

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NEVO F. CAPITINA
NEVO F. CAPITINA
372 Castro Street
Mountain View, CA 94041

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

MARY S. NAVONE
10549 Creston Drive
Los Altos, CA 94024

Affidavit - Death of ~~JOHN XXXXX~~ ^{CO-TRUSTEE}

AJT 873 GF

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

STATE OF CALIFORNIA,

COUNTY OF Santa Clara } ss.

MARY S. NAVONE of legal age, being first duly sworn, deposes and says:
That VICTOR CHARLES NAVONE the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as VICTOR S. NAVONE
named as one of the parties in that certain deed dated March 3, 1987
executed by VICTOR C. NAVONE and MARY S. NAVONE, his wife, as T/C
to VICTOR C. NAVONE and MARY S. NAVONE as Co-Trustees of the Living Trust
as joint tenants, recorded as Instrument No. 262711, on OCTOBER 15, 1991, in
book _____, page _____, of Official Records of _____
County, California, covering the following described property situated in the _____

County of Douglas, State of Nevada, S _____ :

LOT 19-B, as shown on the map of Lake Village Unit No. 2-C
filed in the Office of the County Recorder on March 10, 1972
Document No. 58124, and on the amended map filed for record
on April 27, 1973, Document No. 65825 Official Records of
Douglas County, Nevada.
APN No. 07-180-24-3

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ _____.

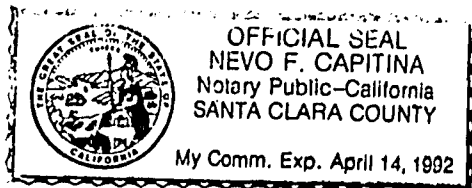
Dated October 1, 1991

Mary S. Navone

MARY S. NAVONE

SUBSCRIBED AND SWORN TO before me

this 1st day of October 1991
Signature Nevo F. Capitina
Nevo F. Capitina
Name (Typed or Printed)



(This area for official notarial seal)

264086

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Title Order No. _____ File, Escrow or Loan No. _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

SAN JOSE, CALIFORNIA

353

CERTIFICATE OF DEATH 39043-007589
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) Victor	1B. MIDDLE Charles	1C. LAST (FAMILY) Navone	2A. DATE OF DEATH—MO., DAY, YR. November 17, 1990	3. SEX M
4. RACE White	5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO., DAY, YR. April 30, 1921	7. AGE IN YEARS 69	IF UNDER 1 YEAR MONTHS _____ DAYS _____
8. STATE OF BIRTH CA	9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER Antonio Navone	10B. STATE OF BIRTH Italy	11A. FULL MAIDEN NAME OF MOTHER Angelina Varni
101	12. MILITARY SERVICE? 10 42 TO 10 45 <input type="checkbox"/> NONE	13. SOCIAL SECURITY NO. [REDACTED]-2979	14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE OR WIFE, ENTER MAIDEN NAME Mary Salvo
16A. USUAL OCCUPATION Ret. Bar Owner	16B. USUAL KIND OF BUSINESS OR INDUSTRY Bar	16C. USUAL EMPLOYER Self	16D. YEARS IN OCCUPATION 14	17. EDUCATION—YEARS COMPLETED 12
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 10549 Creston Dr.	18B. CITY Los Allos	18C. ZIP CODE 94024	18D. COUNTY Santa Clara	
19A. PLACE OF DEATH El Camino Hospital	19B. HOSPITAL, SPECIFY ONE: IP, EP, OP, DOA IP	19C. COUNTY Santa Clara	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary S. Navone Wife 10549 Creston Dr. Los Allos, CA 94024	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2500 Grant Road	19E. CITY Mountain View	21. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardiac Arrest DUE TO (B) Acute Myocardial Infarction DUE TO (C) Coronary Atherosclerosis	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Cardiac Aneurysm; Hypertension	25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23? IF YES, LIST TYPE OF OPERATION AND DATE No	26. SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i> A.A. Goetz MD	27. PHYSICIAN'S LICENSE NUMBER C-12256	27A. DATE SIGNED 11/20/92
27A. DECEDENT ATTENDED SPACE MONTH, DAY, YEAR 8/12/77	27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 11/17/90	27C. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS 525 So. Dr. Mountain View, Ca. 94040	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>	28B. DATE SIGNED
29. MANNER OF DEATH—(ONE OF: NATURAL, SUICIDE, HOMICIDE, UNKNOWN, UNIDENTIFIED OR CAUSE NOT BE DETERMINED)	30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
34A. DISPOSITION BY Bu	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Gate of Heaven Catholic Cemetery 22555 Cristo Rey Dr. Los Allos, CA 94022	34C. DATE Nov 21, 1990	35A. SIGNATURE OF ENBALMER <i>[Signature]</i>	35B. LICENSE NUMBER 5297
36A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Spangler Mortuaries LA	36B. LICENSE NO. F-927	37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	38. REGISTRATION NO. NOV 20 1990	
A.	B.	C.	D.	E.
F.	G.	H.	I.	J.
STATE REGISTRAR				CE. JUS TRACT 507703

(REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

R063835

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA)
COUNTY OF SANTA CLARA) SS

I, Laurie Kane, Santa Clara County Recorder, do hereby certify that this is a true and exact reproduction of the document officially registered in my office.

Witness my hand and official seal this 9 day of October, 1991.

By: *[Signature]* Deputy.

This copy not valid unless prepared on engraved border displaying seal and signature of Deputy County Recorder.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REQUESTED BY

Capitina Law Office

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

91 NOV -1 P12:15

SUZANNE BLAUDREAU
RECORDER

\$ 7.00

PAID

SD

264086
DEPUTY

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