

DOUGLAS COUNTY, NV

**2024-1006590**

Rec:\$40.00

\$40.00

Pgs=7

**04/11/2024 01:44 PM**

TICOR TITLE - GARDNERVILLE

SHAWNYNE GARREN, RECORDER

APN # 1022-32-110-050

ORDER NO.: **TTR2400211-RLT**

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).

Recording Requested by and Return to:

**Ticor Title of Nevada, Inc.**  
**1483 US Highway 395 N, Suite B**

**Gardnerville, NV 89410**

**AFFIDAVIT DEATH OF TRUSTEE**  
(Title on Document)

By: Rishelle Thompson  
Name/Title: Escrow Officer

This page added to provide additional information required by NRS 111.312 Sections 1-2  
(Additional recording fee applies).

APN: 1022-32-110-050

Escrow No.: TTR2400211-RT

**When Recorded Mail Document To:**

Karen Lommori  
Barbara Landolt  
20 Mesa Drive  
Wellington, NV 89444

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF Nevada

COUNTY OF DOUGLAS

Karen Lommori and Barbara Landolt, Successor Co-Trustees, being of legal age, and first duly sworn, deposes and says:

1. That Joseph George Landolt and Beverly Jane Landolt the decedents mentioned in the attached certified copies of Certificates of Death are the same persons named as the Trustees in The Joseph G. and Beverly J. Landolt Trust dated December 23 1983, dated executed by Joseph G. Landolt and Beverly J. Landolt, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 2017 Goldfield Drive, Gardnerville, NV 89410, which property is described in the deed which was signed by Joseph G. Landolt and Beverly J. Landolt, husband and wife as Grantor(s) and recorded as Instrument No. 0579038 of Official Records on June 6, 2003. The property is situated in the County of Douglas, State of Nevada. The legal description of said property is as follows:

FOR LEGAL DESCRIPTION OF THE REAL PROPERTY, SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

3. I, Karen Lommori and Barbara Landolt, Successor Co-Trustees are the named Successor Trustees under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of Nevada that the foregoing is true and correct.

**AFFIDAVIT - DEATH OF TRUSTEE**  
(continued)


IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Karen Lommori and Barbara Landolt, Successor Co-Trustees of The Joseph G. and Beverly J. Landolt Trust dated December 23 1983

BY: **SIGNED IN COUNTERPART**

Karen Lommori, Successor Co-Trustee

BY: 

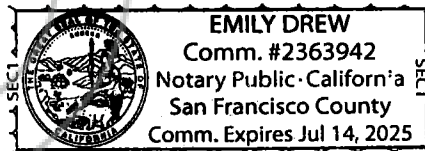
 Barbara Landolt, Successor Co-Trustee

State of ~~NEVADA~~ <sup>CA</sup> California  
County of ~~DOUGLAS~~ <sup>CA</sup> San Francisco

This instrument was acknowledged before me on this 8 day of April, 2024, by  
Barbara Landolt

  
Notary Public

[SEAL]



**AFFIDAVIT - DEATH OF TRUSTEE**  
(continued)

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Karen Lommori and Barbara Landolt, Successor Co-Trustees of The Joseph G. and Beverly J. Landolt Trust dated December 23 1983

BY: Karen Lommori

Karen Lommori, Successor Co-Trustee

BY: **SIGNED IN COUNTERPART**

KBarbara Landolt, Successor Co-Trustee

State of NEVADA

County of DOUGLAS

This instrument was acknowledged before me on this 9 day of April, 2024, by Karen Lommori

[Signature]

Notary Public

[SEAL]



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2014021588  
 STATE FILE NUMBER

TYPE OR  
 PRINT IN  
 PERMANENT  
 BLACK INK

DECEDENT

IF DEATH  
 OCCURRED IN  
 INSTITUTION SEE  
 HANDBOOK  
 REGARDING  
 COMPLETION OF  
 RESIDENCE  
 ITEMS

PARENTS

POSITION

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>Beverly Jane LANDOLT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 03, 2014</b>		3a. COUNTY OF DEATH <b>Lyon</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Yerington</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or <b>South Lyon Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>81</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 16, 1933</b>		9a. STATE OF BIRTH (If not U.S.A.) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Joseph George LANDOLT</b>	
13. SOCIAL SECURITY NUMBER <b>6610</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>Lyon</b>		15c. CITY, TOWN OR LOCATION <b>Yerington</b>	
15d. STREET AND NUMBER <b>120 Manha Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edward MARTIN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Myrtle KINTSCHER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Joseph George LANDOLT</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>120 Manha Lane Yerington, Nevada 89447</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Valley View Cemetery</b>		19c. LOCATION City or Town State <b>Yerington Nevada 89447</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>GERALD HITCHCOCK</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>614</b>		20c. NAME AND ADDRESS OF FACILITY <b>Freitas Rupracht Funeral Home PO BOX 1271 Yerington NV 89447</b>	
20d. SIGNATURE AUTHENTICATED					
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>ROBIN LEE TITUS M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>December 10, 2014</b>		21c. HOUR OF DEATH <b>01:40</b>			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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)				22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH				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>Robin Lee Titus M.D. P.O. Box 377 Wellington, NV 89444</b>	
23b. LICENSE NUMBER <b>4617</b>				24a. REGISTRAR (Signature) <b>RHONDA PENA</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 05, 2015</b>				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) <b>Respiratory Arrest</b>				<b>Minutes</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Lung Metastasis</b>				<b>6 Months</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Inetegel Cell Cancer</b>				<b>1 Year</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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>Yes</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	

STATE REGISTRAR

3905303

559276

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.

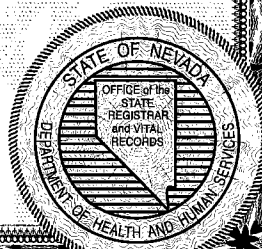
DATE ISSUED:

1/5/2015

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

*R. J. [Signature]*  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

VR8-Rev-20120523a





**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

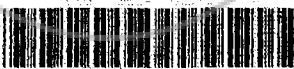
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4288846

**CERTIFICATE OF DEATH**

2022014711  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Joseph George LANDOLT		2. DATE OF DEATH (Mo/Day/Yr) June 14, 2022		3a. COUNTY OF DEATH Lyon		
	3b. CITY, TOWN, OR LOCATION OF DEATH Yerington		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) South Lyon Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient		
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 97		
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 28, 1924		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY? United States		10. EDUCATION 12		
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)				
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]-0323		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Yerington		
DISPOSITION	15d. STREET AND NUMBER 120 Manha Lane		15e. INSIDE CITY LIMITS (Specify Yes/ or/No) No		16. FATHER/PARENT - NAME (First-Middle Last Suffix) Anton LANDOLT		
	17. MOTHER/PARENT - NAME (First-Middle Last Suffix) Katharina GRUNINGER		18. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 20.Mesa Drive Wellington, Nevada 89444				
TRADE CALL	15a. INFORMANT- NAME (Type or Print) Karen LOMMORI		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial				
	19b. CEMETERY OR CREMATORY - NAME Valley View Cemetery		19c. LOCATION City or Town State Yerington Nevada 89447		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>GERALD HITCHCOCK</b> SIGNATURE AUTHENTICATED		
CERTIFIER	20b. FUNERAL DIRECTOR LICENSE NUMBER FD614		20c. NAME AND ADDRESS OF FACILITY Freitas Rupracht Funeral Home PO BOX 1271 Yerington NV 89447				
	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>STEVEN C LORE MD</b> SIGNATURE AUTHENTICATED						
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) June 17, 2022		21c. HOUR OF DEATH 09:40		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)		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
CAUSE OF DEATH	21e. 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) Steven C Lore MD 762 14th St Elko, NV 89801				23b. LICENSE NUMBER 18479		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 20, 2022		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) Multisystem Rapid Failure		Interval between onset and death		1 Day		
	(b) Cerebrovascular Accident		Interval between onset and death		16 Days		
	(c) Intermittent Atrial Fibrillation		Interval between onset and death		3 Weeks		
	(d) Prostate Cancer		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 Sleep Apnea, Chronic Kidney Disease				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			



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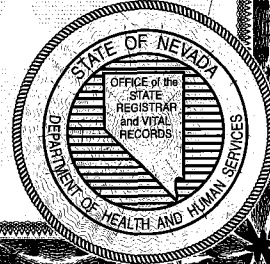
DATE ISSUED: 6/23/2022

*Scott Spangler*

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



**EXHIBIT "A"**  
Legal Description

Order No.: TTR2400211

**For APN/Parcel ID(s): 1022-32-110-050**

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

Lots 61 and 62 as shown on the map of TOPAZ SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 10, 1954 in Book 1 of Maps, as File No. 9774.

