

DOUGLAS COUNTY, NV

2024-1004667

Rec:\$40.00

\$40.00

Pgs=5

02/12/2024 01:45 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN No.: 1420-28-402-001

Escrow No.: 24039299-SA

Recording Requested By:  
First Centennial Title Company of Nevada  
1352 Hwy 395, Ste 114  
Gardnerville, NV 89410

When Recorded Return to:  
Fanning Family Trust  
4191 Santos Ranch Road  
Forest Ranch, CA 95942

Mail Tax Statements to:  
Robert James Valentine and Callie L. Valentine  
849 Whitney Way  
Gardnerville, NV 89460

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT OF DEATH OF TRUSTEE**

(Title of Document)

**Please complete Affirmation Statement below:**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440-380 (1)



\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ESCROW OFFICER

\_\_\_\_\_  
SHERRY ACKERMANN

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

**This cover page must be typed or printed in black ink.**

\_\_\_\_\_  
SPACE BELOW FOR RECORDER

APN: 1420-28-402-001  
Escrow No. 24039299-SA

When Recorded Return to:  
Hope Messatzzia, Trustee of The Fanning Family  
Trust dated September 29, 2022 and any  
amendments thereto  
2801 Wildhorse Lane  
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

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**AFFIDAVIT - DEATH OF TRUSTEE**

Hope Messatzzia, of legal age, being duly sworn, deposes and says

That Steven Scott Fanning the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Steven Scott Fanning named as one of the parties in that certain Certification of Trust executed by Steven Fanning, Successor Trustee during Incapacity of Surviving Grantor Thomas L. Fanning recorded as Instrument No. 2023-1001953 , on November 2,2023 of Official Records of Douglas County, Nevada, covering the following described property.

LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A" AND MADE A PART HEREOF

The Fanning Family Trust

  
\_\_\_\_\_  
Hope Messatzzia, Trustee

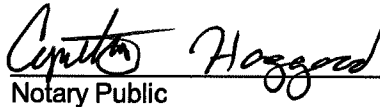
Dated: 2-7-24

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 7 day of February, 2024, by

Hope Messatzzia

  
\_\_\_\_\_  
Notary Public

 CYNTHIA HAGGARD  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 21-3540-05 - Expires March 12, 2025

## EXHIBIT A

A parcel of land situate in and being a portion of the Southeast Quarter of the Southwest Quarter of Section 28, Township 14 North, Range 20 East, M.D.B.&M., more particularly described as follows:

Parcel A, of Parcel Map for Don B. Jarman and Ronnalyn Jarman, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on June 25th, 1976, as Document No. 01315.

Assessors Parcel No.: 1420-28-402-001



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of SAN BERNARDINO**  
 DEPARTMENT OF PUBLIC HEALTH  
 351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

3052023289839 **CERTIFICATE OF DEATH** 3202336015697  
STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) <b>STEVEN</b>		2. MIDDLE <b>SCOTT</b>		3. LAST (Family) <b>FANNING</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>01/25/1963</b>					
5. AGE Yrs. <b>60</b>		6. FURTHER ONE YEAR Months Days		7. FURTHER SIX MONTHS Hours Minutes	
8. SEX <b>M</b>		9. MARITAL STATUS (at the time of death) <b>NEVER MARRIED</b>		10. DATE OF DEATH mm/dd/yyyy <b>12/25/2023</b>	
11. HOURS (of hour) <b>1348 END</b>		12. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>			
13. EDUCATION - Highest Level Reached <b>HS GRADUATE</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		15. DECEASED'S OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>WOOD ARTIST</b>	
16. DECEASED'S BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>WOOD SCULPTING</b>		17. YEARS IN OCCUPATION <b>20</b>			
18. DECEASED'S RESIDENCE (Street and number, or location) <b>15133 TACONY RD</b>					
19. CITY <b>APPLE VALLEY</b>		20. COUNTY/PROVINCE <b>SAN BERNARDINO</b>		21. ZIP CODE <b>92307</b>	
22. YEARS IN COUNTY <b>20</b>		23. STATE/FOREIGN COUNTRY <b>CA</b>			
24. INFORMANT'S NAME, RELATIONSHIP <b>BENOIT FANCETTE, FIANCE</b>					
25. INFORMANT'S MAILING ADDRESS (Street and number, or unit, care number, etc.) (omit name, title and zip) <b>15133 TACONY RD, APPLE VALLEY, CA 92307</b>					
26. NAME OF SURVIVING SPOUSE (GADP) - FIRST <b>HELEN</b>		27. MIDDLE <b>ESTHER</b>		28. LAST (BIRTH NAME) <b>BROWN</b>	
29. NAME OF FATHER/PARENT - FIRST <b>THOMAS</b>		30. MIDDLE <b>LELAND</b>		31. LAST (BIRTH NAME) <b>FANNING</b>	
32. NAME OF MOTHER/PARENT - FIRST <b>HELEN</b>		33. MIDDLE <b>ESTHER</b>		34. LAST (BIRTH NAME) <b>BROWN</b>	
35. BIRTH STATE <b>TX</b>		36. BIRTH STATE <b>PA</b>		37. BIRTH STATE <b>PA</b>	
38. BIRTH STATE <b>PA</b>		39. DISPOSITION DATE mm/dd/yyyy <b>01/05/2024</b>			
40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF BENOIT FANCETTE 15133 TACONY RD, APPLE VALLEY, CA 92307</b>					
41. TYPE OF DISPOSITION <b>CREMATE/RESIDENCE</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>			
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>SCOTT MCALLAY FAMILY NEW OPTIONS FUNERAL SERVICE</b>		45. LICENSE NUMBER <b>FD1593</b>	
46. SIGNATURE OF LOCAL REGISTRAR <b>MICHAEL A. SEQUEIRA, MD</b>		47. DATE mm/dd/yyyy <b>01/04/2024</b>		48. LICENSE NUMBER <b>50</b>	
49. PLACE OF DEATH <b>FOUND AT RESIDENCE</b>					
101. COUNTY <b>SAN BERNARDINO</b>		102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>15133 TACONY RD</b>		103. CITY <b>APPLE VALLEY</b>	
104. CAUSE OF DEATH Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter temporal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. <b>(A) CARDIOPULMONARY ARREST</b> <b>(B) CORONARY ARTERY DISEASE</b> <b>(C) HYPERTENSIVE HEART DISEASE</b> <b>(D) CONGESTIVE HEART FAILURE</b>					
105. TIME INTERVAL BETWEEN ONSET AND DEATH <b>7:02:308302</b>		106. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		107. BACUPY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
108. ALTOPIY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>					
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? If yes, list type of operation and date. <b>NO</b>					
113. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE BIRTH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED. Decedent's Attended Place: Decedent Last Seen Area: <b>10/28/2023 12/21/2023</b>		114. SIGNATURE AND TITLE OF CERTIFIER <b>RAMIN BAHMAN ASHTIANI, MD</b>		115. LICENSE NUMBER <b>A77527</b>	
116. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RAMIN BAHMAN ASHTIANI, MD 13024 HESPERIA RD STE 103, VICTORVILLE, CA 92395</b>		117. DATE mm/dd/yyyy <b>01/04/2024</b>			
118. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Pending <input type="checkbox"/> Determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
119. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURY DATE mm/dd/yyyy					
121. HOUR (24 Hours)					
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
123. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, direction, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER					
126. DATE mm/dd/yyyy					
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR		FAX AUTHORITY		CENSUS TRACT	

**CERTIFIED COPY OF VITAL RECORD**

STATE OF CALIFORNIA } SS  
 COUNTY OF SAN BERNARDINO } DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

*Michael A. Sequeira MD*  
 MICHAEL A. SEQUEIRA, M.D.  
 COUNTY HEALTH OFFICER  
 REGISTRAR OF VITAL STATISTICS

**JAN 11 2024**



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

