

APN# 1220-21-510-044

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2543750

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: NRS 239B.030 Sec 4
(State specific law)

M. Kesh EO
Signature Title

mkesb
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:**

Elaine Candelieri Trust
5 White Oak Drive
Lafayette CA 94549

Space Above This Line for
Recorder's Use Only

A.P.N. 1220-21-510-044

File No.: 143-2543750 (mk)

Affidavit - Death of Trustee

State of Nevada)
County of Douglas)ss.
)

Elaine M. Candelieri ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- Anthony R. Candelieri** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **12-2-2010** at **Lafayette California** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 8, 1996** executed by **Anthony R. Candelieri and Elaine M. Candelieri** as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain **Grant Bargain Sale Deed** dated **5-8-1996** which was recorded as Instrument No. **387672** in Book **0596**, Page **2213**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

EXHIBIT 'A'

LOT 108, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 6, FILED FOR RECORD ON MAY 29, 1973, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 66512, AND ON RECORD OF SURVEY RECORDED OCTOBER 1, 1982, IN BOOK 1082, OF OFFICIAL RECORDS AT PAGE 006, AS DOCUMENT NO. 71399.

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1

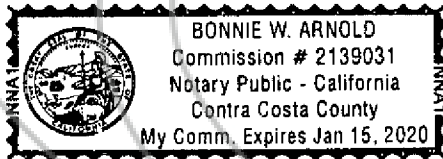
Signature of Document Signer No. 2 (if any)

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 22nd day of May 2022
by Elaine M. Candelieri
Date Month Year

(1) Elaine M. Candelieri
(and (2) _____),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature Bonnie W. Arnold
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document Affidavit -
Title or Type of Document: Death of Trustee Document Date: 5/22/18
Number of Pages: 2 Signer(s) Other Than Named Above: _____

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

3052010207051

CERTIFICATE OF DEATH

3201007006226

STATE FILE NUMBER 3052010207051		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS / NO WHITEOUTS OR ALTERATIONS 12-1997 REV. 2005		LOCAL REGISTRATION NUMBER 3201007006226		
DECEASED'S PERSONAL DATA	1. NAME OF DECEASED - FIRST (Given) ANTHONY		2. MIDDLE RALPH		3. LAST NAME CANDELIERI	
	AKA, ALSO KNOWN AS - include the AKA (FIRST, MIDDLE, LAST)					
	4. DATE OF BIRTH mm/dd/yyyy 08/20/1921		5. AGE Yrs. 89		6. SEX M	
USUAL RESIDENCE	9. BIRTH STATE/FOREIGN COUNTRY MA		10. SOCIAL SECURITY NUMBER 9229		11. EVER IN U.S. ARMS/FOUNDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
	12. EDUCATION - Highest Level/Degree (see worksheet on back) 08		14. IS WAS DECEASED HIGHLY EDUCATED? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEASED'S RACE - Up to 5 races may be stated (see worksheet on back) CAUCASIAN	
	17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED OWNER-OPERATOR		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AUTOMOBILE UPHOLSTERY		18. YEARS IN OCCUPATION 42	
INFORMANT	20. DECEASED'S RESIDENCE (Street and number, or location) #5 WHITE OAK DRIVE		21. CITY LAFAYETTE		22. COUNTY/PROVINCE CONTRA COSTA	
	23. ZIP CODE 94549		24. YEARS IN COUNTY 57		25. STATE/FOREIGN COUNTRY CA	
	26. INFORMANT'S NAME, RELATIONSHIP ELAINE CANDELIERI, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or full route number, city or town, state and zip) #5 WHITE OAK DRIVE, LAFAYETTE, CA 94549			
SPONSORSHIP AND FUNERAL INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP-FIRST ELAINE		29. MIDDLE MARJORIE		30. LAST (BIRTH NAME) ALM	
	31. NAME OF FATHER/PARENT-FIRST VITO		32. MIDDLE VINCENTE		33. LAST CANDELIERI	
	35. NAME OF MOTHER/PARENT-FIRST MARIA		34. MIDDLE		37. LAST (BIRTH NAME) POR PARELLA	
FUNERAL DIRECTORY LOCAL REGISTRAR	36. DEPOSITION DATE mm/dd/yyyy 12/06/2010		40. PLACE OF FINAL DISPOSITION RES. OF WIFE ELAINE CANDELIERI #5 WHITE OAK DRIVE, LAFAYETTE, CA 94549			
	41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		45. LICENSE NUMBER	
	44. NAME OF FUNERAL ESTABLISHMENT OUIMET BROS CONCORD CHAPEL		46. LICENSE NUMBER FD1006		47. DATE mm/dd/yyyy 12/06/2010	
PLACE OF DEATH	101. PLACE OF DEATH USUAL RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" 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) #5 WHITE OAK DRIVE		106. CITY LAFAYETTE	
	107. CAUSE OF DEATH IMMEDIATE CAUSE (Direct cause of death - immediate, injuries, or complications - that directly caused death. DO NOT state terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate.) CONGESTIVE HEART FAILURE ISCHEMIC CARDIOMYOPATHY CORONARY ARTERY DISEASE		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109.opsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE OF DEATH	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED BY DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (List in 107) NO	
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) CORONARY ARTERY BYPASS 12/31/1999		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Here: _____ Deceased Last Seen Here: _____ Date: 10/11/2010 Time: 11/29/2010		115. SIGNATURE AND TITLE OF CERTIFIER SHERELLEN GERHART M.D.		116. LICENSE NUMBER A70307	
CERTIFIER'S CERTIFICATION	117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SHERELLEN GERHART M.D. 3470 BUSKIRK AVE., PLEASANT HILL, CA 94523		117. DATE mm/dd/yyyy 12/03/2010		118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
	119. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input 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.)			
COMMENTS USE ONLY	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	
STATE REGISTRAR	A	B	C	D	E	F

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA

DATE ISSUED DEC 07 2010



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.

Wendel Brunner (M) CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

