

DOUGLAS COUNTY, NV

2024-1009206

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TICOR TITLE - GARDNERVILLE

SHAWNYNE GARREN, RECORDER

APN # 1022-32-110-051
ORDER NO.: TTR2401215

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
Print Name/Title: Escrow Officer

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

APN: 1022-32-110-051

Escrow No.: TTR2401215-RT

When Recorded Mail Document To:
Karen Lommori, Acting Successor Trustee

30 Mesa Dr
Wellington, NV 89444

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada

COUNTY OF Douglas

Karen Lommori, Acting Successor Trustee, being of legal age, and first duly sworn, deposes and says:

1. That Joseph George Landolt and Beverly Jane Landolt the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in Karen Lommori, Acting Successor Trustee of the Joseph G. and Beverly J. Landolt Trust dated December 23, 1983, dated December 23, 1983 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 2006 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, Acting Successor Trustee am the named Successor Trustee 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of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.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, Acting Successor Trustee of the Joseph G. and Beverly J. Landolt Trust dated December 23, 1983

BY: Karen Lommori

Karen Lommori, Acting Successor Trustee

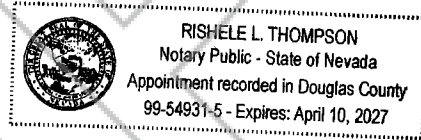
State of NEVADA

County of DOUGLAS

This instrument was acknowledged before me on this 11 day of June, 2024, by
Karen Lommori

Notary Public

[SEAL]



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

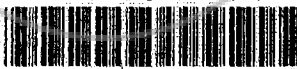
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

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/Year) 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 number) South Lyon Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male	
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)		13. SOCIAL SECURITY NUMBER -0323		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Yerington		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			
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Karen LOMMORI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 20 Mesa Drive Wellington, Nevada 89444					
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Valley View Cemetery		19c. LOCATION City or Town State Yerington Nevada 89447			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) GERALD HITCHCOCK SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD614		20c. NAME AND ADDRESS OF FACILITY Freitas Rupracht Funeral Home PO BOX 1271 Yerington NV 89447			
	TRADE CALL - NAME AND ADDRESS							
CERTIFIER	21a. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEVEN C LORE 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) June 17, 2022		21c. HOUR OF DEATH 09:40		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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) Steven C Lore MD 762 14th St Elko, NV 89801		23b. LICENSE NUMBER 18479					
CAUSE OF DEATH	24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER 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		Interval between onset and death					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Multisystem Rapid Failure		1 Day					
	DUE TO, OR AS A CONSEQUENCE OF: (b) Cerebrovascular Accident		Interval between onset and death 16 Days					
DUE TO, OR AS A CONSEQUENCE OF: (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 I. 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		



CERTIFIED COPY OF VITAL RECORDS

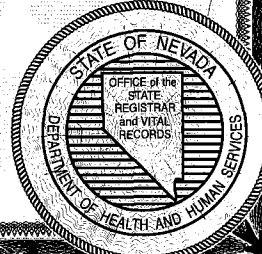
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 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



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	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Beverly Jane LANDOLT		2. DATE OF DEATH (Mo/Day/Year) December 03, 2014		3a. COUNTY OF DEATH Lyon	
	3b. CITY, TOWN, OR LOCATION OF DEATH Yerington		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and South Lyon Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) September 16, 1933		9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		12. SURVIVING SPOUSE (Maiden name) Joseph George LANDOLT	
PARENTS	13. SOCIAL SECURITY NUMBER 6610		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Home	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Yerington	
POSITION	15d. STREET AND NUMBER 120 Manha Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward MARTIN	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Myrtle KINTSCHER		18a. INFORMANT - NAME (Type or Print) Joseph George LANDOLT		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 120 Manha Lane Yerington, Nevada 89447	
TRADE CALL	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) GERALD HITCHCOCK		20b. FUNERAL DIRECTOR LICENSE NUMBER 614		20c. NAME AND ADDRESS OF FACILITY Freitas Rupracht Funeral Home PO BOX 1271 Yerington NV 89447	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROBIN LEE TITUS M.D.		21b. DATE SIGNED (Mo/Day/Yr) December 10, 2014		21c. HOUR OF DEATH 01:40	
	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)	
REGISTRAR	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) Robin Lee Titus M.D. P.O. Box 377 Wellington, NV 89444		23b. LICENSE NUMBER 4617		24a. REGISTRAR (Signature) RHONDA PENA	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 05, 2015		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).)	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN		
28j. STATE		28k. STATE REGISTRAR		28l. STATE		

STATE REGISTRAR

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

R. J. [Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

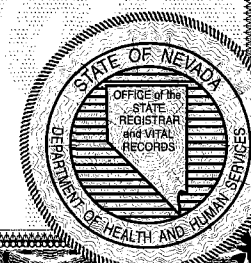
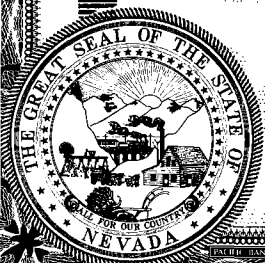


EXHIBIT "A"
Legal Description

Order No.: TTR2401215

For APN/Parcel ID(s): 1022-32-110-051

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

Lots 70 and 71 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.

