

16
C. R. ABrams
27281 Las Ramblas #150
Mission Viejo CA 92691

APN: 007-412-005

RECORDING REQUESTED
AND RETURN TO:

Ann M. Scolari, Trustee
4926 Cabrillo Point
Discovery Bay, California 94505



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Ann M. Scolari, Trustee
4926 Cabrillo Point
Discovery Bay, California 94505

AFFIDAVIT REGARDING DEATH

A.P.N: 007-412-005 Douglas County, Nevada

STATE OF CALIFORNIA)
)
COUNTY OF CONTRA COSTA)

The undersigned, Ann M. Scolari, Trustee, being first duly sworn, depose and say that, Douglas E. Scolari, Co-Trustee of the DOUGLAS E. AND ANN M. SCOLARI 1989 FAMILY TRUST dated September 15, 1989, is the same Douglas Edward Scolari as indicated in the attached certified copy of Certificate of Death and the same Douglas E. Scolari named as one of the parties in that Individual Grant, Bargain, Sale Deed dated October 16, 1989, executed by Douglas E. Scolari & Ann M. Scolari, husband and wife as joint tenants and not as tenants in common, to Douglas E. Scolari & Ann M. Scolari, Co-Trustees of the DOUGLAS E. AND ANN M. SCOLARI 1989 FAMILY TRUST dated September 15, 1989, recorded as Document No. 213772 on October 30, 1989, of Official Records of the County of Douglas, State of Nevada, covering the following described real property:

LOT 9, EDGEWOOD CREEK SUBDIVISION

Ann M. Scolari, further declares that, as a result of the death of Douglas E. Scolari, she is the Sole Trustee of the above-mentioned Trust.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this affidavit is executed on the date and place indicated below.

Executed on March 9, 2016, in the City of Discovery Bay, County of Contra Costa, State of California.

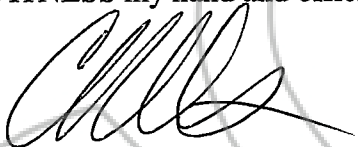

Ann M. Scolari, Trustee

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.

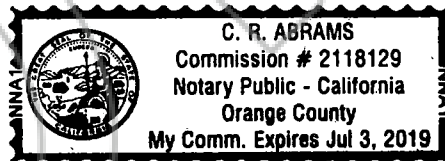
STATE OF CALIFORNIA)
)
COUNTY OF CONTRA COSTA)

Subscribed and sworn to (or affirmed) before me on this 9th day of March, 2016, by Ann M. Scolari, Trustee, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal



Notary Public for said State



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052015029313

CERTIFICATE OF DEATH

3201507000875

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) DOUGLAS		3 LAST (Family) SCOLARI	
2 MIDDLE EDWARD		4 DATE OF BIRTH: mm/dd/yyyy 05/06/1936	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5 AGE Yrs 78	
9 BIRTH STATE/FOREIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER 2100	
11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12 MARITAL STATUS/SP/DP (at Time of Death) MARRIED	
13 EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14 DATE OF DEATH: mm/dd/yyyy 02/10/2015	
14/15 WAS DECEDENT HISPANIC/LATINO(A)/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	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED INTERIOR DESIGNER		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) DESIGN	
19 YEARS IN OCCUPATION 35		20 DECEDENT'S RESIDENCE (Street and number, or location) 4926 CABRILLO POINT	
21 CITY DISCOVERY BAY		22 COUNTY/PROVINCE CONTRA COSTA	
23 ZIP CODE 94505		24 YEARS IN COUNTY 13	
25 STATE/FOREIGN COUNTRY CA		26 INFORMANT'S NAME, RELATIONSHIP ANN SCOLARI, SPOUSE	
27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 4926 CABRILLO POINT, DISCOVERY BAY, CA 94505		28 NAME OF SURVIVING SPOUSE/SP/DP - FIRST ANN	
29 MIDDLE MARIE		30 LAST (BIRTH NAME) KUZINICH	
31 NAME OF FATHER/PARENT - FIRST DAN		32 MIDDLE -	
33 LAST SCOLARI		34 BIRTH STATE SWITZRLND	
35 NAME OF MOTHER/PARENT - FIRST MARY		36 MIDDLE -	
37 LAST (BIRTH NAME) FERNANDES		38 BIRTH STATE PORTUGAL	
39 DISPOSITION DATE: mm/dd/yyyy 02/13/2015		40 PLACE OF FINAL DISPOSITION RES OF ANN SCOLARI 4926 CABRILLO POINT, DISCOVERY BAY, CA 94505	
41 TYPE OF DISPOSITION(S) CR/RRES		42 SIGNATURE OF EMBALMER NOT EMBALMED	
43 LICENSE NUMBER -		44 NAME OF FUNERAL ESTABLISHMENT HOLY ANGELS FUNERAL AND CREMATION CENTER	
45 LICENSE NUMBER FD1958		46 SIGNATURE OF LOCAL REGISTRAR WENDEL BRUNNER, MD	
47 DATE: mm/dd/yyyy 02/12/2015		101 PLACE OF DEATH JOHN MUIR MEDICAL CENTER	
102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY CONTRA COSTA		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2540 EAST STREET	
106 CITY CONCORD		107 CAUSE OF DEATH Enter the chain of events - diseases, injuries, 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. (A) HEMORRHAGIC SHOCK (B) RETROPERITONEAL HEMATOMA (C) CORONARY ARTERY DISEASE (D) SEVERE AORTIC STENOSIS	
108 DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 checked="" 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, last 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 Attended Since: 02/05/2015 Decedent's Last Seen Alive: 02/10/2015		115 SIGNATURE AND TITLE OF CERTIFIER NICETO LOPEZ M.D.	
116 LICENSE NUMBER A96421		117 DATE: mm/dd/yyyy 02/12/2015	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NICETO LOPEZ M.D. 1850 MT. DIABLO BLVD., SUITE 545, WALNUT CREEK, CA 94596		119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
120 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE: mm/dd/yyyy	
122 HOUR (24 Hours)		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 STATE REGISTRAR	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Recorder.

ATTEST Jose Sance
DATE ISSUED **MAR 10 2016**

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Deputy Recorder.



000881043

Joseph E. Cancianilla
JOSEPH E. CANSIANILLA
COUNTY RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CACONTRA02