

160

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OFFICIAL RECORDS

Requested By  
**GUTH & CHANGARIS**

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0214 Pg: 3073



Deputy: gb

**RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:**

✓ PENELOPE A. CHANGARIS, Attorney at Law  
GUTH & CHANGARIS  
474 Century Park Drive, Suite 300  
Yuba City, CA 95991

**AFFIDAVIT OF DEATH - TRUSTEE**

I, BEVERLY J. GRANZELLA, the undersigned, state the following:

1. JAMES W. GRANZELLA and BEVERLY J. GRANZELLA as Trustees, created the J&B GRANZELLA FAMILY TRUST on June 15, 1995.

2. On September 12, 1995, the said Trustees executed a Grant Deed transferring to JAMES W. GRANZELLA and BEVERLY J. GRANZELLA, as Trustees of the Trust, the real property described as follows:

Lot 71, as shown on the map of NORTH LAKERIDGE and revised Plat of portion of LAKERIDGE ESTATES NO. 2, filed for record in the office of the County Recorder of Douglas County, Nevada, on August 29, 1960, in Book 1 of Maps.

EXCEPTING THEREFROM real property conveyed by WILLIAM B. ETHRIDGE and ALYCE S. ETHRIDGE, his wife, as joint tenants, to the State of Nevada, by instrument Recorded August 4, 1970, in Book 78 of Official Records at Page 164, as Document No. 48949, Douglas County, Nevada.

APN: 3-171-07  
Address: 1260 Lincoln Circle, Zephyr Cove, Nevada

The Deed was recorded on March 26, 1996, as Document #384044, Book 0396 Page 4102, in the Official Records of Douglas County, Nevada.

3. On October 1, 2013, JAMES W. GRANZELLA died. A certified copy of his death certificate is attached hereto.

4. The said Trust provides that upon the death of the Trustee, I become the Sole Trustee. Having accepted the office, I am now qualified to act as Trustee of said Trust.

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

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct, and that this declaration was signed by me on February 10, 2014, at Sutter County, California.

*Beverly J. Granzella*  
BEVERLY J. GRANZELLA, Trustee

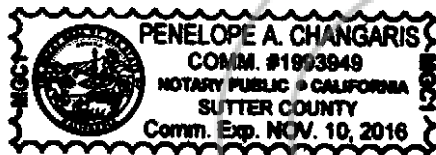
STATE OF CALIFORNIA )  
  )ss.  
COUNTY OF SUTTER    )

Subscribed and sworn to (or affirmed) before me on this 10<sup>th</sup> day of February 2014, by BEVERLY J. GRANZELLA, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

[SEAL]

*Penelope A. Changaris*  
NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF COLUSA  
COLUSA, CALIFORNIA

CERTIFICATE OF DEATH

3201306000073

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (Given) **JAMES** 2. MIDDLE **WALTER** 3. LAST (Family) **GRANZELLA**

4. DATE OF BIRTH **12/18/1928** 5. AGE Yrs. **84** 6. UNDER ONE YEAR **84** 7. UNDER 24 HOURS **84** 8. SEX **M**

9. BIRTH STATE/FOREIGN COUNTRY **CA** 10. SOCIAL SECURITY NUMBER **8430** 11. EVER IN U.S. ARMED FORCES? **NO** 12. MARITAL STATUS (as of Time of Death) **MARRIED** 13. DATE OF DEATH **10/01/2013** 14. HOUR (of hours) **2330**

15. EDUCATION - Highest Level/Degree (List recipient on back) **HS GRADUATE** 16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) **NO** 17. DECEDENT'S RACE - (Up to 3 races may be listed see worksheet on back) **WHITE**

18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED **OWNER-OPERATOR** 19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) **RESTAURANT** 20. YEARS IN OCCUPATION **51**

21. DECEDENT'S RESIDENCE (Street and number, or location) **2041 OLD HWY 99**

22. CITY **WILLIAMS** 23. COUNTY/PROVINCE **COLUSA** 24. ZIP CODE **95987** 25. YEARS IN COUNTY **37** 26. STATE/FOREIGN COUNTRY **CA**

27. INFORMANT'S NAME, RELATIONSHIP **BEVERLY GRANZELLA, WIFE** 28. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state & ZIP code) **PO BOX 1210, WILLIAMS, CA 95987**

29. NAME OF SURVIVING SPOUSE (if any) - FIRST **BEVERLY** 30. MIDDLE **JOYCE** 31. LAST (BIRTH NAME) **DAHLUND**

32. NAME OF FATHER/PARENT - FIRST **CARLO** 33. MIDDLE **GRANZELLA** 34. BIRTH STATE **ITALY**

35. NAME OF MOTHER/PARENT - FIRST **CECILIA** 36. MIDDLE **ANSELMO** 37. LAST (BIRTH NAME) **CA**

38. DISPOSITION DATE **10/09/2013** 39. PLACE OF FINAL DISPOSITION **WILLIAMS CEMETERY, 2438 ZUMWALT ROAD, WILLIAMS, CA 95987**

40. TYPE OF DISPOSITIONS **BU** 41. SIGNATURE OF CEMETARIER **VERDO WERRE** 42. LICENSE NUMBER **EMB7402**

43. NAME OF FUNERAL ESTABLISHMENT **M McNARY-MOORE FUNERAL SERVICE** 44. LICENSE NUMBER **FD410** 45. SIGNATURE OF LOCAL REGISTRAR **LOU ANNE CUMMINGS, MD, MPH** 46. DATE **10/04/2013**

101. PLACE OF DEATH **RESIDENCE** 102. IF HOSPITAL, SPECIFY ONE **Hospital** 103. IF OTHER THAN HOSPITAL, SPECIFY ONE **Home**

104. COUNTY **COLUSA** 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) **2041 OLD HWY 99** 106. CITY **WILLIAMS**

107. CAUSE OF DEATH **PNEUMONIA** 108. DEATH REPORTED TO CORONER? **NO**

109. IMMEDIATE CAUSE (Final disease or condition resulting in death) **PANCYTOPENIA** 110. BIOPSY PERFORMED? **NO**

111. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) **MYELODYSPLASTIC SYNDROME** 112. AUTOPSY PERFORMED? **NO**

113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 **NONE** 114. USED IN DETERMINING CAUSE? **NO**

115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) **NO** 116. FEMALE PREGNANT IN LAST YEAR? **NO**

117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED **ROBERT STEWART SILVA M.D.** 118. LICENSE NUMBER **A36921** 119. DATE **10/03/2013**

120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE **ROBERT STEWART SILVA M.D., 2068 JOHN JONES ROAD, DAVIS, CA 95616**

121. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED **NO** 122. INJURED AT WORK? **NO** 123. INJURY DATE **NO** 124. HOUR (of hours) **NO**

125. MANNER OF DEATH **NO** 126. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) **NO**

127. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) **NO**

128. LOCATION OF INJURY (Street and number, or location, and city, and zip) **NO**

129. SIGNATURE OF CORONER/DEPUTY CORONER **LOU ANNE CUMMINGS, MD, MPH** 130. DATE **10/04/2013** 131. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER **LOU ANNE CUMMINGS, MD, MPH COLUSA COUNTY HEALTH OFFICER**

STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT

010001002459371

BK : 0214  
PG : 3075  
2/18/2014

0838477 Page 3 of 3

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF COLUSA

DATE ISSUED **OCT 07 2013**

\*000013270\*

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

LOU ANNE CUMMINGS, MD, MPH  
COLUSA COUNTY HEALTH OFFICER

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