

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Janis K. Merlino
PO Box 942
Tonopah, NV

EUREKA COUNTY, NV

2019-239676

Rec:\$35.00

\$35.00

Pgs=5

10/31/2019 04:03 PM

FIRST AMERICAN TITLE RENO

LISA HOEHNE, CLERK RECORDER

Space Above This Line for
Recorder's Use Only

A.P.N. 008-200-02, 03 & 008-210-02

File No.: 121-2573912 (MLR)

Affidavit - Death of Trustee

State of Nevada)
County of Eureka)ss.
)

Janis K. Merlino ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Kenneth Douglas Ambrosini** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **November 3, 2015** at **Reno, Nevada** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **June 16, 2009** executed by **Kenneth D. Ambrosini and Gladys M. Ambrosini** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **June 16, 2009** which was recorded as Instrument No. **0213611** in Book **0489**, Page **0344**, of Official Records of **Eureka** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

DECLARANT:

Janis K. Merlino
Janis K. Merlino, Successor Trustee

State of Nevada)
) ss
County of Clark)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Clark and State Nevada, this 24th day of October, 2019 by Janis K. Merlino, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature

My Commission Expires:

3/7/21

This area for official notarial seal



Notary Name:

Renee Karcich

Notary Phone:

(925) 413-8340

Notary Registration Number:

13-10082-1

County of Principal Place of Business

Clark

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2015019243

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
DEATHCONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Kenneth Douglas AMBROSINI		2. DATE OF DEATH (Mo/Day/Year) November 03, 2015		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE: White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) July 16, 1931	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) July 16, 1931		9a. STATE OF BIRTH (If not U.S.A.)		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Gladys M BISHOP	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Trucking	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER Ambrosini Ranch - Antelope Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) AMBROSINI		17. MOTHER/PARENT - NAME (First Middle Last Suffix)			
18a. INFORMANT - NAME (Type or Print) Gladys M AMBROSINI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 1063 Eureka, Nevada 89316			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VICTOR LEE MD		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 09, 2015		21c. HOUR OF DEATH 22:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Susan Marron		21e. PRONOUNCED DEAD (Mo/Day/Yr)		22c. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) VICTOR LEE MD 1155 Mill St. Reno, NV 89502		23b. LICENSE NUMBER 15060			
24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 10, 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).) Small Bowel Obstruction		Interval between onset and death			
(a) DUE TO, OR AS A CONSEQUENCE OF Bowel Perforation		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF Unknown Etiology		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF		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: Alcohol Encephalopathy		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC. SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

603894

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:

11/18/2015

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

STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

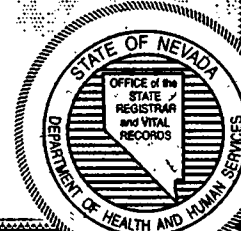
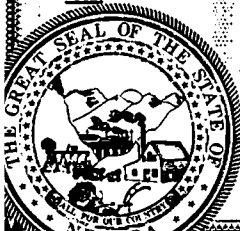


EXHIBIT 'A'

PARCEL 1:

TOWNSHIP 17 NORTH, RANGE 49 EAST, M.D.B. &M.

SECTION 24: HOMESTEAD ENTRY NO. 174, COMPRISING TRACTS A AND B, EMBRACING A PORTION OF, APPROXIMATELY SECTION 24 IN TOWNSHIP 17 NORTH, RANGE 49 EAST, M.D.B. &M., NEVADA, MORE PARTICULARLY BOUNDED AND DESCRIBED AS FOLLOWS:

BEGINNING FOR THE DESCRIPTION OF TRACT A AT CORNER NO. 1, IDENTICAL WITH THE SOUTHWEST CORNER TO SECTION 19 IN TOWNSHIP 17 NORTH, RANGE 50 EAST, M.D.B. &M.;

THENCE NORTH 87° WEST 43.66 CHAINS TO CORNER NO. 2;

THENCE NORTH 2° 40' WEST 3.44 CHAINS TO CORNER NO. 3;

THENCE NORTH 73° 35' EAST 22.53 CHAINS TO CORNER NO. 4;

THENCE SOUTH 63° 30' EAST 10.92 CHAINS TO CORNER NO. 5;

THENCE SOUTH 84° 24' EAST, 12.41 CHAINS TO CORNER NO. 6;

THENCE SOUTH 0° 4' EAST, 5.98 CHAINS TO CORNER NO. 1, THE PLACE OF BEGINNING;

BEGINNING FOR THE DESCRIPTION OF TRACT B AT CORNER NO. 7, FROM WHICH CORNER NO. 2 OF SAID TRACT A BEARS SOUTH 87° EAST 50 LINKS DISTANT;

THENCE NORTH 87° WEST 27.75 CHAINS TO CORNER NO. 8;

THENCE NORTH 39° 12' EAST 12.76 CHAINS TO CORNER NO. 9;

THENCE NORTH 39° 29' WEST 16.96 CHAINS TO CORNER NO. 10;

THENCE NORTH 47° EAST 4.48 CHAINS TO CORNER NO. 11;

THENCE SOUTH 33° 44' EAST 4.99 CHAINS TO CORNER NO. 12;

THENCE SOUTH 48° 30' EAST 30.75 CHAINS TO CORNER NO. 13;

THENCE NORTH 73° 35' EAST 1.24 CHAINS TO CORNER NO. 14;

THENCE SOUTH 2° 40' EAST 3.28 CHAINS TO CORNER NO. 7, THE PLACE OF BEGINNING.

NOTE: THE ABOVE METES AND BOUNDS DESCRIPTION PREVIOUSLY APPEARED IN THAT CERTAIN DOCUMENT RECORDED JULY 26, 2002, IN BOOK 348, PAGE 372 AS DOCUMENT NO. 178400, OFFICIAL RECORDS, EUREKA COUNTY, NEVADA.

PARCEL 2:

TOWNSHIP 17 NORTH, RANGE 50 EAST, M.D.B. &M.

SECTION 19: LOT 4; SE1/4 SW1/4;

SECTION 29: N1/2 NW1/4; W1/2 NE1/4;

SECTION 30: NE1/4 NW1/4; N1/2 NE1/4;