

DOUGLAS COUNTY, NV

2015-856664

Rec:\$17.00

\$17.00 Pgs=4

02/10/2015 08:56 AM

FIRST CENTENNIAL - RENO

KAREN ELLISON, RECORDER

APN # 1418-34-110-024

Escrow # 00207608 --DR

Recording Requested By:
First Centennial Title Company
1450 Ridgeview Dr. #100
Reno, NV 89509

When Recorded Return to:
Regan Williams
8746 Maple Hollow Ct
Granite Bay, CA 95747

SPACE ABOVE FOR RECORDERS USE

Affidavit – Death of Trustee

(Title of Document)

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: NRS 440.380 (state specific law).

Roseanne Cusumano
SIGNATURE

Title Assistant
TITLE

Roseanne Cusumano
Print Signature

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

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1418-34-110-024
Escrow No. 00207608 - 016 -DR

When Recorded Return to:

Regan Williams
8746 Maple Hollow Ct.
Granite Bay, CA 95747

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE


STATE OF NEVADA
COUNTY OF DOUGLAS

} ss:

REGAN WILLIAMS, SUCCESSOR TRUSTEE OF THE VICTOR C. NAVONE IRREVOCABLE BY-PASS TRUST OF THE NAVONE FAMILY TRUST DATED MARCH 3, 1987, of legal age, being duly sworn, deposes and says that MARY S. NAVONE the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as MARY NAVONE, TRUSTEE named as one of the parties in that certain Grant Deed dated 8-15-91 executed by Mary S. Navone Trustee of the Living Trust of the Navone Family dated 3-3-87 to Mary S. Navone, Trustee of the Victor C. Navone Irrevocable by-pass Trust of the Navone Family Trust dated 3-3-87, recorded as Instrument No. 264089, on 11-1-91 in Book 1191 Page 111 of Official Records of Douglas County, Nevada, covering the following described property.

Lots 7 and 8, in Block E, as set forth on map of LINCOLN PARK, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 7, 1921, as Document No. 305, Douglas County, Nevada, records.

Dated: 1-29-15



Regan Williams, Successor Trustee

SUBSCRIBED AND SWORN TO before me on this _____ day of _____.

NOTARY PUBLIC

*Please see attached
Jurat certificate
California only DT 1/29/15*

SPACE BELOW FOR RECORDER



Jurat Certificate California only

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Placer

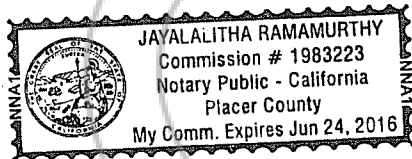
Subscribed and sworn to (or affirmed) before me on this 29th

day of January, 2015, by Regan Williams

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Place Seal Here

Signature Jayalalitha Ramamurthy



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

1. NAME OF DECEASED - FIRST (last name)		2. AND SUFFIX		3. LAST (family)		4. DATE OF BIRTH - month/day/year		5. AGE Yrs		6. SEX	
MARY				NAVONE		07/05/1922		65		F	
7. DATE OF DEATH - month/day/year											
05/22/2008											
8. HOUR (24 Hour)		9. DECEASED'S RACE - (Up to 3 races may be listed (see instruction on back))									
2345		WHITE									
10. DECEASED'S RESIDENCE (Street and number or location)		11. SOCIAL SECURITY NUMBER		12. EVER IN U.S. ARMED FORCES		13. MARITAL STATUS (at time of death)		14. YEARS IN OCCUPATION			
23500 CRISTO REY DRIVE # 108C		5588		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		WIDOWED		20			
15. DECEASED'S RESIDENCE (Street and number or location)		16. SCHOOL		17. DECEASED'S OCCUPATION (Type of business or industry (e.g., profession, trade, occupation, employment agency, etc.))		18. YEARS IN OCCUPATION					
23500 CRISTO REY DRIVE # 108C		SCHOOL SECRETARY		EDUCATION		20					
19. CITY		20. COUNTY		21. ZIP CODE		22. YEARS IN COUNTY		23. STATE (Foreign Country)			
CUPERTINO		SANTA CLARA		94014		60		CA			
24. DECEASED'S NAME, RELATIONSHIP		25. DECEASED'S ADDRESS (Street and number or last known address, city or town, state, ZIP)		26. DECEASED'S ADDRESS (Street and number or last known address, city or town, state, ZIP)							
MARIE NAVONE, DAUGHTER-IN-LAW		10554 CRESTON DRIVE, LOS ALTOS, CA 94024		10554 CRESTON DRIVE, LOS ALTOS, CA 94024							
27. NAME OF SPOUSE - FIRST		28. MIDDLE		29. LAST		30. BIRTH STATE		31. BIRTH STATE			
LOUIS				SALVO		ITALY		ITALY			
32. NAME OF MOTHER - FIRST		33. MIDDLE		34. LAST		35. BIRTH STATE		36. BIRTH STATE			
CONCETTA				UNKNOWN		ITALY		ITALY			
37. TYPE OF DEPOSITION		38. PLACE OF DEPOSITION		39. SIGNATURE OF EMBALMER		40. LICENSE NUMBER		41. DATE			
BU		GATE OF HEAVEN CEMETERY 22535 CRISTO REY DR. LOS ALTOS, CA 94024		NOT EMBALMED		-		05/27/2008			
42. NAME OF FUNERAL ESTABLISHMENT		43. LICENSE NUMBER		44. SIGNATURE OF LOCAL REGISTRAR		45. DATE		46. DATE			
SPANGLER MORTUARY		FD927		MARTIN D FENSTERSHEIB, MD		05/27/2008		05/27/2008			
47. PLACE OF DEATH		48. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		49. CITY		50. STATE		51. COUNTY			
THE FORUM HEALTHCARE CENTER		23600 VIA ESPLENDOR DRIVE		CUPERTINO		CA		SANTA CLARA			
52. CAUSE OF DEATH		53. ICD-10 CODE		54. ICD-10 CODE		55. ICD-10 CODE		56. ICD-10 CODE			
CONGESTIVE HEART FAILURE		I10		I25		I25		I25			
ATHEROSCLEROTIC HEART DISEASE		I25		I25		I25		I25			
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIVE TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (I10-I14) HYPERTENSION, PERIPHERAL VASCULAR DISEASE, RENAL FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE		58. OPERATIVE PERFORMED FOR ANY CONDITION OTHER THAN I10 OR I127 (If yes, list type of operation and date)		59. FEMALE, PREGNANT (LAST TRIMESTER)		60. YES		61. NO			
62. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOME, HOSPITAL, NURSING HOME, OR PLACE STATED (If on a vessel, specify name of vessel)		63. SIGNATURE AND TITLE OF CERTIFIER		64. LICENSE NUMBER		65. DATE		66. DATE			
08/19/2005 04/16/2008		ROBINA YU-CHU WONG M.D.		A66594		05/23/2008		05/23/2008			
67. TYPE AND ADDRESS OF PHYSICIAN'S NAME, ADDRESS, CITY, STATE, ZIP CODE		68. TYPE AND ADDRESS OF PHYSICIAN'S NAME, ADDRESS, CITY, STATE, ZIP CODE		69. TYPE AND ADDRESS OF PHYSICIAN'S NAME, ADDRESS, CITY, STATE, ZIP CODE		70. TYPE AND ADDRESS OF PHYSICIAN'S NAME, ADDRESS, CITY, STATE, ZIP CODE		71. TYPE AND ADDRESS OF PHYSICIAN'S NAME, ADDRESS, CITY, STATE, ZIP CODE			
401 OLD SAN FRANCISCO ROAD, SUNNYVALE, CA 94087		401 OLD SAN FRANCISCO ROAD, SUNNYVALE, CA 94087		401 OLD SAN FRANCISCO ROAD, SUNNYVALE, CA 94087		401 OLD SAN FRANCISCO ROAD, SUNNYVALE, CA 94087		401 OLD SAN FRANCISCO ROAD, SUNNYVALE, CA 94087			
72. PLACE OF DEATH (e.g., home, institution, etc.)		73. DATE		74. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		75. DATE		76. DATE			
77. SIGNATURE OF CORONER / DEPUTY CORONER		78. DATE		79. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		80. DATE		81. DATE			
82. SIGNATURE OF CORONER / DEPUTY CORONER		83. DATE		84. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		85. DATE		86. DATE			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

DATE ISSUED
By **MAY 27 2008**

* H 2255790 *

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.

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

