

APN# 1318-15-611-033

Recording Requested by:

Name: First American Title Insurance
Company
Address: P.O. Box 645
City/State/Zip: Zephyr Cove, NV 89448
Order Number: 141-2528877

Affidavit Death of Trustee (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

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:

_____ (State specific law)

Juan Escrow Officer
Signature Title
Jenny Lane
Print Signature

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

(Additional recording fee applies)

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

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

Joanne Wasak
931 Drive
Clayton CA 94517

Space Above This Line for
Recorder's Use Only

A.P.N. 1318-15-611-033

File No.: 141-2528877 (JL)

Affidavit - Death of Trustee

State of California)
County, of *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:

1. **Czeslaw Wasak aka Chester Wasak** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **02/23/2016** at **Pleasant Hill California** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **11/13/1986** executed by **The Wasak Family Trust** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Trust Transfer Deed** dated **02-17-1987** which was recorded as Instrument No. **150927** in Book **387**, Page **263**, 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

4. 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

Dated: 26/10/2017

DECLARANT:

Joanne Wasak
Joanne Wasak

State of CALIFORNIA
County of CONTRA COSTA

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County CONTRA COSTA and State CA, this 26th day of OCTOBER, 20 17 by JOANNE WASAK, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Farok Ardesher

My Commission Expires: 4-3-19

Notary Name: FAROK ARDESHER

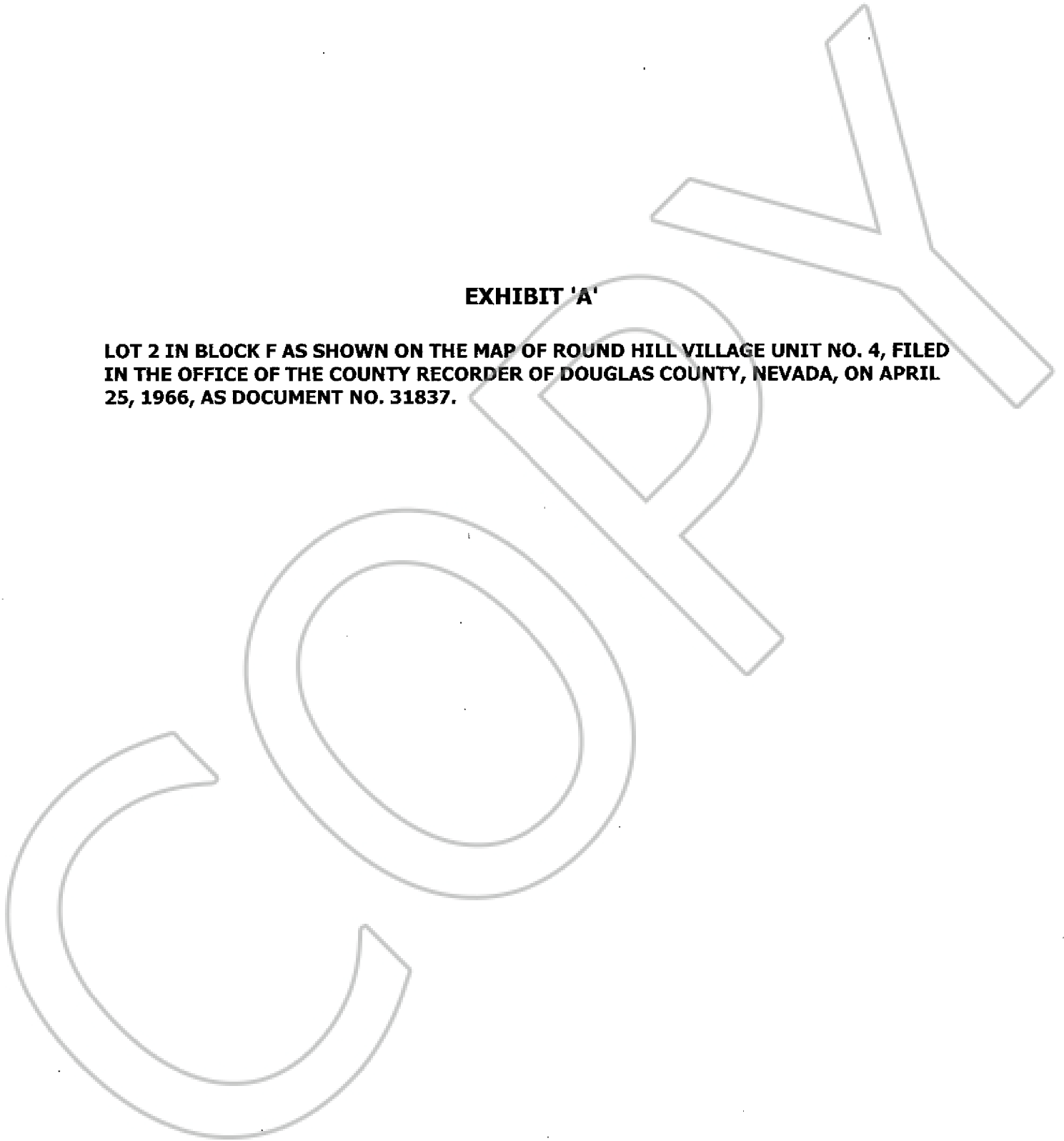
Notary Phone: 925-706-5689
County of Principal Place of Business CONTRA COSTA

This area for official notarial seal



EXHIBIT 'A'

LOT 2 IN BLOCK F AS SHOWN ON THE MAP OF ROUND HILL VILLAGE UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON APRIL 25, 1966, AS DOCUMENT NO. 31837.



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA
 MARTINEZ, CALIFORNIA

3052016037973 **CERTIFICATE OF DEATH** 3201607001140

1 NAME OF DECEASED - FIRST (Given) CZESLAW		2 MIDDLE -		3 LAST FORTH WASAK	
4A AKA (ALSO KNOWN AS - include full first, middle, last) CHESTER WASAK				5 DATE OF BIRTH (month/day/year) 01/28/1921	
6 BIRTH & STATE OR BIRTH COUNTRY POLAND		7 SOCIAL SECURITY NUMBER 5607		8 SEX M	
9 DECEASED'S HIGHEST GRADE (month/year) 06		10 DECEASED'S OCCUPATION (type of work for most of life. DO NOT USE RETIRED) PROPRIETOR		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12 DECEASED'S MARITAL STATUS (at time of death) WIDOWED		13 DATE OF DEATH (month/year) 02/23/2016		14 HOUR (24-hour) 1010	
15 DECEASED'S RACE - Up to 3 races they fit listed the most above on line CAUCASIAN		16 DECEASED'S PLACE - Up to 3 places they fit listed the most above on line RETAIL GAS STATION		17 YEARS IN OCCUPATION 35	
18 DECEASED'S RESIDENCE (street and number, or nearest) 931 TIFFIN DRIVE					
19 CITY CLAYTON		20 COUNTY (abbreviate) CONTRA COSTA		21 ZIP CODE 94517	
22 STATE (abbreviate) CA		23 DECEASED'S MARITAL STATUS (at time of death) WIDOWED			
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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 *ag*

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



001148751

William Walker MD
 WILLIAM WALKER, MD
 COUNTY HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CACONTRAD3