

OFFICIAL RECORD  
Requested By:  
CHARLENE BUCKLEY

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0712 PG- 7221 RPTT: 0.00



RECORDING REQUESTED BY:  
CHARLENE BUCKLEY

AND WHEN RECORDED MAIL TO:  
CHARLENE BUCKLEY  
4083 VIA DE FLORES  
MARTINEZ, CA 94553

APN: 1320-30-813-040

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA )  
 ) SS.  
COUNTY OF CONTRA COSTA )

CHARLENE BUCKLEY of legal age, being first duly sworn, deposes and says:

1. JOHN M. BUCKLEY 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 MAY 2, 2000, executed by JOHN M. BUCKLEY and CHARLENE BUCKLEY
2. At the time of decedent's death, decedent was **the owner**, as Trustee, of certain real property acquired by a deed recorded on September 22, 2004, as Instrument No. 0624775 Book 0904 Page 08675, in Official Records of Douglas County, Nevada, describing the following real property:  
  
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF  
Property commonly known as: 1045 Aspen Grove Circle, Minden, NV 89423
3. I am the Surviving 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 7-24-12

CHARLENE BUCKLEY, Surviving Trustee

STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA  
Subscribed and sworn to (or affirmed) before me on this 24<sup>th</sup> day of July, 2012, by CHARLENE BUCKLEY proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Lisa Contreras



(seal)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of CONTRA COSTA**  
**MARTINEZ, CALIFORNIA**

3052012117701

**CERTIFICATE OF DEATH**

3201207003542

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
JOHN		M.		BUCKLEY			
4. DATE OF BIRTH mm/dd/yyyy							
04/28/1946		5. AGE YRS		6. SEX		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hour)		9. SEX			
06/26/2012		0707		M			
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SRDP (at Time of Death)		13. EDUCATION - Highest Level/Degree	
3947		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED		ASSOCIATE	
14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH?		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN		FIRE FIGHTER			
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION		20. DECEDENT'S RESIDENCE (Street and number, if location)			
FIRE DEPARTMENT		40		4083 VIA DE FLORES			
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
MARTINEZ		CONTRA COSTA		94553		86	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
CA		CHARLENE V. BUCKLEY, WIFE		4083 VIA DE FLORES, MARTINEZ, CA 94553			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)		34. BIRTH STATE	
CHARLENE		V		BONAVERA		CA	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST		35. BIRTH STATE	
ALBERT		JOHN		BUCKLEY		CA	
36. NAME OF MOTHER/PARENT - FIRST		37. MIDDLE		38. LAST (BIRTH NAME)		39. BIRTH STATE	
DORIS		SEABYNE		ROBERTS		MT	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EXEMALMER		43. LICENSE NUMBER	
RESIDENCE OF CHARLENE V. BUCKLEY		CR/RES		NOT EMBALMED			
4083 VIA DE FLORES, MARTINEZ, CA 94553		44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		47. DATE mm/dd/yyyy	
CONNOLLY & TAYLOR		ED 154		WENDEL BRUNNER, MD		06/28/2012	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. COUNTY	
JOHN MUIR MEDICAL CENTER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		<input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		CONTRA COSTA	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, if location)		106. CITY		107. CAUSE OF DEATH			
2540 EAST STREET		CONCORD		Enter the cause of every LA disease, injury, or complication that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiration arrest, or vascular rupture without showing the etiology. DO NOT ABBREVIATE.			
108. IMMEDIATE CAUSE		109. DEATH REPORTED TO CORONER?		110. BIOPSY PERFORMED?		111. AUTOPSY PERFORMED?	
COMMUNITY ACQUIRED PNEUMONIA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
END STAGE RENAL DISEASE, DIABETES MELLITUS		NO		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		MARK WILLE M.D.	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy		120. INJURED AT WORK?	
10/30/2003		2500 ALHAMBRA AVE, MARTINEZ, CA 94553		06/25/2012		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
06/25/2012							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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 PG- 7222  
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 0806642  
 07/27/2012

STATE OF CALIFORNIA  
 COUNTY OF CONTRA COSTA

CERTIFIED COPY OF VITAL RECORDS  
 DATE ISSUED: JUL 9 2 2012

\*000953449\*

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



**EXHIBIT "A"**

**LEGAL DESCRIPTION**

The land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

Lot 17 of Block B as set forth on the final map of MOUNTAIN GLEN, PHASE 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 28, 1989, in Book 989, Page 3823, as Document No. 211874.

Assessors Parcel Nos. 1320-30-813-040

