

Recording Requested by:

Betty A. Grasso

After Recording, Mail to:

Betty A. Grasso
P.O. Box 2025
Minden, NV 89423

EUREKA COUNTY, NV
LAND-DTR
Rec:\$37.00
Total:\$37.00
BETTY A. GRASSO

2023-250867
08/11/2023 03:53 PM
Pgs=3



00018772202302508670030034

KATHERINE J. BOWLING, CLERK RECORDER

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

CERTIFICATE OF DEATH OF CO-TRUSTEE

The undersigned Co-Trustee Betty A. Grasso hereby certifies that on November 17, 1997, Salvatore J. Grasso and Betty A. Grasso created a revocable living trust. This Trust is known as: the Salvatore and Betty Trust dated November 17, 1997, Salvatore J. Grasso and Betty A. Grasso, Trustees and Settlers for the benefit of the Grasso family.

IT IS AGREED BETWEEN PARTIES HERETO AS FOLLOWS:

Description of Trust

The undersigned hereto desires to confirm the establishment of a revocable and amendable living trust on November 17, 1997 for the benefit of the Settlers and containing inter alia the following provisions:

1. Salvatore J. Grasso and Betty A. Grasso were designated as the original Co-Trustees to serve until their death, resignation or incompetence. Upon the death, resignation, removal, or incompetence of either Trustee, the remaining original Trustees shall serve as sole Trustee.
2. Original Co-Trustor/Co-Trustee Salvatore J. Grasso died on November 23, 2018. A certified copy of his death certificate is attached hereto as Exhibit "A".
3. The surviving Trustee Betty A. Grasso hereby acts as the sole Trustee over the Salvatore and Betty Grasso Trust dated November 17, 1997 and any sub-trusts.
4. The undersigned Trustee states that the Trust is funded and in full force and effect, and has not been revoked, modified or otherwise amended in any manner which would cause the representations in this Certification to be incorrect.

5. The undersigned states that under the terms of the Trust she, Betty A. Grasso, has full power to act for said Trust and all sub-trusts created thereunder and is properly exercising her authority under said Trust in negotiating for, contracting for and executing any documents regarding trust property, and that no Trustee other than the undersigned is necessary under the Trust to sign any such documents.
6. The current Tax Identification Number(s) are available by contacting the Trustee.
7. Unless otherwise indicated in writing to a prospective transferee, the Trustee has full power to transfer assets held in the name of the Trust and all sub-trusts created thereunder and subsequent transferees are entitled to rely upon such transfers provided the chain of title is not otherwise deficient.
8. The Trustee has the power and authority to manage and control, buy, sell and transfer the Trust property, in such manner as she may deem advisable, including the power to grant, bargain, sell and convey, encumber and hypothecate, real and personal property, and the power to invest in corporate obligations of every kind, stocks, preferred or common, and to buy stocks, bonds and similar investments on margin or other leveraged accounts, except to the extent that such management would cause includability of an irrevocable Trust in the estate of a Trustee.
9. All personal property transferred into Trust remains personal property and all real property transferred into Trust remains real property.
10. The use of this Certificate is for convenience only and the Trust is solely controlled as to provisions and interpretations, and any conflict between this notice and the Trust shall be decided in favor of the Trust.

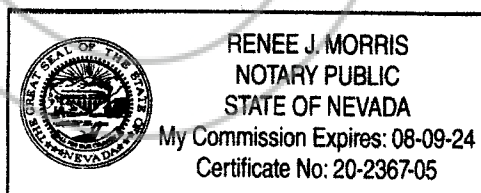
IN WITNESS WHEREOF, the Trustee has hereto executed this Certificate of Death of Co-Settlor/Trustee this 7th day of August, 2023.

SETTLOR/TRUSTEE:

Betty A. Grasso
BETTY A. GRASSO

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on August 7, 2023 by Betty A. Grasso.



Renee J. Morris
NOTARY PUBLIC

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4052457

CERTIFICATE OF DEATH

2018022763

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) Salvatore J GRASSO				2. DATE OF DEATH (Mo/Day/Year) November 23, 2018		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Renown Regional Medical Center			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Intensive Care Unit (ICU)		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday 85	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY DAYS	8. DATE OF BIRTH (Mo/Day/Yr) August 16, 1933
9a. STATE OF BIRTH (If not US/CA, name country) New Jersey		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) Betty HALL
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Crane Operator			14b. KIND OF BUSINESS OR INDUSTRY Crane Rentals		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 892 Mahogany Dr	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alfio GRASSO				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maria CASELLA			
18a. INFORMANT - NAME (Type or Print) Betty GRASSO				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 2025 Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory			19c. LOCATION City or Town State Carson City Nevada 89706		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) SIGNATURE AUTHENTICATED HOLLY PORTER APRN				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 30, 2018		21c. HOUR OF DEATH 21:29		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) Holly Porter APRN 1155 Mill St Reno, NV 89502						23b. LICENSE NUMBER APRN002628	
24a. REGISTRAR (Signature) VICTORIA STEBBINS SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 30, 2018		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
(a) Non-traumatic Intracranial Hemorrhage							
DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death
(b) Unknown Etiology							
DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death
(c)							
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 I:						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	

STATE REGISTRAR



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.

12/3/2018

DATE ISSUED:

Julie Katchmar
SIGNATURE AUTHENTICATED
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

