

RECORDING REQUESTED BY:
John K. Fitle

Doc Number: **0831437**

09/30/2013 11:28 AM

OFFICIAL RECORDS

Requested By
JOHN K FITLE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2 Fee: \$ 15.00

Bk: 0913 Pg: 7262



Deputy gb

WHEN RECORDED PLEASE MAIL TO
(Tax mailing address at end of document):

✓
John K. Fitle
10421 Los Alamitos Blvd.
Los Alamitos, California 90720

AFFIDAVIT

By Successor Trustee Succeeding to Title to Trust Property

State of California)
) ss
County of Orange)

TAX PARCEL NUMBER: 1022-09-001-095

I, **Judy D. Mazzari**, trustee, being of legal age, being duly sworn, deposes and says:

- (1) By instrument dated July 13, 1995, EARL NORMAN MAZZARI (also known as EARL N. MAZZARI) and JUDY D. MAZZARI executed a Trust Agreement.
- (2) EARL NORMAN MAZZARI (also known as EARL N. MAZZARI) died on June 1, 2013, at Newport Beach, California, a resident of Orange County California. Attached hereto is certified copy of the death certificate of said EARL NORMAN MAZZARI (also known as EARL N. MAZZARI).
- (3) EARL N. MAZZARI transferred to EARL N. MAZZARI and JUDY D. MAZZARI, TRUSTEES of the 1995 EARL AND JUDY MAZZARI FAMILY TRUST, by executing that Grant Deed recorded August 23, 1995, as Instrument No. 368933, in Book 0895, Page 3824, in Official Records of Douglas County, Nevada, that certain real property, more particularly described as follows:

**Lot 52 as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 3,
filed in the office of the County Recorder of Douglas County, Nevada.**

Property Address: 3660 Pinenut Way, Lake Topaz, NV.

(4) I, am the named Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 2 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.

(5) The described property shall be transferred to me as Successor Trustee.

(6) There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 2 above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Executed on July 2, 2013, at Los Alamitos, California.

Judy D. Mazzari, Trustee of the 1995 EARL AND JUDY MAZZARI FAMILY TRUST, dated July 13, 1995.

ACKNOWLEDGMENT

State of California
County of Orange

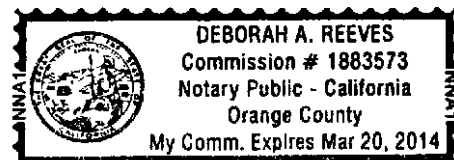
On July 2, 2013, before me, Deborah A. Reeves, notary public, personally appeared Judy D. Mazzari, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that ~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(ies), and that by ~~his/her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)

MAIL TAX STATEMENT TO: **Judy D. Mazzari**
904 Acacia Avenue
Huntington Beach, CA 92648



COUNTY OF ORANGE
CLERK-RECORDER

3052013111052

CERTIFICATE OF DEATH

3201330008849

1. NAME OF DECEDENT - FIRST (Given) EARL		2. MIDDLE NORMAN		3. LAST (Family) MAZZARI	
4. DATE OF BIRTH (mm/dd/yyyy) 09/29/1931					
5. AGE Yrs. 81		6. UNDER ONE YEAR Months Days		7. UNDER TWO YEARS Hours Minutes	
8. BIRTH STATE/FOREIGN COUNTRY PA		10. SOCIAL SECURITY NUMBER 8279		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/degree (see instructions on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION
FIRE CAPTAIN II			FIRE FIGHTING		27
20. DECEDENT'S RESIDENCE (Street and number, or local use)					
904 ACACIA AVENUE					
21. CITY HUNTINGTON BEACH		22. COUNTY/PREFECTURE ORANGE		23. ZIP CODE 92648	
24. YEARS IN COUNTRY 50		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JUDY D. MAZZARI, SPOUSE			27. INFORMANT'S MAILING ADDRESS (Street and number, or post office number, city or town, state and zip) 904 ACACIA AVENUE, HUNTINGTON BEACH, CA 92648		
28. NAME OF SURVIVING SPOUSE/DRP - FIRST JUDY		29. MIDDLE D.		30. LAST (BIRTH NAME) HAMRIC	
31. NAME OF FATHER/PARENT - FIRST VINCENT		32. MIDDLE		33. LAST MAZZARI	
34. BIRTH STATE ITALY		35. NAME OF MOTHER/PARENT - FIRST ROSE		36. MIDDLE	
37. LAST (BIRTH NAME) KOZIEL		38. BIRTH STATE AUSTRIA			
39. DEPOSITION DATE (mm/dd/yyyy) 06/11/2013		40. PLACE OF FINAL DISPOSITION (Forest Lawn Memorial Park Association) 4471 LINCOLN AVENUE, CYPRESS, CA 90630			
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EXHALSER ROSE CHHUN		43. LICENSE NUMBER EMB9058	
44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMORIAL-PARKS & MORTUARIES		45. LICENSE NUMBER FD1051		46. SIGNATURE OF LOCAL REGISTRAR ERIC G. HANDLER, M.D.	
47. DATE (mm/dd/yyyy) 06/11/2013					
100. COUNTY ORANGE					
101. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1 HOAG DRIVE					
102. CITY NEWPORT BEACH					
103. CAUSE OF DEATH ACUTE RESPIRATORY FAILURE					
104. SPONTANEOUS INTRACRANIAL HEMORRHAGE					
105. HYPERTENSION					
106. CHRONIC OBSTRUCTIVE PULMONARY-DISEASE, CORONARY ARTERY DISEASE					
107. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Over 10)					
108. CHRONIC OBSTRUCTIVE PULMONARY-DISEASE, CORONARY ARTERY DISEASE					
109. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of operation and date)					
110. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
111. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Deceased: Reported Since Deceased Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER TOMMY LEE M.D.		116. LICENSE NUMBER A102899	
117. DATE (mm/dd/yyyy) 06/11/2013		118. TYPE AND ADDRESS OF CERTIFIER'S OFFICE (Street and number, or post office number, city and state and zip) 510 SUPERIOR #290, NEWPORT BEACH, CA 92663			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
120. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121. PLACE OF INJURY (e.g., home, construction area, wooded area, etc.)					
122. DESCRIBE HOW INJURY OCCURRED (If event which resulted in injury)					
123. LOCATION OF INJURY (Street and number, or location and city and state)					
124. SIGNATURE OF CORONER / DEPUTY CORONER		125. DATE (mm/dd/yyyy)		126. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAR AUTH#	
				CENSUS TRACT	

BK: 0919
PG: 7263
9/30/2013

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JUN 17 2013



STATE OF CALIFORNIA
COUNTY OF ORANGE

CERTIFIED COPY OF VITAL RECORDS
DATE ISSUED

Hugh Nguyen
HUGH NGUYEN
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

ABN (REV 04/13)

