

17.
Michael J. Bozich
1980 Cenacle Ln.
Carmichael, CA 95608

Doc Number: **0838567**

02/20/2014 02:30 PM

OFFICIAL RECORDS

Requested By
WEBB & TAPELLA

Assessor's Parcel #1318-03-111-025

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Recording requested by and
when recorded mail to:

Page: 1 of 4 Fee: \$ 17.00
Bk: 0214 Pg: 3420

Borden D. Webb, Esq.
Webb & Tapella Law Corporation
7311 Greenhaven Drive, Suite 273
Sacramento, CA 95831-3593


Deputy pk

**AFFIDAVIT REGARDING DEATH OF TRUSTEE OF THE
REGINA L. BOZICH FAMILY TRUST
established August 1, 2006**

STATE OF CALIFORNIA)
) SS.
COUNTY OF SACRAMENTO)

The undersigned, being all of the currently acting successor co-trustees of the REGINA L. BOZICH FAMILY TRUST established August 1, 2006, being first duly sworn, depose and say:

That REGINA L. BOZICH executed a Declaration of Trust on August 1, 2006, of which she was the trustor and initial trustee. Said trust is known as the REGINA L. BOZICH FAMILY TRUST established August 1, 2006.

That by Grant Deed dated November 20, 2006, and recorded December 22, 2006, in Book 1206, at Page 8508, Document No. 0691419, Records of Douglas County, Nevada, REGINA L. BOZICH transferred all of her interest in certain real property to Regina L. Bozich, Trustee of the REGINA L. BOZICH FAMILY TRUST established August 1, 2006.

That said trust provides that if REGINA L. BOZICH should cease to act as trustee, then MICHAEL J. BOZICH, CHERYL A. BOZICH and DAVID R. BOZICH shall serve as successor co-trustees.

That REGINA L. BOZICH died on December 1, 2011. Said trustee is the same person as "REGINA LOUISE BOZICH" who is the decedent named in the certified copy of the "Certificate of Death" of Regina Louise Bozich, which is attached hereto and incorporated herein by reference.

That said MICHAEL J. BOZICH, CHERYL A. BOZICH and DAVID R. BOZICH, the successor co-trustees of the REGINA L. BOZICH FAMILY TRUST, hold title to that certain real property located in the County of Douglas, State of Nevada, described as follows:

Lot 94, as shown on the map of SKYLAND SUBDIVISION NO. 2, filed in the Office of the County Recorder of Douglas County, Nevada, on July 22, 1959, as File No. 14668.

Together with all beach rights as contained in the Deed to Skyland Water Co., recorded February 5, 1960, as Document No. 15573, Official Records, Douglas County, Nevada.

More commonly known as: 1054 Deer Cliff Drive, Skyland, Nevada

APN: 1318-03-111-025

Dated: 1/23/14

Michael J. Bozich
MICHAEL J. BOZICH
Successor Co-trustee of the
REGINA L. BOZICH FAMILY TRUST

State of California

County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 23rd day of January, 2014, by MICHAEL J. BOZICH, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Patricia Meyers
Notary Signature



(Seal)

(signatures continued on next page)

(Signatures - continued)

Dated: January 23 2014

Cheryl A. Bozich
CHERYL A. BOZICH
Successor Co-trustee of the
REGINA L. BOZICH FAMILY TRUST

State of California

County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 23rd day of January, 2014, by CHERYL A. BOZICH, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Patricia Meyers
Notary Signature



(Seal)

Dated: 1/23/2014

David R. Bozich
DAVID R. BOZICH
Successor Co-trustee of the
REGINA L. BOZICH FAMILY TRUST

State of California

County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 23rd day of January, 2014, by DAVID R. BOZICH, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Patricia Meyers
Notary Signature



(Seal)

MAIL TAX STATEMENTS TO:

Michael J. Bozich, Successor Co-trustee
Regina L. Bozich Family Trust
1980 Cenacle Lane
Carmichael, CA 95608-5700

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CERTIFICATE OF DEATH

STATE FILE NUMBER 3052011218313		LOCAL REGISTRATION NUMBER 5201134009984	
1. NAME OF DECEDENT - FIRST (Given) REGINA		3. LAST (Family) BOZICH	
2. MIDDLE LOUISE		4. DATE OF BIRTH mm/dd/yyyy 04/07/1928	
5. AGE Yrs. 83		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA			
10. SOCIAL SECURITY NUMBER 3651		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP (at Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 12/01/2011	
13. EDUCATION - Highest Level/Degree HS GRADUATE		14/15. 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		8. HOUR (24 Hour) 0115	
17. USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME	
19. YEARS IN OCCUPATION 57		20. DECEDENT'S RESIDENCE (Street and number, or location) 495 BRET HARTE ROAD	
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO	
23. ZIP CODE 95864		24. YEARS IN COUNTY 83	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP CHERYL BOZICH, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3505 KERSEY LANE, SACRAMENTO, CA 95864		28. NAME OF SURVIVING SPOUSE/SROP - FIRST HARRY	
29. MIDDLE WILLIAM		30. LAST (BIRTH NAME) LANGDON	
31. NAME OF FATHER/PARENT - FIRST LORETTA		32. MIDDLE M.	
33. NAME OF MOTHER/PARENT - FIRST M.		34. BIRTH STATE CA	
35. MIDDLE M.		36. LAST (BIRTH NAME) THEILBAUR	
37. BIRTH STATE CA		38. BIRTH STATE CA	
39. DEPOSITION DATE mm/dd/yyyy 12/09/2011		40. PLACE OF FINAL DISPOSITION EAST LAWN MEMORIAL PARK 4300, FOLSOM BOULEVARD, SACRAMENTO, CA 95819	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER KEITH MATHIS	
43. LICENSE NUMBER EMB7649		44. NAME OF FUNERAL ESTABLISHMENT EAST LAWN MORTUARY	
45. LICENSE NUMBER FD1242		46. SIGNATURE OF LOCAL REGISTRAR LAURIE A WERNER, MD, MPH	
47. DATE mm/dd/yyyy 12/07/2011		48. SIGNATURE OF LOCAL REGISTRAR LAURIE A WERNER, MD, MPH	
101. PLACE OF DEATH SUTTER MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> BTOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
103. CITY SACRAMENTO		104. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5152 F STREET		106. CITY SACRAMENTO	
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) RESPIRATORY FAILURE (B) ASPIRATION PNEUMONIA		108. DAYS (A) _____ (B) _____ (C) _____ (D) _____	
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? NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		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 _____	
115. SIGNATURE AND TITLE OF CERTIFIER DANIEL PHILLIP IKEDA M.D.		116. LICENSE NUMBER G44382	
117. DATE mm/dd/yyyy 12/07/2011		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DANIEL PHILLIP IKEDA M.D. 77 CADILLAC DR STE 210, SACRAMENTO, CA 95825	
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 Hour)	
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		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

BK: 0214
 PG: 3423
 2/20/2014

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SACRAMENTO } SS.



This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.
 December 8, 2011

DATE ISSUED: _____
 LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying date and signature of Registrar

