

110

RECORDING REQUESTED BY:

PHILLIP M. LEV

Attorney at Law



00002709201408522180030035

KAREN ELLISON, RECORDER

WHEN RECORDED, MAIL TO:

Phillip M. Lev, Inc.

520 So. El Camino Real

Suite 830

San Mateo, CA 94402

AFFIDAVIT OF DEATH OF CO-TRUSTEE

[Exempt from Reassessment - California Revenue & Taxation Code §62(b)]

STATE OF CALIFORNIA)

)

COUNTY OF SAN MATEO)

Diane Iris Brusco, the successor trustee under the Donald Blair Brusco & Diane Iris Brusco 1981 Trust, dated August 6, 1981, and surviving spouse of decedent, and of legal age, being first duly sworn, depose and say:

Donald Blair Brusco, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Donald Blair Brusco, named as the co-trustee of the Donald Blair Brusco & Diane Iris Brusco 1981 Trust, dated August 6, 1981, by Donald Blair Brusco and Diane Iris Brusco, as Trustors and co-trustees of said Trust, and is the co-trustee named in that certain Grant, Bargain and Sale Deed dated March 7, 2003, executed by Albert R. Musalo and Joan R. Musalo, Trustees of The Living Trust of Albert R. Musalo & Joan Musalo, dated July 5, 1988 to Donald B. Brusco and Diane I. Brusco, Trustees of the Donald Blair Brusco and Diane Iris Brusco 1981 Trust, recorded as Document No. 0569882 on March 13, 2003, of Official Records of Douglas County, Nevada, as to the real property situated in the County of Douglas, State of Nevada described as:

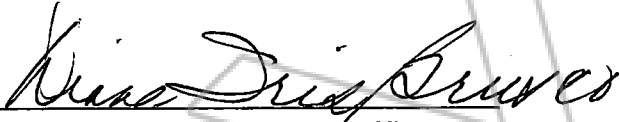
Lot 51, Block J, as set forth on the final map of GENOA LAKES, PHASE 1-B, filed in the office of the County Recorder of Douglas County, Nevada on June 28, 1993, in Book 693, at page 6217, as Document No. 311009, Official Records.
APN: 1319-03-611-022

MAX TAX STATEMENTS TO: Diane Iris Brusco, Trustee
20 Holly Court, Hillsborough, CA 94010

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

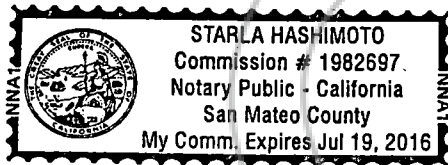
By virtue of the death of Donald Blair Brusco, Diane Iris Brusco is now the sole trustee of the Donald Blair Brusco & Diane Iris Brusco 1981 Trust, dated August 6, 1981.


Dated: November 3, 2014


Diane Iris Brusco, Affiant

State of California)
) ss
County of San Mateo)

Subscribed and sworn to (or affirmed) before me on this 3rdth day of November, 2014, by Diane Iris Brusco proved to me on the basis of satisfactory evidence to be the person who appeared before me.




Notary Public in and for said County & State

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH SYSTEM
SAN MATEO, CALIFORNIA

3052013149327

CERTIFICATE OF DEATH

3201341002805

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DONALD		2. MIDDLE BLAIR	
3. LAST (Family) BRUSCO		4. DATE OF BIRTH mm/dd/yyyy 07/22/1933	
5. AGE Yrs. 80		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 0544	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/GROUP (at time of death) MARRIED	
13. EDUCATION - Highest Level/Degree BACHELOR		14. DATE OF DEATH mm/dd/yyyy 08/05/2013	
15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (Phys. use worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. HOURS 0809	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CONTRACTOR ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AIR CONDITIONING	
19. YEARS IN OCCUPATION 50		20. DECEDENT'S RESIDENCE (Street and number, or location) 2505 GENOA ASPEN DRIVE	
21. CITY GENOA		22. COUNTY/PROVINCE DOUGLAS	
23. ZIP CODE 89411		24. YEARS IN COUNTY 15	
25. STATE/FOREIGN COUNTRY NV		26. INFORMANT'S NAME, RELATIONSHIP DIANE BRUSCO, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2505 GENOA ASPEN DRIVE, GENOA, NV 89411		28. NAME OF SURVIVING SPOUSE/GROUP - FIRST DIANE	
29. MIDDLE IRIS		30. LAST (BIRTH NAME) SHAFFMAN	
31. NAME OF FATHER/PARENT - FIRST UNKNOWN		32. MIDDLE UNKNOWN	
33. NAME OF MOTHER/PARENT - FIRST NANCY		34. LAST (BIRTH NAME) UNKNOWN	
35. MIDDLE ANN		36. LAST (BIRTH NAME) SLEPNAKOFF	
37. BIRTH STATE CA		38. BIRTH STATE CA	
39. DEPOSITION DATE mm/dd/yyyy 08/09/2013		40. PLACE OF FINAL DISPOSITION RES OF DIANE BRUSCO 20 HOLLY COURT, HILLSBOROUGH, CA 94010	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT CROSBY-N. GRAY AND CO., INC.	
45. LICENSE NUMBER FD96		46. SIGNATURE OF LOCAL REGISTRAR SCOTT MORROW, MD	
47. DATE mm/dd/yyyy 08/09/2013		101. PLACE OF DEATH SECOND RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ED/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Meeting Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Meeting Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN MATEO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 20 HOLLY COURT	
106. CITY HILLSBOROUGH		107. CAUSE OF DEATH Enter the chain of events - disease, injury, 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. PROBABLE CARDIAC DYSRHYTHMIA	
108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. TIME BETWEEN DEATH AND REPORT MINUTE	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 RECENT TRAUMATIC RIB FRACTURES, HYPERTENSION		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's Last Seen Alive: (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER SCOTT MORROW, MD	
116. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Poisoning <input type="checkbox"/> Could not be determined		117. LICENSE NUMBER 50	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. INJURY DATE mm/dd/yyyy 08/08/2013	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY HOUR (of hour) 0809	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)	
124. LOCATION OF INJURY (Street and number, or location, and city and zip)		125. SIGNATURE OF CORONER / DEPUTY CORONER HOLLY BENEDICT	
126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER HOLLY BENEDICT, DEPUTY CORONER		127. DATE mm/dd/yyyy 08/08/2013	
STATE REGISTRAR		FAX AUTH.#	
CENSUS TRACT		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SAN MATEO } SS

DATE ISSUED

08 / 15 / 2013

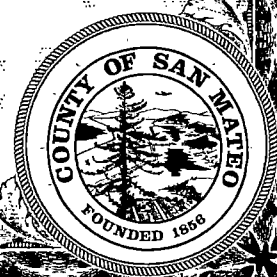
This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.



By **Anabel Tingin**

SCOTT MORROW, MD
SCOTT MORROW, M.D.
 HEALTH OFFICER AND REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE