOSITION DATE mm/dd/ccyy 02/17/2023		40. PLACE OF FINAL DISPOSITION SACRAMENTO VALLEY NATIONAL CEMETERY 5810 MIDWAY ROAD, DIXON, CA 95624			
41. TYPE OF DISPOSITION(S) CREMATE/BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT WOODLAND FUNERAL CHAPEL		45. LICENSE NUMBER FD1784		46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE MD	
47. DATE mm/dd/ccyy 02/07/2023					
101. PLACE OF DEATH VAMC SACRAMENTO IP		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other			
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 10535 HOSPITAL WAY		106. CITY MATHER	
107. CAUSE OF DEATH Enter the organ of system -- disease, injury, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) MULTIPLE MYELOMA		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) MULTIPLE MYELOMA		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Sequentially, list conditions, if any, leading to cause on Line 8. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) (C)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CHRONIC KIDNEY DISEASE, PROSTATE CANCER, SEPSIS, ASPIRATION PNEUMONIA					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 01/23/2023 Decedent Last Seen Alive: 01/27/2023		115. SIGNATURE AND TITLE OF CERTIFIER KATYAYINI ARIBINDI, MD		116. LICENSE NUMBER A172090	
117. DATE mm/dd/ccyy 01/30/2023		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KATYAYINI ARIBINDI, MD 4150 V ST STE 3400, SACRAMENTO, CA 95817			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

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

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health Services.

DATE ISSUED **February 9, 2023**



Olivia Kasirye MD
 OLIVIA KASIRYE, MD
 LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Order No.: 02300457-RLT

EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 9 in Block A, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

APN: 1022-14-001-011

