



**RECORDING REQUESTED BY**

First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

Joanne Wasak  
931 Tiffin Drive  
Clayton NV 94517

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1318-23-216-002**

File No.: 141-2526473 (JL)

**Affidavit - Death of Trustee**

State of Nevada *CA P.L.* )  
County of Douglas *Contra Costa* ) ss.

**Joanne Wasak** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Chester Wasak** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **02/23/2016** at **Clayton California** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **11-13-1986** executed by **Chester Wasak and Zofia Wasak** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **11-29-2007** which was recorded as Instrument No. **2007-0714604** in Book **1207**, Page **2063**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

- Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.



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.

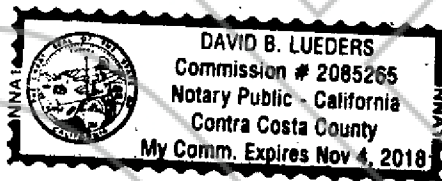
State of California  
County of *Contra Costa*

On 9-26-2017 before me, *DAVID B. LUEDERS, Notary Public*, personally appeared Joanne Wasak, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *David B. Lueders* (Seal)



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**  
**COUNTY OF CONTRA COSTA**  
 MARTINEZ, CALIFORNIA

3052016037973

**CERTIFICATE OF DEATH**

3201607001140

6. STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY FOR PRINTING OF PRINTED LETTERS OR INITIALS 95-11000-100		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
CZESLAW				WASAK	
4A. ALSO KNOWN AS - Includes MR AKA (FIRST, MIDDLE, LAST) CHESTER WASAK					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. SEX	
01/28/1921		95		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
POLAND		5607		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/PROV. IN THIS STATE		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hour)	
WIDOWED		02/23/2016		1010	
13. EDUCATION - Highest Level Degree (See work sheet on back)		14.15. YEARS DECEDENT RESIDED IN CALIFORNIA (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
06		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
PROPRIETOR		RETAIL GAS STATION		35	
20. DECEDENT'S RESIDENCE (Street and number, or location) 931 TIFFIN DRIVE					
21. CITY		22. COUNTY		23. ZIP CODE	
CLAYTON		CONTRA COSTA		94517	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
17		CA			
26. INFORMANT'S NAME, RELATIONSHIP JOANNE WASAK, DAUGHTER					
27. INFORMANT'S MAILING ADDRESS (Street and number, or location, city or town, state and zip) 931 TIFFIN DRIVE, CLAYTON, CA 94517					
28. NAME OF SURVIVING SPOUSE/PROV. - FIRST		29. MIDDLE		30. LAST (FAMILY NAME)	
				WASAK	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
				WASAK	
34. NAME OF MOTHER/PARENT - FIRST		35. MIDDLE		36. LAST (FAMILY NAME)	
				MAZURIK	
37. NAME OF FATHER/PARENT - FIRST		38. MIDDLE		39. LAST (FAMILY NAME)	
				WASAK	
40. NAME OF MOTHER/PARENT - FIRST		41. MIDDLE		42. LAST (FAMILY NAME)	
				MAZURIK	
43. DISPOSITION DATE mm/dd/yyyy		44. PLACE OF FINAL DISPOSITION (Street and number, or location)			
03/05/2016		HOLY CROSS CEMETERY 1500 MISSION ROAD, COLMA, CA 94014			
45. TYPE OF DISPOSITION		46. SIGNATURE OF EMBALMER		47. LICENSE NUMBER	
BU		FRANK VASCONCELLOS		EMB8589	
48. NAME OF FUNERAL ESTABLISHMENT		49. LICENSE NUMBER		50. SIGNATURE OF LOCAL REGISTRAR	
QUIMET BROS CONCORD FUNERAL CHAPEL		FD1006		WILLIAM WALKER M.D.	
51. DATE mm/dd/yyyy		52. DATE mm/dd/yyyy			
02/25/2016		02/25/2016			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
GRACE HEALTHCARE		<input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
CONTRA COSTA		1625 OAK PARK BLVD		PLEASANT HILL	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. YEARS SINCE DEATH	
SENILE DEMENTIA		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		2015-0945	
110. UNDERLYING CAUSE (Final disease or condition resulting in death)		111. AUTOPSY PERFORMED?		112. USED IN DETERMINING CAUSE?	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING FROM THE UNDERLYING CAUSE GIVEN IN 107		114. HAD OPERATION PERFORMED FOR ANY CONDITION IN ITEM 50? OR 112? If yes, list type of operation and date.		115. IF FEMALE, PREGNANT IN LAST YEAR?	
SEIZURE DISORDER, CHRONIC CONGESTIVE HEART FAILURE		NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
116. SIGNATURE AND TITLE OF CERTIFIER		117. LICENSE NUMBER		118. DATE mm/dd/yyyy	
SALLY ANN SAMPLE M.D.		G85941		02/24/2016	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
SALLY ANN SAMPLE M.D. 3470 BUSKIRK AVE, PLEASANT HILL, CA 94523		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. HOUR (24 Hour)		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. FAX AUTH.#		130. CENSUS TRACT	
WILLIAM WALKER, MD COUNTY HEALTH OFFICER					

**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 Department of Health Services.

DATE ISSUED

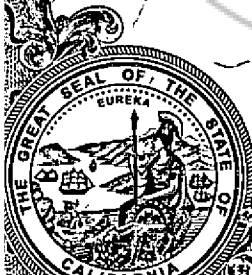
03/01/2016



001148752

*William Walker*  
 WILLIAM WALKER, MD  
 COUNTY HEALTH OFFICER

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



CACONTR01

**EXHIBIT 'A'**

**LOT 79 OF LAKE VILLAGE, UNIT NO. 2-E, AS SHOWN ON THE OFFICIAL MAP FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON OCTOBER 18, 1972 IN BOOK 1 OF MAPS, AS DOCUMENT NO. 62363.**

