

RECORDING REQUESTED BY  
NEVO F. CAPITINA

(3)

AND WHEN RECORDED MAIL TO

Name NEVO F. CAPITINA  
Street Address 372 Castro Street  
City & State Mountain View, CA94041

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**Affidavit - Death of CO-TRUSTEE**

TO 426 CA (12-74)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

A.P.N.

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 C. NAVONE named as one of the parties in that certain deed dated March 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 of the NAVONE FAMILY dated March 3, 1987, recorded as Instrument No. 262712, on OCTOBER 15, 1991, in Book/Reel \_\_\_\_\_, Page/Image \_\_\_\_\_, of Official Records of Douglas County, Nevada covering the following described property situated in the \_\_\_\_\_ County of Douglas, State of Nevada.

LOTS 7 and 8, Block E as shown on the Map of LINCOLN PARK filed in the office of the County Recorder of Douglas County, Nevada, on September 7, 1921.

TOGETHER WITH the tenements, hereditaments, and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said parties of the second part, and to the survivor of them, and to the heirs and assigns of such survivor forever.

A.P.N. 3-164-15

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 \$ \_\_\_\_\_

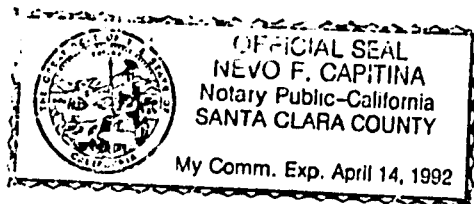
Dated August 15 1991

Mary S. Navone  
Mary S. Navone

SUBSCRIBED AND SWORN TO before me

this 15<sup>th</sup> day of August 1991

Signature Nevo F. Capitina  
Nevo F. Capitina



(This area for official notarial seal)

264088

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA  
SAN JOSE, CALIFORNIA

CERTIFICATE OF DEATH 39043-007589

353

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY		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	2B. HOUR 1704	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	IF UNDER 24 HOURS HOURS MINUTES	
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	11B. STATE OF BIRTH Ca
12. MILITARY SERVICE? 19 42 TO 19 45 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. [REDACTED]-2979		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE OF 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 4	17. EDUCATION—YEARS COMPLETED 12	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 10549 Creston Dr.		18B. CITY Los Altos		18C. ZIP CODE 94024				
18D. COUNTY Santa Clara		18E. NUMBER OF YEARS IN THIS COUNTY 43		18F. STATE OR FOREIGN COUNTRY CA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mary S. Navone Wife 10549 Creston Dr. Los Altos, CA 94024		
19A. PLACE OF DEATH El Camino Hospital		19B. HOSPITAL, SPECIFY ONE: IP, EP, OP, DOA IP		19C. COUNTY Santa Clara				
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2500 Grant Road		19E. CITY Mountain View		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
21. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE DUE TO DUE TO		1A. Cardiac Arrest		▶ Immed		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		1B. Acute Myocardial Infarction		▶ 4 days		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
		1C. Coronary Atherosclerosis		▶ 10 yrs		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Cardial Aneurysm; Hypertension		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE No						
27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR 8/12/77		27B. DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR 11/17/90		27C. PHYSICIAN'S LICENSE NUMBER C-12256		27D. DATE SIGNED 11/20/92		
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS A. A. Goetz MD 525 So. Dr. Mountain View, Ca. 94040		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED				
29. MANNER OF DEATH—IDENTIFY OR NATURAL, SUICIDE, UNUSUAL, MURDER, HOMICIDE, OR CAUSE NOT DETERMINED		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		
30D. 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 Altos, CA 94022		34C. DATE NOV 21, 1990		35A. SIGNATURE OF ENHALMER Tom Liberty		
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 Stephen A. Coray MD		
38. REGISTRATION NO. NOV 20 1990		39. STATE REGISTRAR						

CERTIFIED COPY OF VITAL RECORD

R063836

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, Cristina Frusto, Deputy.

264088  
BOOK 1191 PAGE 108

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



REQUESTED BY

*Capitna Law Office*

IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

'91 NOV -1 P12:23

SUZANNE D'AMOREAU  
RECORDER

264088

\$ 17.00 PAID *SD* DEPUTY

BOOK **1191** PAGE **109**