



A.P.N. 1022-09-002-042  
Escrow No.: DO-2090657-TA  
1092054

RECORDING REQUESTED BY:

AND WHEN RECORDED, MAIL TO:  
Tonya D. Serrano, Successor Trustee  
8002 Fanita Rancho Rd  
Santee, CA 92071

THIS SPACE FOR RECORDER'S USE ONLY

**AFFIDAVIT - DEATH OF TRUSTEE**

1. Tonya D. Serrano, Successor Trustee, of legal age, being duly sworn, deposes and says Nicholas John Williams, Jr. is the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person in that certain Trust dated July 2, 2001, executed by Nicholas J. Williams, Trustee of the Nicholas J. Williams Family Trust, as Trustor(s).
2. At the time of decedent's death, decedent was the owner, as Trustee of certain real property acquired by a deed dated July 2, 2001, recorded as Instrument No. 0519542, on July 31, 2001, in Book 0701, Page 8034, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.
3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Lot 23 in Block O, as shown on the map of TOPAZ RANCH ESTATES SUBDIVISION UNIT NO. 4, filed in the office of the Recorder of Douglas County, State of Nevada, on November 16, 1970 in Book 1 of Maps, Page 224 as Document No. 50212.



STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3200937005334

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST MIDDLE		3. LAST (if any)	
NICHOLAS		WILLIAMS JR.	
2. MIDDLE		4. DATE OF BIRTH (month/day)	
JOHN		11/01/1929	
5. AGE YRS		6. SEX	
79		M	
7. DATE OF DEATH (month/day)		8. HOUR (24 HOUR)	
04/06/2009		FND 0815	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
IA		6359	
11. EVER IN U.S. ARMED FORCES*		12. MARITAL STATUS at time of death	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. DECEASED'S RACE -- up to 3 races may be listed (see instructions on back)		14. DECEASED'S RACE	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CAUCASIAN	
15. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		16. YEARS IN OCCUPATION	
PAINTER		20	
17. DECEDENT'S RESIDENCE (street and number or location)			
14081 RANCHO DEL VILLA			
21. CITY		22. COUNTY/PROVINCE	
LAKESIDE		SAN DIEGO	
23. ZIP CODE		24. YEARS IN COUNTY	
92040		57	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME AND RELATIONSHIP	
CA		TONYA SERRANO, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (street and number or care of relative, city or town, state, ZIP)		8002 RANCHO FANITA DR., SANTEE, CA 92071	
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	
NICHOLAS		JOHN	
30. LAST		31. BIRTH STATE	
WILLIAMS		IA	
32. NAME OF MOTHER - FIRST		33. MIDDLE	
JOSIE		MONZLOCK	
34. LAST		35. BIRTH STATE	
MONZLOCK		IA	
36. DISPOSITION DATE (month/day)		37. PLACE OF FINAL DISPOSITION	
04/10/2009		EL CAMINO MEMORIAL PARK 5600 CARROLL CANYON RD., SAN DIEGO, CA 92121	
38. TYPE OF DISPOSITION		39. SIGNATURE OF REGISTRAR	
BU		EMORY HOOK	
40. NAME OF FUNERAL ESTABLISHMENT		41. LICENSE NUMBER	
EL CAMINO MEMORIAL S.V.		FD-1280	
42. SIGNATURE OF LOCAL REGISTRAR		43. DATE (month/day)	
WILMA WOOTEN, MD		04/08/2009	
44. PLACE OF DEATH		45. IF HOSPITAL SPECIFY ONE	
RESIDENCE, FOUND		<input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
46. COUNTY		47. CITY	
SAN DIEGO		LAKESIDE	
48. STREET ADDRESS OR LOCATION WHERE FOUND (street and number or location)		49. CAUSE OF DEATH	
14061 RANCHO DEL VILLA		CHRONIC HEART FAILURE	
50. CAUSE OF DEATH (Specify cause of death, including immediate cause, if any, leading to cause on line A. Every cause that contributed to the events resulting in death must be listed.)		51. BIRTH REPORTED TO CORNER	
MYOCARDIAL INFARCTION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
HYPERTENSION		52. MARRIAGE REPORTED TO CORNER	
MYASTHENIA GRAVIS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 49		54. AUTOPSY PERFORMED	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 49? (If YES, type of operation and date)		56. USED IN DETERMINING CAUSE	
NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
57. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CORNER'S STATEMENT		58. SIGNATURE AND TITLE OF CORNER	
10/10/2008		KYOUING EDWARD HAN M.D.	
59. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		60. LICENSE NUMBER	
10990 SAN DIEGO MISSION RD., SAN DIEGO, CA 92108		C51896	
61. DATE (month/day)		62. DATE (month/day)	
02/17/2009		04/06/2009	
63. NUMBER OF DEATH		64. PLACED AT RISK	
<input type="checkbox"/> NEURAL <input type="checkbox"/> ALZHEIMER <input type="checkbox"/> HYPOTHYROID <input type="checkbox"/> SUICIDE <input type="checkbox"/> HANGING <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
65. PLACE OF BURIAL (e.g., home, construction site, wooded area, etc.)		66. PLURAL DATE (month/day)	
67. DESCRIBE HOW BURIAL OCCURRED (burial, entombment, etc.)		68. HOUR (24 HOUR)	
69. LOCATION OF PLURAL (street and number, or location, and city and ZIP)		70. SIGNATURE OF CORNER/DEPUTY CORNER	
		WILMA J. WOOTEN, MD	
71. DATE (month/day)		72. TYPE NAME/TITLE OF CORNER/DEPUTY CORNER	
		WILMA J. WOOTEN, MD	

BK-1209  
PG-289  
754815 Page: 3 of 3 12/02/2009



\*A02047995\*

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEALS, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: April 9, 2009

WILMA J. WOOTEN, MD  
REGISTRAR OF VITAL RECORDS  
County of San Diego

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

