

EUREKA COUNTY, NV      **2022-247707**  
Rec:\$37.00  
\$37.00      Pgs=5      01/13/2022 09:26 AM  
U.S. DEEDS  
LISA HOEHNE, CLERK RECORDER

**ASSESSOR'S PARCEL NO. 005-290-12**

**WHEN RECORDED MAIL TO:**

ADAM D. BECKER, ESQ.  
CALLISTER, BROBERG & BECKER  
700 N. BRAND BOULEVARD, #560  
GLENDALE, CA 91203

**MAIL TAX NOTICES TO:**

ROBERT J. DEBLASIS, TRUSTEE  
183 KENWORTHY DRIVE  
PASADENA, CA 91105

**Affidavit of Successor Trustee**

The undersigned ROBERT J. DEBLASIS, of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. ARCHIMEDE G. PIZZO AND LUIGIA A. PIZZO are named as Trustors under that certain PIZZO FAMILY TRUST, also known as the DECLARATION OF TRUST, dated October 5, 1983, and ARCHIMEDE G. PIZZO was the Trustee (herein, the "Trust").
2. ARCHIMEDE G. PIZZO died on May 28, 1999 as evidenced by the Affidavit – Death of Trustee recorded in Book 329, Page 436, on September 16, 1999, in the office of the Recorder of Eureka County, Nevada.
3. Pursuant to Article X of said Trust, Luigia A. Pizzo became the sole Trustee upon the death of ARCHIMEDE G. PIZZO.
4. LUIGIA A. PIZZO, also known as LUIGIA ANNA PIZZO, died on November 5, 2019, and is the decedent named in that particular Certificate of Death attached hereto and made a part hereof.
5. LUIGIA A. PIZZO and ARCHIMEDE G. PIZZO are the same persons named as a co-trustee grantee in that particular deed recorded in Book 339, Page 509, on February 12, 2001, in the office of the Recorder of Eureka County, Nevada.
6. ROBERT J. DEBLASIS is designated as the successor trustee under the Trust, to serve upon the death of LUIGIA A. PIZZO. The Trust was in effect at the date of the death of LUIGIA A. PIZZO and has not been revoked. ROBERT J. DEBLASIS has consented to act as trustee under the Trust.

(Signature on following page.)

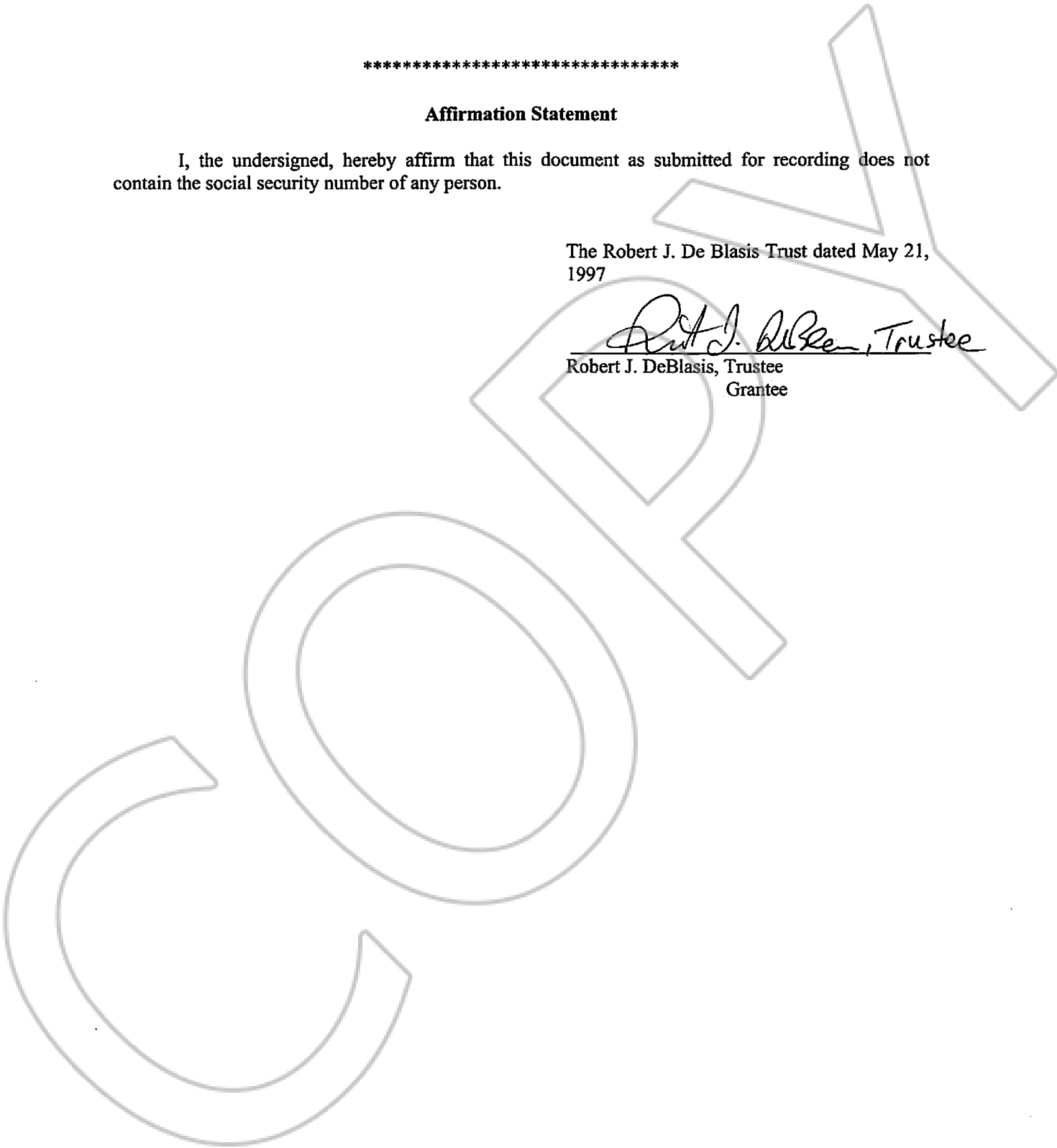
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**Affirmation Statement**

I, the undersigned, hereby affirm that this document as submitted for recording does not contain the social security number of any person.

The Robert J. De Blasis Trust dated May 21, 1997

*Robert J. DeBlasis, Trustee*  
Robert J. DeBlasis, Trustee  
Grantee



Robert J. Deblasis  
ROBERT J. DEBLASIS

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

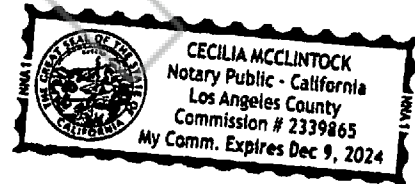
State of California  
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 16<sup>th</sup> day of Dec, 2021,  
C# 2020, by Robert J. Deblasis, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Witness my hand and official seal.

Cecilia McClintock  
Signature of Notary Public

[Affix Notary Seal]



## EXHIBIT A

The Southwest Quarter of the Southwest Quarter of Section 5, Township 30 North, Range 49, M. D. B. & M. as per Government Survey.

Reserving therefrom an easement of 30 feet along all boundries for ingress and egress, with power to dedicate.

Per NRS 111.312, this legal description was previously recorded in Book 339, Page 509, on February 12, 2001, in the office of the Recorder of Eureka County, Nevada.

*The parties herein confirm and agree by their signatures above and/or acceptance of this document that the preparer of this document has not advised the parties on the propriety or suitability of the conveyance; has been engaged solely for the purpose of preparing this instrument; has prepared the instrument only from information given to preparer by the parties and/or their representatives; has not verified the accuracy of the consideration stated to have been paid or upon which any tax may have been calculated; has not verified the legal existence or authority of any party or person executing the document; has not been requested to provide nor has preparer provided a title search, an examination of title or legal description, an opinion on title, legal review or advice of any sort, or advice on property taxes, reassessments, other taxes or the tax, legal or non-legal consequences that may arise from the conveyance; and that they agree to hold harmless, indemnify and defend the preparer from and against any and all losses, liabilities, claims, demands, actions, suits, proceedings, and costs of every nature arising therefrom. The parties herein further agree at any time, and from time to time, to cooperate, adjust, initial, execute, re-execute and re-deliver such further deeds and documents, correct any defect, error or omission and do any and all such further things as may be necessary to implement and carry out the intent of the parties in making this conveyance. Preparer shall not be liable for any consequences arising from modifications to this document not made or approved by preparer.*

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

**COUNTY OF LOS ANGELES**  
**DEPARTMENT OF PUBLIC HEALTH**

3052019228521 **CERTIFICATE OF DEATH** 3201919051130

STATE FILE NUMBER 3052019228521		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS 15-114927-3/03		LOCAL REGISTRATION NUMBER 3201919051130	
1. NAME OF DECEDENT - FIRST (Given) <b>LUIGIA</b>		2. MIDDLE <b>ANNA</b>		3. LAST (Family) <b>PIZZO</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>09/21/1924</b>		5. AGE Yrs. <b>95</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>ITALY</b>		10. SOCIAL SECURITY NUMBER [REDACTED]		12. MARITAL STATUS/GRDP (at Time of Death) <b>WIDOWED</b>	
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>DOCTORATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>TEACHER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>EDUCATION</b>		19. YEARS IN OCCUPATION <b>25</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>956 S. ORANGE GROVE BLVD. #C</b>					
21. CITY <b>PASADENA</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. STATE/FOREIGN COUNTRY <b>CA</b>	
24. INFORMANT'S NAME, RELATIONSHIP <b>ROBERT J. DE BLASIS, SON</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>183 KENWORTHY DR., PASADENA, CA 91105</b>		
28. NAME OF SURVIVING SPOUSE/GRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST <b>BONAVENTURA</b>		32. MIDDLE		33. LAST <b>SCOPPETTA</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>EMILIA</b>		36. MIDDLE		37. LAST (BIRTH NAME) <b>IELPO</b>	
38. BIRTH STATE <b>ITALY</b>		39. BIRTH STATE <b>ITALY</b>		40. PLACE OF FINAL DISPOSITION <b>FOREST LAWN MEMORIAL PARK 1712 SOUTH GLENDALE AVENUE, GLENDALE, CA 91205</b>	
41. TYPE OF DISPOSITIONS <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>CABOT AND SONS</b>		45. LICENSE NUMBER <b>FD341</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>MUNTU DAVIS, M.D.</b>	
47. DATE mm/dd/yyyy <b>11/14/2019</b>					
101. PLACE OF DEATH <b>NO PLACE LIKE HOME GOLDEN AGES ASS. LIVING</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> SNCP <input type="checkbox"/> DDA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1459 WESTERN AVENUE</b>		106. CITY <b>GLENDALE</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or respiratory circulation without showing the etiologic. DO NOT ABBREVIATE. <b>CONGESTIVE HEART FAILURE</b>		108. DEATH REPORTED TO CORONER? (This license is valid for 2 years) <b>YRS</b>		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
108. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>ATRIAL FIBRILLATION</b>		109. BIOPSY PERFORMED? <b>YRS</b>		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST <b>CHRONIC KIDNEY DISEASE</b>		110. AUTOPSY PERFORMED? <b>YRS</b>		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>HYPERTENSION</b>		111. USED IN DETERMINING CAUSE? <b>YRS</b>		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attached Since: [REDACTED] Decedent Last Seen/Alive: [REDACTED] <b>03/23/2011</b> <b>09/23/2019</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>RAUL ARTURO PARDAVE M.D.</b>		116. LICENSE NUMBER <b>A45243</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RAUL ARTURO PARDAVE M.D. 1530 EAST CHEVY CHASE DR STE 207, GLENDALE, CA 91206</b>		117. DATE mm/dd/yyyy <b>11/14/2019</b>		118. DATE mm/dd/yyyy <b>11/14/2019</b>	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)		122. HOUR (24 Hours)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury).					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH#	
REGISTRAR		REGISTRAR		CENSUS TRACT	

**CERTIFIED COPY OF VITAL RECORD**  
**STATE OF CALIFORNIA, COUNTY OF LOS ANGELES**

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



DATE ISSUED  
**NOV 15 2019**  
 Health Officer and Registrar *Muntu Davis, M.D.*  
**DO 16**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOSANG1

## CERTIFICATION OF TRUST

TO: ALL BANKS, SAVINGS AND LOAN ASSOCIATIONS, MUTUAL FUNDS  
BROKERS, TITLE INSURERS, TRANSFER AGENTS, AND OTHER PERSON AND  
INSTITUTIONS

I, Robert J. DeBlasis, as Trustee of the Pizzo Family Trust, a Declaration of Trust originally executed on October 5, 1983, certify as follows:

1. Creation of Trust.

The Trust was created on October 5, 1983 by Archimede G. Pizzo and Luigia A. Pizzo, under a trust agreement executed on that date.

2. Name of Trust.

The name of the Trust is the Pizzo Family Trust, a Declaration of Trust.

3. Trustees.

The currently acting Trustee of the Trust is Robert J. DeBlasis.

4. Trust Property.

The Trustee is now holding as Trustee of the Trust one or more items of property, which constitute the trust property.

5. Irrevocability of Trust.

The Trust is irrevocable.

6. Powers of Trustee.

The Trustee has the power and authority as set forth in the Trust Agreement to manage and control the Trust property, including the power to grant, bargain, purchase, manage, sell and convey, encumber and hypothecate, real and personal property, and the power to invest and reinvest the Trust estate in every kind of property, real, personal, or mixed, and every kind of investment.

8. Manner in which Title to Assets Should Be Taken.

Title to Trust Assets should be taken in the following form: Robert J. DeBlasis, Trustee, or his successor in interest under the terms of the Pizzo Family Trust, a Declaration of Trust, dated October 5, 1983.

9. No Revocations, Modifications, or Amendments:

The trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this Certification of Trust to be incorrect.

10. Signed by All Currently Acting Trustees.

This Certification is being signed by all of the currently acting Trustees of the Trust.

11. Accuracy.

This Certification of Trust is a true and accurate statement of the matters referred to herein.

12. Reliance on this Certification.

This Certification is made in accordance with California Probate Code Section 18100.5. Any transaction entered into by a person acting in reliance on this certification shall be enforceable against the trust assets.

PROBATE CODE SECTION 18100.5(h) PROVIDES THAT ANY PERSON WHO REFUSES TO ACCEPT THIS CERTIFICATION IN LIEU OF THE ORIGINAL TRUST DOCUMENTS WILL BE LIABLE FOR DAMAGES, INCLUDING ATTORNEYS' FEES, INCURRED AS A RESULT OF THAT REFUSAL, IF THE COURT DETERMINES THAT A THE PERSON ACTED IN BAD FAITH IN REQUESTING THE TRUST DOCUMENTS.

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

Date: 11/3/21

  
Robert J. DeBlasis, Trustee

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA        )  
  )§  
COUNTY OF LOS ANGELES    )

On 11-03, 2021, before me, Cecilia McClintock a Notary Public, personally appeared Robert J. DeBlasis, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Cecilia McClintock

