Recording Requested by, and When Recorded Mail To:

Blackstock & Barsell, A.P. C. 1931 San Miguel Drive, Suite 205 Walnut Creek, CA 94596

DOUGLAS COUNTY, NV

Rec:\$17.00 Total:\$17.00

2015-857293 02/23/2015 09:34 AM

BLACKSTOCK & BARSELL



KAREN ELLISON, RECORDER

## AFFIDAVIT OF DEATH

(Death of Trustee)

STATE OF CALIFORNIA COUNTY OF CONTRA COSTA APN:

05-181-17

We, MICHAEL J. SAYEGH, ROLLY MARY SAYEGH, NORMA THERESA SAYEGH, and PATRICIA LEA SAYEGH, being duly sworn, say:

We are of legal age. ALICE MARGUERITE SAYEGH, the decedent named in the attached certified copy of Certificate of Death, is the same ALICE M. SAYEGH who executed the Affidavit of Successor Trustee dated December 31, 1997 as Successor Trustee of the George M. and Alice M. Sayegh Trust dated September 26, 1986, said Affidavit of Successor Trustee having been recorded on June 19, 1998, as Document 0442337, of the official records of Douglas County, Nevada, regarding the real property in the County of Douglas, State of Nevada, described as follows:

LOT 17 IN BLOCK 3 AS SHOWN ON THE OFFICIAL MAP OF ZEPHYR HEIGHTS SUBDIVISION, FILED FOR RECORDING IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JULY 5, 1947.

EXCEPTING THEREFROM THE SOUTH TEN FEET OF THE LOT.

(ASSESSOR'S PARCEL NO. 05-181-17.)

Mail Tax Statements To:

Michael J. Sayegh 883 Las Trampas Road Lafayette, CA 94549

Dated: February 1, 2015 Co-Trustee ROLLY MARY SAYEGH, now known as ROLLY M. DOBBINS, Co-Trustee NORMA THERESA SAYEGH known as NORMA S. HILL, Co-Trustee PATRICIA LEA SAYEGH, now known as PATRICIA L. MANRIQUE, Co-Trustee

## **JURAT**

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 )
CONTRA COSTA COUNTY )

Subscribed and sworn to (or affirmed) before me on this 1st day of February 2015, by MICHAEL J. SAYEGH, ROLLY MARY SAYEGH, NORMA THERESA SAYEGH, and PATRICIA LEA SAYEGH, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature .

CYNTHIA CAMERON SAYEGH
Commission # 2077025
Notary Public - California
Contra Costa County
My Comm. Expires Aug 5, 2018



## ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

		CERTIFIC	CATE OF DEATH	3	201401008271		
- 23	STATE FILE NUMBER  1. NAME OF DECEDENT - FIRST (Given)	USE BLACKINK ONLY / NO V	ITE OF CALIFORNIA ERASURES, WHITEOUTS OR ALTERATIONS \$1 LAREY \$106) \$3, LLAS	LOC	AL REGISTRATION NUMBER	W	
ATA	ALICE  AKA: ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAS	MARGUERITE	SA'	YEGH FUNDE	R ONE YEAR IF UNDER 24 HC	NAS J 6. SEX	
ONAL			12/14/1918	95 Months		Inutes F	
S PERS	8. BIRTH STATE-FÖREIGN COUNTRY SYRIA  10. SOCIAL SECURITY NUMBER: 11. EVERNÍ U.S. ARMED FORCES?  11. MARTIL STATUS-SOCIAL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  12. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  13. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  14. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  15. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES?  16. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES.  17. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES.  18. MARTIL STATUS-SOCIAL SECURITY NUMBER: 18. EVERNÍ U.S. ARMED FORCES.  18. MARTIL STATUS-SOCIA						
DECEDENT	13, EDUCATION - Highest Level/Degree 14/15, WAS DECEDENT HIS (156 worksheet on back)  HS GRADUATE YES	PANICALATINO(A)/SPANISH? (If yes, see wo	NO CAUCASIA	ACE – Up to 3 races may be list	od (see worksheet an back)		
	17. USUAL OCCUPATION - Type of work for most of life, DO NO HOMEMAKER		OF BUSINESS OR INDUSTRY (e.g., groce	ery store, road construction, emp	loyment agency, etc.): 19. YE	ARS IN OCCUPATION 71	
e e	20: DECEDENT'S RESIDENCE (Street and number, or location)			AND AND SON	W	.4(E.#) c	N. WHELL
:USUAL RESIDENCE	1	22: COUNTY/PROVINCE ALAMEDA	23. ZIP CODE	24, YEARS IN COUNTY 25.			
FOR	26. INFORMANT'S NAME RELATIONSHIP ROLLY MARY DOBBINS, DAUGH	· ;	27. INFORMANT'S MATLING ADDRESS (ST 14270 SKYLINE BLVI	178			
ATION	28. NAME OF SURVINING SPOUSE/SRIDP -FIRST	29, MIDDLE	30, LAST (BIFT	The state of the s	L Sadron		
	31. NAME OF FATHER/PARENT-FIRST	32, MIDDLE	33. LAST		V 3445 3 4	BIRTH STATE	ŵi A
CAL DIRECTORY SPOUSE/SRDF	GEORGE 35: NAME OF MOTHER/PARENT-FIRST	36. MIDDLE	: MOUSS 37. LAST (BIRT		1	YRIA BIRTH STATE	
	AJIBA	- DISPOSITION HOLY SEPUL	NAASAI	NEH	* (\$\)   S	YR)A	
	12/22/2014 26320 MISSION BLVD.; HAYWARD, CA 94544 42. TYPE OF DISPOSITIONS 43. LICENSE NUMBER:						r ma
	BU  DELL: CRANE  45. LICENSE NUMBER   46. SIGNATURE OF LOCAL REGISTRAR  47. DATE IMMORPHY  47. DATE IMMORPHY						
N O	HOLY ANGELS FUNERAL & CRE CENTER 101 PLACE OF DEATH		► MUNTU DAVIS	S, M.D.	Taraba and a second	9/2014	
PLACE OF DEATH	OWN RESIDENCE	DRESS OR LOCATION WHEPE FOUND (		The state of the s	Nursing X De Home/LTC X Ho	cedent's Other	1494.
	ALAMEDA 2061 HOO	VER AVENUE			OAKLAND	42 23 40 23 4	
CAUSE OF DEATH	IMMEDIATE CAUSE (A) CARDIOPULMONA	s — diseases, injuries, or complications — story arrest, or ventricular storilation without RY ARREST	man burectly caused dearn, DO NOT ABBRIEVIAT	E) down A	Onser and Death YE	S NO	
	condition resulting DEMENTIA		- A - A - A - A - A - A - A - A - A - A		, I —	Y PERFORMED?	
	Sequeritially, list conditions; if any, lightly to cause (G) (Time A. Entar				YRS 110 AUTO	PSY PERFORMED?	Wir milivir
	UNDERLYING CAUSE (disease or injury that initiated the events  (D)	<u> </u>		27 VII WA	(DI) W HILLISED BY	S X NO DÉTÉRMINING CAUSE?	
	resulting in death) LAST  112, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RESULTING IN THE UNIC	DEFLYING CAUSE GIVEN IN 107			\$ NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PARKINSONS, OSTEOPOROSIS, DIABETES MELLITUS TYPE 2, CARDIOVASCULAR DISEASE  113. WAS DEBATION FERFORMED FOR ANY CONDITION IN TIEM 107 OR 1127 (If you, list types of opposition and data.)						1479,74
	NONE	AAT W		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second second second second	IXO: UNK	<b>44</b> 7 <b>4</b>
PHYSICIAN'S CERTIFICATION	ATTHEHOUR DATE, AND PLACE STATED FROM THE CAUSES STATED  Decedent Attended Since Decedent Last Seen Africa	▶MARIE STELLA I	PIERRE M.D.		G87145 12/	18/2014	
	W mm/cddcsy (6) mm/cddcsy 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARIE STELLA PIERRE, M.D. 77/19/2006 11/07/2014 275. WEST MACARTHUR BLVD, OAKLAND, CA 94611						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
E ONLY	118.1 CERTIENT THAT IN MATOPINON DESTINE COLUMN DATE HE HOLD MAKINER OF DEATH Natural		Could not be Could not be distantined TES		We store	122. HOUR (24 Hours)	. Aw
	123. PLACE OF INJURY (e.g., home, construction site, wooded	area, etc.)					2 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
ER'S US	124, DESCRIBE HOW INJURY OCCURRED (Events which resul	ited in Injury)				7 Apr. 10 Apr.	
CORONERIS USE ONLY	125. LOCATION OF INJURY (Street and number; or location, an	d city, and zip)	a di Est.	w. w.			17.00
	126. SIGNATURE OF CORONER / DEPUTY CORONER.	127. D		ME, TITLE OF CORONER! DEP	UTY CORONER		
STA	ATE. A B C		*010001002806069*		AX AUTH.		
		ERTIFIED COP			*** *** O C	1026	U 4 9 *

STATE OF CALIFORNIA COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED:

DEC 2 3 2014

HEALTH OFFICER AND LOCAL REGISTRAN ALAMEDA COUNTY, CALIFORNIA

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

