

20

RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:)

OFFICIAL RECORD
Requested By:
CAROL JOHNSTON

✓ Nancy Bozzo, James Zamzow &
Carol Johnston, Trustees)
PO Box 146)
Smith, NV 89430)

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 7 Fee: 20.00
BK-1108 PG- 4524 RPTT: 0.00

MAIL TAX STATEMENTS TO SAME)



A.P.N. 1320-33-810-030

AFFIDAVIT - DEATH OF TRUSTEE


STATE OF NEVADA)
County of Douglas:) SS.

JAMES A. ZAMZOW, NANCY ZAMZOW BOZZO and CAROL ANN JOHNSTON
("Declarants") are of legal age, being first duly sworn, depose
and state under penalty of perjury under the laws of the State of
Nevada:

1. BARBARA ZAMZOW ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on March 4, 2008 at Gilroy, Santa Clara County, California.
2. Decedent is the same person named as the trustee in that certain Declaration of Trust of THE BARBARA ZAMZOW LIVING TRUST dated March 22, 2002, executed by BARBARA ZAMZOW as settlor (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain Grant Deed dated March 22, 2002 which was recorded as Instrument No. 0538738 of Official Records of Douglas County, Nevada granting property legally described as follows: **Legal description attached hereto as Exhibit "A" and incorporated herein by this reference.**
4. Declarants are the successor trustees under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarants have consented to act as trustees under the Trust

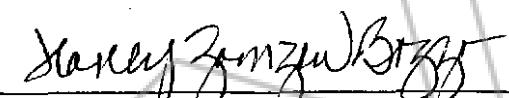
DECLARANTS:

Dated: 11/17/08



JAMES A. ZAMZOW, Successor
Trustee

Dated: 11/17/08

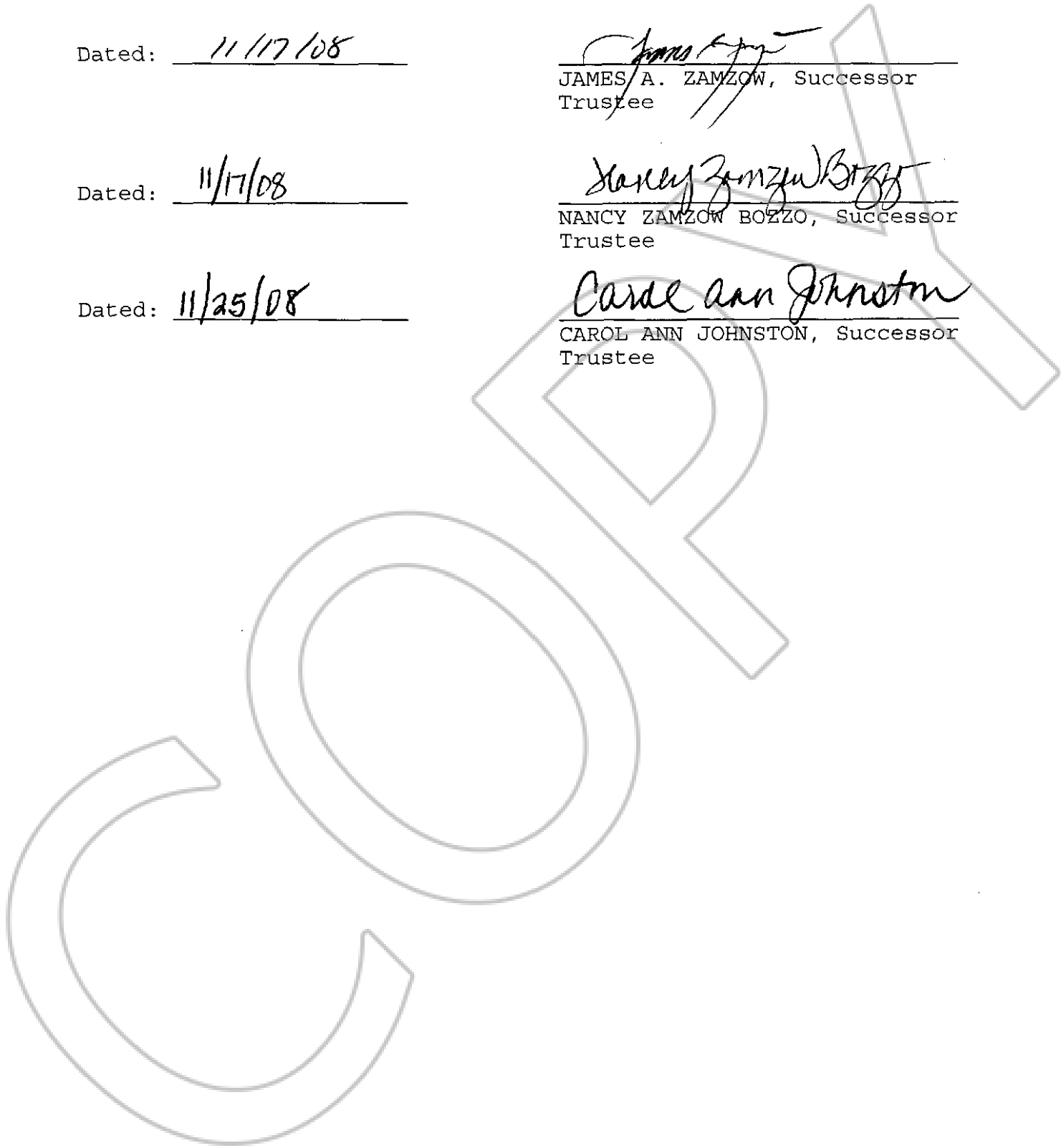


NANCY ZAMZOW BOZZO, Successor
Trustee

Dated: 11/25/08



CAROL ANN JOHNSTON, Successor
Trustee

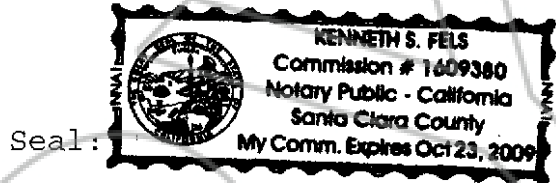


State of California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this ___ day of 11/17, 2008, by JAMES A. ZAMZOW, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: Kenneth S Fels



ACKNOWLEDGMENT

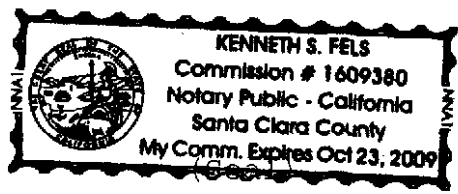
STATE OF CALIFORNIA)
COUNTY OF Santa Clara) SS.

On 11/17/08, before me, Kenneth S Fels, Notary Public, personally appeared JAMES A. ZAMZOW, 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 Kenneth S Fels



State of California

County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this ___ day of 11/17, 2008, by NANCY ZAMZOW BOZZO, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: Kenneth S. Fels

Seal:



ACKNOWLEDGMENT

STATE OF CALIFORNIA)
COUNTY OF Santa Clara) SS.

On 11/17/08, before me, Kenneth S Fels, Notary Public, personally appeared NANCY ZAMZOW BOZZO, 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 Kenneth S Fels



(Seal)

STATE OF NEVADA

COUNTY OF DOUGLAS

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this 25 day of NOV, 2008 by CAROL ANN JOHNSTON, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

This area for official notarial seal



Signature: Mary Kelsh

My Commission Expires: 11-6-2010

Notary Name: Mary Kelsh

Notary Registration Number: 98-49567-5

Notary Phone: 775 782 5411

County of Principal Place of Business: Minden NV



EXHIBIT "A"

Lot 80, Block L, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215 and Amended by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, Official Records.

Assessors Parcel No. 1320-33-810-030

COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION
645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

3200843001787

STATE FILE NUMBER		3. LAST (Family)	
1. NAME OF DECEDENT - FIRST (Given) BARBARA		2. MIDDLE L.	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		3. LAST (Family) ZAMZOW	
4. DATE OF BIRTH mm/dd/yyyy 09/21/1934		5. AGE Yrs 73	6. SEX F
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA	10. SOCIAL SECURITY NUMBER ██████████3434	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at Time of Death) WIDOWED
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE	14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. DECEDENT'S RACE - Use No. 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. CLERK		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RETAIL	
20. DECEDENT'S RESIDENCE (Street and number or location) 1403 BAYTREE DRIVE		19. YEARS IN OCCUPATION 15	
21. CITY GILROY		22. COUNTY/PROVINCE SANTA CLARA	23. ZIP CODE 95020
24. INFORMANT'S NAME, RELATIONSHIP NANCY BOZZO, DAUGHTER		25. INFORMANT'S MAILING ADDRESS (Street and number or real route number, city or town, state, ZIP) 6595 FURLONG AVENUE, GILROY, CA 95020	
28. NAME OF SURVIVING SPOUSE - FIRST ROY		29. MIDDLE L.	30. LAST (Maiden Name) RIANDA
31. NAME OF FATHER - FIRST JOSEPHINE		32. MIDDLE M.	33. LAST (Maiden) PAVESE
34. BIRTH STATE CA		35. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 03/08/2008		40. PLACE OF FINAL DISPOSITION GAVILAN HILLS MEMORIAL PARK GILROY, CA 95020	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER JOHN MATTEUCCI	
43. LICENSE NUMBER 6027		44. NAME OF FUNERAL ESTABLISHMENT HABING FAMILY FUNERAL HOME	
45. LICENSE NUMBER 791		46. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy 03/05/2008		48. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD	
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1403 BAY TREE DR.	
106. CITY GILROY		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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. SEPSIS ADVANCED MYELOMA	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BICOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. 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 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) BONE MARROW BIOPSY 08/21/2005	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen At/By: 08/15/2005 02/22/2008		115. SIGNATURE AND TITLE OF CERTIFIER RONALD HAJIME YANAGIHARA M.D.	
116. LICENSE NUMBER G47486		117. DATE mm/dd/yyyy 03/04/2008	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RONALD HAJIME YANAGIHARA M.D.		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RONALD HAJIME YANAGIHARA M.D.	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
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		129. TYPE NAME TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR	A	B	C
D	E	F	G
FAX AUTH. # OR		CENSUS TRACT	

BK- 1108
PG- 4530
11/25/2008
0733540 Page: 7 Of 7

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA } SS DATE ISSUED
COUNTY OF SANTA CLARA } By **MAR 11 2008**

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

* H 2 2 2 8 5 2 *

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE