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OFFICIAL RECORDS

Requested By  
PAUL T KLOBAS ESQ

**RECORDING REQUESTED BY  
& WHEN RECORDED RETURN TO:**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00  
BK: 0413 Pg: 5029



Deputy: ar

✓ **Paul T. Klobas, Esq.  
P.O. Box 20030  
El Sobrante, California 94820-0030**

\_\_\_\_\_  
**3655, 3661, 3669, 3695 Cherokee Drive**

**AP: 1419 01 701 023;024;025;029**

***AFFIDAVIT-DEATH OF CO-TRUSTOR & CO-TRUSTEE***

**State of California**

**County of Contra Costa**

**PAUL T. KLOBAS, of legal age, being first duly sworn, deposes and says:**

**That, SANDRA ELLEN KLOBAS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same party as SANDRA E. KLOBAS, co-Trustee, named as grantee in that certain Trust Transfer Deed dated May 31, 2012, as document number 0804602 in the Office of the Douglas County Recorder, executed by PAUL T. KLOBAS, it being further acknowledged that PAUL T. KLOBAS and SANDRA E. KLOBAS were the original Trustees, Trustees, and initial Beneficiaries under that certain declaration of trust dated**

April 15, 2008, entitled the PAUL T. KLOBAS and SANDRA E. KLOBAS Revocable Trust dated April 15, 2008; it being further acknowledged that PAUL T. KLOBAS is now the sole and duly acting trustee under said declaration of trust executed on April 15, 2008.

The original Trust Transfer Deed was recorded on June 25, 2012, document number 0804602 in the Office of the Douglas County Recorder, State of Nevada, covering the following described real property situated in the County of Douglas, State of Nevada: See Exhibit A attached hereto.

Date: 4-4-2013

*Paul T. Klobas*

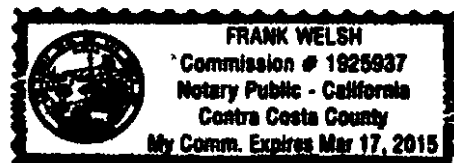
PAUL T. KLOBAS

SUBSCRIBED AND SWORN (OR AFFIRMED) TO before me, Frank Welsh, a California notary, this

4<sup>th</sup> day of April, 2013, at El Sobrante, California by PAUL T. KLOBAS, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

*Frank Welsh*

Frank Welsh



## EXHIBIT A TO AFFIDAVIT

### PARCEL ONE:

The East 336.1 feet of the SE 1/4 of NE 1/4 of SE 1/4 Section 1, T.14N., R.19 E., M.D.B. and M.

### PARCEL TWO:

Commencing at the SE corner of the SE 1/4 NE 1/4 SE 1/4 Section 1, T.14 N., R 19 E., M.D.B. and M., thence South 0 degrees 05' 45" East 80.53 feet to a point; thence South 89 degrees 54' 15" West 12.08 feet to the beginning of a curve; thence on a curve to the right through a delta angle of 44 degrees 36' 30", whose radius is 160 feet and having an arc length of 124.67 feet to a point of reverse curve; thence on a curve to the left through a delta angle of 16 degrees 03' 03", whose radius is 200 feet and having an arc length of 56.03 feet to the south line of the SE 1/4 NE 1/4 SE 1/4 of said section 1; thence on said south line North 89 degrees 30' 45" East to the point of commencing.

Said parcels 1 and 2 above are more fully shown as Parcel B on that certain Survey Parcel Map recorded September 13, 1974, as document number 75273, and commonly referred to as 3655, 3661 and 3669 Cherokee Drive.

APN: 1419 701 023, 1419 701 024, 1419 701 025.

Together with the tenements, hereditments, and appurtenances thereunto belonging or appertaining, and the reversions, remainders, rents, issues, and profits thereof.

Per NRS 111.312, this legal description was prepared by Ernest E. Muller, Sr., whose mailing address is 750 West Pueblo, Reno, Nevada 95902.

### PARCEL THREE:

All that certain lot, piece or parcel of land situated in the County of Douglas, State of Nevada described as follows:

**The North half of the Estate Half of the Northeast Quarter of the Northeast Quarter of the Southeast Quarter of Section 1, Township 14 North, Range 19 East, M.D.B.M.**

**EXCEPTING THEREFROM the nonexclusive easements 25 feet in width along the entire West boundary and 30 feet in width along the entire North boundary for public roadway and utility purposes.**

**EXCEPTING all mineral deposits as set forth in Patent from the United States of America recorded August 1, 1958, in Book 60 at page 512.**

**Said parcel is commonly referred to as 3695 Cherokee Drive, Carson City, assessors parcel number 1419 01 701 029.**

**Together with the tenements, hereditments, and appurtenances thereunto belonging or appertaining, and the reversions, remainders, rents, issues, and profits thereof.**

**Per NRS 111.312, this legal description was prepared by Ernest E. Muller, Sr., whose mailing address is 750 West Pueblo, Reno, Nevada 95902.**

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

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

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BK 04 13  
PG 5033  
4/17/2013

3201307000848

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITE OUTS OR ALTERATIONS  
12-11-REV 3/09

1. NAME OF DECEDENT - FIRST (Given) <b>SANDRA</b>		2. MIDDLE <b>ELLEN</b>		3. LAST (Family) <b>KLOBAS</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy <b>01/15/1950</b>		5. AGE Yrs. <b>63</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>1286</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SPO* (at Time of Death) <b>MARRIED</b>		13. DATE OF DEATH mm/dd/yyyy <b>02/06/2013</b>		14. HOUR (24 Hours) <b>1958</b>	
15. EDUCATION - Highest level/Degree (see worksheet on back) <b>BACHELOR</b>		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED... <b>OFFICE MANAGER</b>				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency etc.) <b>DENTAL OFFICE</b>	
19. YEARS IN OCCUPATION <b>42</b>					
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>5413 HACKNEY LANE</b>					
21. CITY <b>EL SOBRANTE</b>		22. COUNTY/PROVINCE <b>CONTRA COSTA</b>		23. ZIP CODE <b>94803</b>	
24. YEARS IN COUNTY <b>63</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>PAUL T. KLOBAS, HUSBAND</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>5413 HACKNEY LANE, EL SOBRANTE, CA 94803</b>					
28. NAME OF SURVIVING SPOUSE/SPO* - FIRST <b>PAUL</b>		29. MIDDLE <b>THEODORE</b>		30. LAST (BIRTH NAME) <b>KLOBAS</b>	
31. NAME OF FATHER/PARENT - FIRST <b>ARVID</b>		32. MIDDLE <b>STRAWN</b>		33. LAST <b>MADISON</b>	
34. BIRTH STATE <b>CA</b>		35. NAME OF MOTHER/PARENT - FIRST <b>BETTY</b>		36. MIDDLE <b>JANE</b>	
37. LAST (BIRTH NAME) <b>EPLER</b>		38. BIRTH STATE <b>KS</b>		39. DISPOSITION DATE mm/dd/yyyy <b>02/13/2013</b>	
40. PLACE OF FINAL DISPOSITION <b>SUNSET VIEW CEMETERY</b> <b>101 COLUSA AVENUE, EL CERRITO, CA 94530</b>					
41. TYPE OF DISPOSITION(S) <b>CR/BU/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>SUNSET VIEW CEMETERY ASSOCI</b>		45. LICENSE NUMBER <b>FD1079</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>WENDEL BRUNNER, MD</b>	
47. DATE mm/dd/yyyy <b>02/11/2013</b>		101. PLACE OF DEATH <b>JOHN MUIR MEDICAL CENTER</b>			
104. COUNTY <b>CONTRA COSTA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1601 YGNACIO VALLEY ROAD</b>		106. CITY <b>WALNUT CREEK</b>	
107. CAUSE OF DEATH <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) A. METASTATIC PANCREATIC CANCER</b>		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY 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 checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107. <b>KIDNEY FAILURE</b>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>PARTIAL SMALL BOWEL RESECTION 01/05/2013</b>		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		115. LICENSE NUMBER <b>G46792</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>SCOTT MOREHOUSE M.D.</b>		117. DATE mm/dd/yyyy <b>02/09/2013</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>SCOTT MOREHOUSE M.D.</b>	
119. 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: (A) mm/dd/yyyy <b>01/02/2013</b> Decedent Last Seen Alive: (B) mm/dd/yyyy <b>02/06/2013</b>		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	
STATE REGISTRAR		A		B	
C		D		E	
F		G		H	
I		J		K	
L		M		N	
O		P		Q	
R		S		T	
U		V		W	
X		Y		Z	
AA		AB		AC	
AD		AE		AF	
AG		AH		AI	
AJ		AK		AL	
AM		AN		AO	
AP		AQ		AR	
AS		AT		AU	
AV		AW		AX	
AY		AZ		BA	
BB		BC		BD	
BE		BF		BG	
BH		BI		BJ	
BK		BL		BM	
BN		BO		BP	
BQ		BR		BS	
BT		BU		BV	
BW		BX		BY	
BZ		CA		CB	
CC		CD		CE	
CF		CG		CH	
CI		CJ		CK	
CL		CM		CN	
CO		CP		CQ	
CR		CS		CT	
CU		CV		CW	
CX		CY		CZ	
DA		DB		DC	
DD		DE		DF	
DG		DH		DI	
DJ		DK		DL	
DM		DN		DO	
DP		DQ		DR	
DS		DT		DU	
DV		DW		DX	
DY		DZ		EA	
EB		EC		ED	
EE		EF		EG	
EH		EI		EJ	
EK		EL		EM	
EN		EO		EP	
EQ		ER		ES	
ET		EU		EV	
EW		EX		EY	
EZ		FA		FB	
FC		FD		FE	
FF		FG		FH	
FI		FJ		FK	
FL		FM		FN	
FO		FP		FQ	
FR		FS		FT	
FU		FV		FW	
FX		FY		FZ	
GA		GB		GC	
GD		GE		GF	
GG		GH		GI	
GJ		GK		GL	
GM		GN		GO	
GP		GQ		GR	
GS		GT		GU	
GV		GW		GX	
GY		GZ		HA	
HB		HC		HD	
HE		HF		HG	
HH		HI		HJ	
HK		HL		HM	
HN		HO		HP	
HQ		HR		HS	
HT		HU		HV	
HW		HX		HY	
HZ		IA		IB	
IC		ID		IE	
IF		IG		IH	
II		IJ		IK	
IL		IM		IN	
IO		IP		IQ	
IR		IS		IT	
IU		IV		IW	
IX		IY		IZ	
JA		JB		JC	
JD		JE		JF	
JG		JH		JI	
JJ		JK		JL	
JM		JN		JO	
JP		JQ		JR	
JS		JT		JU	
JV		JW		JX	
JY		JZ		KA	
KB		KC		KD	
KE		KF		KG	
KH		KI		KJ	
KK		KL		KM	
KN		KO		KP	
KQ		KR		KS	
KT		KU		KV	
KW		KX		KY	
KZ		LA		LB	
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LI		LJ		LK	
LL		LM		LN	
LO		LP		LQ	
LR		LS		LT	
LU		LV		LW	
LX		LY		LZ	
MA		MB		MC	
MD		ME		MF	
MG		MH		MI	
MJ		MK		ML	
MN		MO		MP	
MQ		MR		MS	
MT		MU		MV	
MW		MX		MY	
MZ		NA		NB	
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NI		NJ		NK	
NL		NM		NO	
NP		NQ		NR	
NS		NT		NU	
NV		NW		NX	
NY		NZ		OA	
OB		OC		OD	
OE		OF		OG	
OH		OI		OJ	
OK		OL		OM	
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QV		QW		QX	
QY		QZ		RA	
RB		RC		RD	
RE		RF		RG	
RH		RI		RJ	
RK		RL		RM	
RN		RO		RP	
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RT		RU		RV	
RW		RX		RY	
RZ		SA		SB	
SC		SD		SE	
SF		SG		SH	
SI		SJ		SK	
SL		SM		SN	
SO		SP		SQ	
SR		SS		ST	
SU		SV		SW	
SX		SY		SZ	
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TD		TE		TF	
TG		TH		TI	
TJ		TK		TL	
TM		TN		TO	
TP		TQ		TR	
TS		TT		TU	
TV		TV		TW	
TX		TY		TZ	
UA		UB		UC	
UD		UE		UF	
UG		UH		UI	
UJ		UK		UL	
UM		UN		UO	
UP		UQ		UR	
US		UT		UU	
UV		UV		UW	
UX		UY		UZ	
VA		VB		VC	
VD		VE		VF	
VG		VH		VI	
VJ		VK		VL	
VM		VN		VO	
VP		VQ		VR	
VS		VT		VU	
VV		VV		VW	
VX		VY		VZ	
WA		WB		WC	
WD		WE		WF	
WG		WH		WI	
WJ		WK		WL	
WM		WN		WO	
WP		WQ		WR	
WS		WT		WU	
WV		WV		WW	
WX		WY		WZ	
XA		XB		XC	
XD		XE		XF	
XG		XH		XI	
XJ		XK		XL	
XM		XN		XO	
XP		XQ		XR	
XS		XT		XU	
XV		XV		XW	
XX		XY		XZ	
YA		YB		YC	
YD		YE		YF	
YG		YH		YI	
YJ		YK		YL	
YM		YN		YO	
YP		YQ		YR	
YS		YT		YU	
YV		YV		YW	
YX		YY		YZ	
ZA		ZB		ZC	
ZD		ZE		ZF	
ZG		ZH		ZI	
ZJ		ZK		ZL	
ZM		ZN		ZO	
ZP		ZQ		ZR	
ZS		ZT		ZU	
ZV		ZV		ZW	
ZX		ZY		ZZ	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF CONTRA COSTA } SS

DATE ISSUED FEB 13 2013 \*000989071\*

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