APN# 1420-07-610-016 Recording Requested by: Name: Farwell Rashkis, LLP 18 Park Avenue Address: City/State/Zip: Los Gatos, CA 95030 Mail Tax Statements to: Name: Amaia Oiz, Trustee Address: 3790 Tasha Court City/State/Zip: Reno, NV 89503

DOUGLAS COUNTY, NV Rec:\$17.00

2017-893191

01/10/2017 01:11 PM

Total:\$17.00 FARWELL RASHKIS LLP

Pgs=4



KAREN ELLISON, RECORDER

Affidavit - Death of Trustee

Title of Document

(Required Field)

FILL IN ALL THAT APPLY	' :
------------------------	------------

The Undersigned Hereby Affirms T Information As Required By Law*:	hat This Document Submitted Fo	or Recording (Contains Personal
NRS 440.380	(HXX)	//	
Specify Law*	Signature		
	_ Maite Oiz	Co-Truste	е
Specify Law*	Print Name	Title	
*If there is no applicable State or Fed	leral Law, Personal Information mus	st be removed	prior to recording.
If this document is a re-record or o	orrection, fill out below:		>
Correcting Document#:	Amending:		·
Reason for re-record:	\ \		
(For Re-records, all pages from origi	nal document must be included, \$2	5 Non-conform	ing Fee may apply)
If legal description is in metes & bo	ounds, indicate where it was obta	ined:	
	(Document Title), Book	Page	or
Document #	recorded		—(date) in the
Lyon County Recorder's Office.			
If prepared by a surveyor, provide na	-OR- ame and address:		
"Personal information" means a natural person's first na	me or first initial and last name in combination with a	ny one or more of the	following data elements:
Social security number. Driver's license number or identification card nun		,	J

Account number, credit card number or debit card number, in combination with any required security code, access code or password.

This page added to provide additional information required by NRS 111.312 Sections 1-4. (\$1.00 Additional Recording Fee Applies)

RECORDING REQUESTED AND WHEN RECORDED MAIL TO:

James D. Farwell FARWELL RASHKIS, LLP 18 Park Avenue Los Gatos, CA 95030

APN: 1420-07-610-016

AFFIDAVIT – DEATH OF TRUSTEE

STATE OF CALIFORNIA

County of Santa Clara

MAITE OIZ, of legal age, being first duly sworn, says:

On April 28, 2006, JOSE ANTONIO OIZ, as settlor, signed a declaration of trust and created the OIZ 2006 TRUST.

On July 8, 2013, Jose Antonio Oiz executed a Grant Deed and recorded the Grant Deed on July 11, 2013, as Document Number 0826943, in Official Records in the County of Douglas Recorder's Office, conveying to Jose Antonio Oiz, as trustee of the Oiz 2006 Trust, the hereinafter described real property.

On October 5, 2016, Jose Antonio Oiz, trustee of the Oiz 2006 Trust, passed away as further evidenced by the certified copy of Certificate of Death attached hereto.

The Oiz 2006 Trust provides that AMAIA OIZ and MAITE OIZ thereupon became the successor co-trustees of the Oiz 2006 Trust, they have accepted the office of trustee, and they are acting as co-trustees of said Trust.

The real property hereinabove mentioned is a one hundred percent interest in all that real property commonly known as 3586 Haystack Drive in the City of Carson City, County of Douglas, State of Nevada, and is legally as follows:

Lot 14, in Block A, of the Final Map of SUNRIDGE HEIGHTS PHASE 1, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 11, 1993 as Document No. 309550.

Assessor Parcel Number: 1420-07-610-016

Dated: December 15, 2016

AFFIANT:

MAITE OIZ, Successor Co-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 SANTA CLARA

Subscribed and sworn to before me on this 15th day of December, 2016, by Maite Oiz, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(Signature of Notarial Officer)

TINA CASTANEDA

(Legibly printed Name of Notary)

My commission expires: Sep 7, 2019

Castanes

(Notary Seal)



COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT **VITAL RECORDS AND REGISTRATION**

			CERTIF	TICATE OF DESTATE OF CALIFORNIA NO ERASURES, WHITEOUTS VS-114/REV 3/06)	EATH		3201643008	3143	\
	STATE FILE NUMBER 1. NAME OF DECEDENT FIRST (Given)	2. MIC		VS-114(REV 3/06)			LOCAL REGISTRATION	NUMBER	
DECEDENT'S PERSONAL DATA	JOSE		TONIO		Oi	ST (Family) Z		\ \	\ \
	AKA, ALSO KNOWN AS— Include full AKA (FIRST, MIDDLE, L	AST)			оғыяти пунуда 3/1944	72 Mo	UNDER ONE YEAR IF	UNDER 24 HOUR ours Manu	ntes M
	SPAIN -7	483	YES	ARMED FORCEST NO UNK	DIVORC		10/05/2016	0	409
CEDENT	13. EDUCATION – Kigheel Livel/Degree 14/15. WAS DECEDENT H X YES SPANIS	SH		[] NO	WHITE	RACE - Up to 3 races may			
8	17. USUAL OCCUPATION - Type of work for most of life. DO F LANDSCAPER	OT USE RETIRED		NDSCAPING		cary store, road construction	n, employment agency, etc		IS IN OCCUPATION
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location 673 LARKMEAD COURT	ı	1-			-			
	21. CITY SAN JOSE	SANTA C		23. ZIF 951		24. YEARS IN COUNTY	25. STATE/FOREIGN (COUNTRY	The same of the sa
INFOR-	28. INFORMANT'S NAME, RELATIONSHIP AMAIA OIZ, DAUGHTER			27. INFORMANT'S M 673 LARKN	ULING ADDRESS (S 1EAD COL	JRT, SAN JOS	E, CA 95117	date and zip)	
	28. NAME OF SURVIVING SPOUSE/SROP-FIRST	29. MIDE	DLE .		30. LAST (BIR	TH NAME)			
SPOUSE/SRDP AND ARENT INFORMATION	31. NAME OF FATHER/PARENT-FIRST FERMIN	32. MIDE	DLE	7	33, LAST OIZ				AIN
SPOUS PARENT	35, NAME OF MOTHERPARENT-FIRST JUANA	36. MIDE			S7: LAST (BIR	/		i	AIN
STOR/	10/07/2016 OROKIETA	L DISPOSITION S. A, NAVARE	RE, SPAIN	- N	LIC CHUF	RCH AND CEM	IETERY		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/TR/BU		▶ NOT	RE OF EMBALMER EMBALMED		<u> </u>		43. LICENSE	
FUNERA	44. NAME OF FUNERAL ESTABLISHMENT BEDDINGFIELD FUNERAL SER	VICE	FD1999		RA H COD	Y, MD	<i>5</i> 0	10/06/	
PLACE OF DEATH	101, PLACE OF DEATH OWN RESIDENCE			D (Street and number,	P ERA		THER THAN HOSPITAL, S plos Nursing Home/LTC	Decer	
38	SANTA CLARA 673 LARI	KMEAD CO	OURT	··· that directly caused o			SAN JOS		
	MMEDIATE CAUSE (A) CANCER OF THE COndition resulting (CAVITY)	pratory errest, or vent	ricular Rodiation with	out showing the etiology.	DO NOT ABBREVIA	ATE.	Time Internal Between Onset and Death (AT) MOS.	VES NETSWA	CRIED TO COPIC NET?
Ŧ	Sequentially, list conditions, if any, leading to cause	- -		\	\		(CT)	YES	X NO
USE OF DEATH	OR LINE A. EINEY UNDERLYING CAUSE (disease or lighty that	<u>.</u> .	,				(pri)	YES	X NO
Š	resulting in death) LAST 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT R	ESULTING IN THE U	INDERLYING CAUSE G	VEN IN 107			YES	NO
	NONE 113, WAS OPERATION PERFORMED FOR ANY CONDITION I	N ITEM 107 OR 1121	(If yes, Est type of c	operation and date.)			1134	FREWALE, FREG	ENANT IN LAST YEAR?
s S	NO 114 I CERTIFY THAT TO THE BEST OF MY NOW LEDGE GEATH COOL AT THE HOUR DATE, MORACE STATED FROM THE CALLES STATE	FFED 115, S)GNA	TURE AND TITLE O	F CERTIFIER	/-		116. LICENSE NUMB	YES	NO UNK
PHYSICIAN'S CERTIFICATION	Decedent Attended Since Decedent Lies Seen Alt (A) mm/dd/ccyy (B) mm/dd/ccyy	I DON	ALD WATS	SON M.D.	ADDRĖSS, ZIP C	RONALD W	A37852	10/05	5/2016
¥ #	08/27/2016 10/04/2016	701 E	EL CAMIN	O REAL, MO	DUNTAIN	VIEW, CA 940 RED AT WORK?	121, INJURY DATE II		2. HOUR (24 Hours)
ΑĽ	MANNER OF DEATH Natural Accident He 123. PLACE OF INJURY (e.g., home, construction site, wood		ide Pending Investigal	tion Could not determine	be YES	: No UNK			
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which re	suited in injury)							
ORONER	125. LOCATION OF INJURY (Street and number, or location,	and city, and zip)							
U	126. SIGNATURE OF CORONER / DEPUTY CORONER		127	7. DATE mm/dd/ccyy	128. TYPE N.	AME, TITLE OF CORONER	/ DEPUTY CORONER		
STA		D	E			INDI HILA TRA TRA TRA TRA TRA TRA TRA TRA TRA TR	FAX AUTH.		CENSUS TRACT
	- I was a second to the				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

DATE ISSUED

SARA H. CODY /
HEALTH OFFICER AND LOCAL BEGISTRAF
OF BIRTHS AND DEATHS
This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

FENDOR: 61 b

