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DOC # 0755481
12/14/2009 02:29 PM Deputy: PK
OFFICIAL RECORD
Requested By:
SANDRA FACCINI-BERRY

APN: 1220-08-812-016

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1209 PG- 3114 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit - Death of Trustee

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

Signed By:

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

Sandra Faccini- Berry
4150 Woodhaven Lane
Oakley, CA 94561



APN: 1220-08-812-016
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Sandra Faccini-Berry
4150 Woodhaven Lane
Oakley, CA 94561

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

Sandra Faccini-Berry of legal age, being first duly sworn, deposes and says:

1. Rita Mildred ^{Faccini} ~~Facini~~ ^{m.d} is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated December 7, 2006, executed by Rita M. Faccini and Sandra Faccini-Berry 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 recorded on November 13, 2009, as Instrument No. 0753938, in Official Records of Douglas County, Nevada, describing the following real property:

Lot 15, in Block A, as set forth on the Final Subdivision Map, Planned Unit Development, PD 03-011 for ROCKY TERRACE filed in the office of the County Recorder of Douglas County, State of Nevada on November 30, 2005, in Book 1105, Page 12654, Document No. 661875.
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.

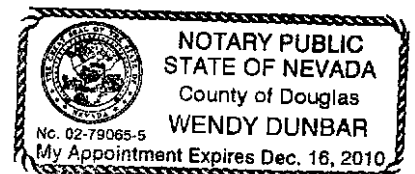
Dated December 4, 2009

Dec 4, 2009 Sandra Faccini Berry
Sandra Faccini-Berry

STATE OF Nevada
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 4th day of December, 2009, by Sandra Faccini-Berry personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

BK- 1209
PG- 3116
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CERTIFICATE OF DEATH

3200907005985

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RITA		3. LAST (Family) FACCINI	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		MILDRED	
4. DATE OF BIRTH mm/dd/yyyy 05/21/1915		5. AGE Yrs. Mths. Ds. 94	
6. BIRTH STATE/FOREIGN COUNTRY CA		8. SEX F	
9. SOCIAL SECURITY NUMBER 4879		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
10. MARITAL STATUS (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 11/16/2009	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		19. YEARS IN OCCUPATION 35	
20. DECEDENT'S RESIDENCE (Street and number or location) 4150 WOODHAVEN LANE			
21. CITY OAKLEY		25. STATE/FOREIGN COUNTRY CA	
22. COUNTY/PROVINCE CONTRA COSTA		23. ZIP CODE 94561	
24. YEARS IN COUNTY 74		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP SANDY BERRY, DAUGHTER			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 4150 WOODHAVEN LANE, OAKLEY, CA 94561			
28. NAME OF SURVIVING SPOUSE - FIRST -		29. MIDDLE -	
30. LAST (Maiden Name) -		31. BIRTH STATE IA	
31. NAME OF FATHER - FIRST GEORGE		32. MIDDLE -	
33. LAST GASS		34. BIRTH STATE IA	
35. NAME OF MOTHER - FIRST MARY		36. MIDDLE -	
37. LAST (Maiden) KONRAD		38. BIRTH STATE IA	
39. DISPOSITION DATE mm/dd/yyyy 11/19/2009		40. PLACE OF FINAL DISPOSITION SUNSET VIEW CEMETERY 101 COLUSA AVENUE, EL CERRITO, CA 94530	
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT SUNSET VIEW CEMETERY ASSN	
45. LICENSE NUMBER FD 1079		46. SIGNATURE OF LOCAL REGISTRAR WENDEL BRUNNER, MD	
47. DATE mm/dd/yyyy 11/19/2009		48. SIGNATURE OF LOCAL REGISTRAR WENDEL BRUNNER, MD	
101. PLACE OF DEATH CYPRESS MEADOWS ASSISTED LIVING		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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
103. COUNTY CONTRA COSTA		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 3950 LONE TREE WAY	
105. CITY ANTIOCH		106. IF OTHER THAN HOSPITAL, SPECIFY ONE 109. ICD9	
107. CAUSE OF DEATH IMMEDIATE CAUSE (A) ALZHEIMER'S DISEASE Underlying Cause (B) - Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST HYPERTENSION		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 109. BODY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. HYPERTENSION			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
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 mm/dd/yyyy 06/07/2008 Decedent Last Seen Alive mm/dd/yyyy 07/08/2009		115. SIGNATURE AND TITLE OF CERTIFIER HAMDREZA KHONSARI M.D. 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 3903 LONE TREE WAY, ANTIOCH, CA 94509	
117. LICENSE NUMBER A48607		118. DATE mm/dd/yyyy 11/17/2009	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
120. INJURED AT WORK? <input type="checkbox"/> YES <input 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		FAX AUTH. #	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF CONTRA COSTA } SS

DATE ISSUED NOV 23 2009

* 000812833 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendel Brunner MD

CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

