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SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

**A.P.N.: 1319-03-611-009**

**Recording Requested By:** )  
Lisa Maria Harris )  
P.O. Box 1090 )  
Genoa, NV 89411 )

**When Recorded Mail to:** )  
Lisa Maria Harris )  
P.O. Box 1090 )  
Genoa, NV 89411 )

**Mail Tax Statements to:** )  
Lisa Maria Harris )  
P.O. Box 1090 )  
Genoa, NV 89411 )

**AFFIDAVIT – DEATH OF TRUSTEE**

I, LISA MARIA HARRIS, of legal age, being first duly sworn, declare under penalty of perjury that:

FLORENCE NINA TORTOMASI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FLORENCE N. TORTOMASI named as Trustee in the Declaration of Trust executed on March 9, 1992, by FLORENCE N. TORTOMASI as Grantor.

FLORENCE NINA TORTOMASI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FLORENCE N. TORTOMASI, named as one of the parties in that certain deed dated October 27, 2021, and executed by Donna Marchi Baxter, Trustee of the Donna Marchi Baxter Trust dated March 25, 2014 (Grantor) to Florence N Tortomasi, Trustee of the Florence N Tortomasi 1992 Trust (Grantee), recorded on November 5, 2021, as Document No. 2021-976617, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

LOT 2, IN BLOCK A, AS SET FORTH ON THE FINAL MAP OF GENOA LAKES PHASE 18, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 28, 1993, IN BOOK 693, PAGE 6217, AS DOCUMENT NO. 311009, OFFICIAL RECORDS.

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.

FLORENCE NINA TORTOMASI, the deceased Trustee, died on October 17, 2022, as shown in the attached certified copy of Certificate of Death.

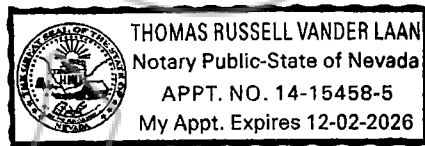
The Affiant is the daughter of the deceased Trustee and now the sole Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned herein, and which has not been revoked, and the Affiant hereby consents to act as such and now holds title as LISA MARIA HARRIS, Trustee, or her successors in trust, under the FLORENCE N. TORTOMASI 1992 TRUST, dated March 9, 1992.

Executed on this June 26, 2023, in Douglas County, State of Nevada.

  
 \_\_\_\_\_  
 LISA MARIA HARRIS

STATE OF NEVADA            )  
   ): ss  
 COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this June 26, 2023, by LISA MARIA HARRIS.



  
 \_\_\_\_\_  
 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. 4311884

**CERTIFICATE OF DEATH**

2022024589  
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) <b>Florence Nina TORTOMASI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 17, 2022</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Genoa</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) <b>2548 Genoa Aspen Drive</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthda (Years) <b>98</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 06, 1924</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>████████-3408</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>HOMEMAKER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Genoa</b>	
15d. STREET AND NUMBER <b>2548 Genoa Aspen Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Peter FALABRINO</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Esther ROGINA</b>		
18a. INFORMANT - NAME (Type or Print) <b>Lisa M HARRIS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO BOX 1090 Genoa, Nevada 89411</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Resurrection Catholic Cemetery</b>		19c. LOCATION City or Town State <b>Rosemead California 91770</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmerelda Place Minden NV 89423</b>	
TRADE CALL - NAME AND ADDRESS <b>Calvary Mortuary 4201 Whittier Blvd Los Angeles CA 90023</b>					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) <b>REED DOPF MD</b> <b>SIGNATURE AUTHENTICATED</b>			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) <b>October 18, 2022</b>		21c. HOUR OF DEATH <b>13:34</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>13920</b>	
24a. REGISTRAR (Signature) <b>CELESTE RAMIREZ MUNOZ</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 18, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) <b>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: <b>Acute Or Chronic Heart Failure</b>				Interval between onset and death	
(b) <b>Cardiomyopathy</b> DUE TO, OR AS A CONSEQUENCE OF: <b>Atherosclerotic Heart Disease</b>				Interval between onset and death	
(c) <b>Atherosclerotic Heart Disease</b> DUE TO, OR AS A CONSEQUENCE OF: <b>Atherosclerotic Heart Disease</b>				Interval between onset and death	
(d) <b>Atherosclerotic Heart Disease</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	

AKA: Nina F TORTOMASI



**CERTIFIED COPY OF VITAL RECORDS**

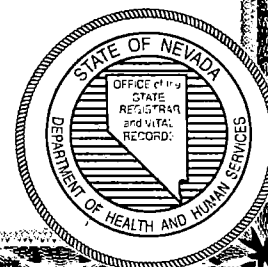
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

10/24/2022

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**