



APN# 1318-23-212-022

Recording Requested by:  
Name: First American Title Insurance Company  
Address: 1663 US Highway 395, Suite 101  
City/State/Zip: Minden, NV 89423  
Order Number: 143-2445145

AFFIDAVIT DEATH OF TRUSTEE  
(Title of Document)

(for Recorder's use only)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380

(State specific law)

Suzanne Cheechaw Escrow Officer  
Signature Title

Suzanne Cheechaw  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

Regan Williams, Sr.  
8746 Maple Hollow Court  
Granite Bay, CA. 95746

24451455C

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1318-23-212-022**

File No.: 143-2445145 (SC)

**Affidavit - Death of Trustee**

State of CA )  
)ss.  
County of Santa Clara )

**Regan Williams, Sr.** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Mary Navone** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **5/22/2008** at **Cupertino, CA.** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **March 3, 1987** executed by **Mary S. Navone** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Deed** dated **November 20, 1991** which was recorded as Instrument No. **267117** in Book **1291**, Page **2267**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**LOT 19-B, AS SHOWN ON THE MAP OF LAKE VILLAGE UNIT NO. 2-C FILED IN THE OFFICE OF THE COUNTY RECORDER ON MARCH 10, 1972 DOCUMENT NO. 58124, AND ON THE AMENDED MAP FILED FOR RECORD ON APRIL 27, 1973, DOCUMENT NO. 65825 OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.



Dated: April 17, 2013

**DECLARANT:**

Regan Williams Sr. Trustee  
**Regan Williams, Sr., Successor Trustee**

State of CA )  
)ss  
County of Placer )

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Placer and State California, this 18 day of April, 2013 by Regan Williams Sr., personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

WITNESS my hand and official seal.

*This area for official notarial seal*

Signature Tammy Tuhey Barton

My Commission Expires: 7/24/2014

Notary Name: Tammy Tuhey Barton Notary Phone: 916.677-8005

Notary Registration Number: \_\_\_\_\_ County of Principal Place of Business \_\_\_\_\_



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

3200843004006

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>MARY</b>		2. MIDDLE <b>NAVONE</b>		3. LAST (Family) <b>NAVONE</b>	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>07/05/1922</b>		5. AGE Yrs. <b>85</b> IF UNDER ONE YEAR: Months _____ Days _____ IF UNDER 24 HOURS: Hours _____ Minutes _____	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>6588</b>		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) <b>WIDOWED</b>		7. DATE OF DEATH mm/dd/yyyy <b>05/22/2008</b>		8. HOUR (24 Hours) <b>2345</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Us 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		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>EDUCATION</b>		19. YEARS IN OCCUPATION <b>20</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>23500 CRISTO REY DRIVE # 108C</b>					
21. CITY <b>CUPERTINO</b>		22. COUNTY/PROVINCE <b>SANTA CLARA</b>		23. ZIP CODE <b>94014</b>	
24. YEARS IN COUNTRY <b>60</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>MARIE NAVONE, DAUGHTER-IN-LAW</b>		27. INFORMANT'S MAKING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>10554 CRESTON DRIVE, LOS ALTOS, CA 94024</b>			
28. NAME OF SURVIVING SPOUSE - FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (Maiden Name) <b>-</b>	
31. NAME OF FATHER - FIRST <b>LOUIS</b>		32. MIDDLE <b>-</b>		33. LAST <b>SALVO</b>	
34. BIRTH STATE <b>ITALY</b>		35. NAME OF MOTHER - FIRST <b>CONCETTA</b>		36. MIDDLE <b>-</b>	
37. LAST (Maiden) <b>UNKNOWN</b>		38. BIRTH STATE <b>ITALY</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>05/29/2008</b>		40. PLACE OF FINAL DISPOSITION <b>GATE OF HEAVEN CEMETERY 22555 CRISTO REY DR, LOS ALTOS, CA 94024</b>			
41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>SPANGLER MORTUARY</b>		45. LICENSE NUMBER <b>FD927</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>MARTIN D FENSTERSHEIB, MD</b>	
47. DATE mm/dd/yyyy <b>05/27/2008</b>					
101. PLACE OF DEATH <b>THE FORUM HEALTHCARE CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY <b>SANTA CLARA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>23600 VIA ESPLORON DRIVE</b>		105. CITY <b>CUPERTINO</b>	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) <b>CONGESTIVE HEART FAILURE</b> (B) <b>ATHEROSCLEROTIC HEART DISEASE</b>		106. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (AT) <b>DAYS</b> <b>08-02102</b> (BT) <b>YRS</b>		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 type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>HYPERTENSION, PERIPHERAL VASCULAR DISEASE, RENAL FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>					
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 Alive _____ (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <b>ROBINA YU-CHU WONG M.D.</b>		116. LICENSE NUMBER <b>A66594</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>ROBINA YU-CHU WONG M.D. 401 OLD SAN FRANCISCO ROAD, SUNNYVALE, CA 94087</b>		117. DATE mm/dd/yyyy <b>05/23/2008</b>			
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	
STATE REGISTRAR		A B C D E		FAX AUTH. # <b>012008000823454</b>	
				CENSUS TRACT	

BK 413  
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822430 Page: 4 of 4 04/25/2013

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SANTA CLARA } SS

DATE ISSUED **MAY 27 2008**  
By

\* H 2 2 5 5 7 8 9 \*

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.

*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.

