

APN: 1220-10-410-001

RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

Justin J. Sinner, Esq.
c/o ALLING & JILLSON, LTD.
276 Kingsbury Grade, Suite 2000
Post Office Box 3390
Lake Tahoe, Nevada 89449-3390

MAIL TAX NOTICES TO:

Anita Izoco
1000 Sagebrush Court
Gardnerville, NV 89460

Pursuant to *NRS 440.380, I*, the undersigned, affirm that this document submitted for recording does not contain personal information of any person or persons.

NOTICE OF DEATH OF TRUSTEE

COMES NOW, Anita J. Izoco, being first duly sworn, deposed and says:

1. She is the Surviving Trustee of The Izoco Family Revocable Living Trust, dated March 1, 2007;
2. That Jean P. Izoco and Anita J. Izoco are the initial Grantors and Trustees of The Izoco Family Revocable Living Trust, dated March 1, 2007;
3. That as Grantors, Jean P. Izoco and Anita J. Izoco acquired title to the certain real property situate in the County of Douglas, State of Nevada, APN 1220-10-410-001, described as follows:

Lot 1, as said lot is shown on the map of the Official Plat of GARDNERVILLE RANCHOS, filed in the office of the County Recorder of Douglas County, Nevada, on November 30, 1964, in Book 1 of Maps, Page 40, File No. 26665.

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.

4. That Jean P. Izoco died on November 2, 2022, in Douglas County, Nevada, being at the time of his death, a resident of Douglas County, Nevada. The State of Nevada issued a Death Certificate, No. 2022026179, a copy of which is attached hereto as **Exhibit A** and incorporated herein by reference.

5. The Successor Trustee is enumerated in Article Three of the Trust and reads as follows:

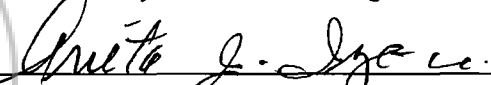
“Successor Trustees:

Should JEAN P. IZOCO or ANITA IZOCO become unable of death, incapacity, or other causes to serve as a Co-Trustee, or should either of them resign as Co-Trustee, then the remaining Co-Trustee shall serve as successor Trustee of all trusts provided for in this agreement. Should the remaining Co-Trustee, acting as successor Trustee, become unable because of death, incapacity, or other causes to serve as successor Trustee, or should the successor Trustee resign as Trustee, ALINE IZOCO ELICAGARAY shall serve as successor Trustee of all trusts provided for in this agreement. Should ALINE IZOCO ELICAGARAY become unable because of death, incapacity, or other causes to serve as successor Trustee, CAROLINE IZOCO CHIRAMBERRO shall serve as successor Trustee of all trusts provided for in this agreement. Should CAROLINE IZOCO CHIRAMBERRO become unable because of death, incapacity, or other causes to serve as successor Trustee, ROGER DOMINIQUE IZOCO shall serve as successor Trustee of all trusts provided for in this agreement.”

6. Now, therefore, be it known that the Sole Trustee under the terms of said Trust is Anita Izoco.

IN WITNESS WHEREOF, Trustee Anita J. Izoco has executed this document on this 7th day of May, 2024

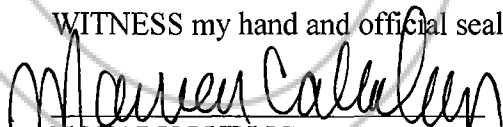
The Izoco Family Revocable Living Trust


ANITA J. IZOCO, Trustee of The Izoco Family Revocable Living Trust

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on May 7, 2024, by Anita J. Izoco.

WITNESS my hand and official seal.


NOTARY PUBLIC

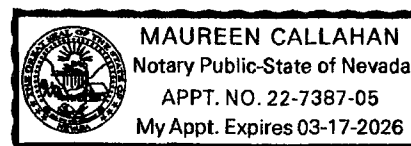


EXHIBIT A

DEATH CERTIFICATE OF
JEAN P. IZOCO

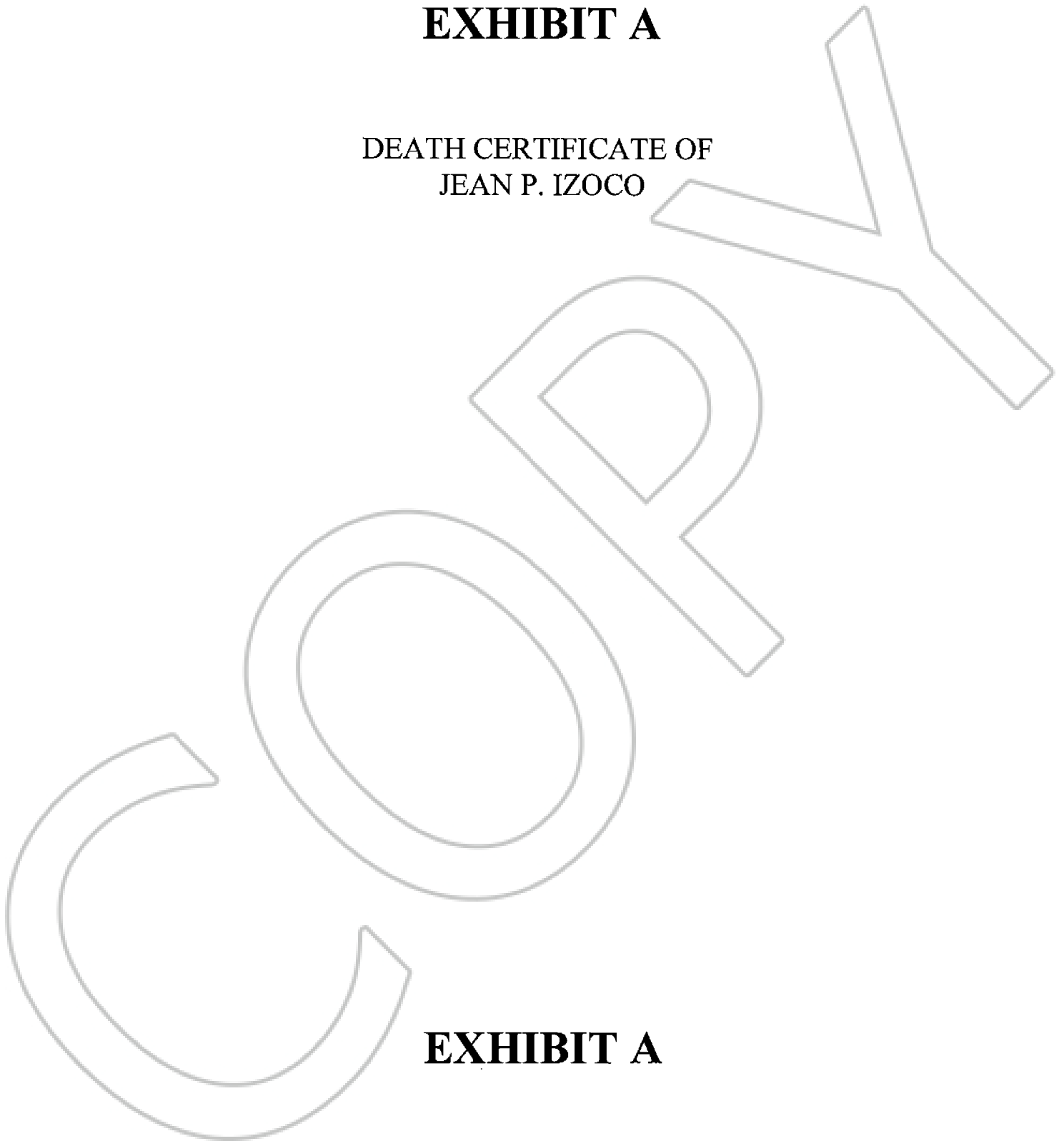


EXHIBIT A

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4315180

CERTIFICATE OF DEATH

2022026179
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) Jean Pierre IZOCO		2. DATE OF DEATH (Mo/Day/Year) November 02, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1000 Sagebrush Ct		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) French Basque		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 YEAR DAYS		7e. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) July 06, 1940	
9a. STATE OF BIRTH (If not US/CA, name country) France		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Anita ZUBILLAGA			
13. SOCIAL SECURITY NUMBER 2865		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY MOTEL	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1000 Sagebrush Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Michel IZOCO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Agnez HERLAX		
18a. INFORMANT- NAME (Type or Print) Anita Jean IZOCO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1000 Sagebrush Ct Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) DAVID M BAKER MD SIGNATURE AUTHENTICATED		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) November 08, 2022		21c. HOUR OF DEATH 23:16		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) David M Baker MD 1470 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER 11681	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 08, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
PART I (a) Non-small Cell Lung Cancer				6 Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology				Chronic	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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					
29a. INJURY AT WORK (Specify Yes or No)		29f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		29g. 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.

11/10/2022

DATE ISSUED:

STATE REGISTRAR

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

