

APN: 1318-03-111-025

R.P.T.T.: \$0.00

Recording Requested By:

smart!DEEDS

9041 South Pecos Road, Suite 3900

Henderson, NV 89074

After Recording Mail To:

smart!DEEDS - 83697A

9041 South Pecos Road, Suite 3900

Henderson, NV 89074

Send Subsequent Tax Bills To:

Bonita K. Bozich, Surviving Trustee

1980 Cenacle Lane

Carmichel, CA 95608

AFFIDAVIT OF SURVIVING TRUSTEE

TITLE OF DOCUMENT

I, **Bonita K. Bozich, Surviving Trustee**, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

1. By instrument dated **March 31, 2016**, **Michael J. Bozich and Bonita K. Bozich** executed the **Michael and Bonita Bozich Trust**.
2. Said trust appointed me to serve as Surviving Trustee upon the death or incapacity of **Michael J. Bozich**.
3. **Michael John Bozich** died on **June 7, 2016** at **Sacramento, California**, a resident of **Sacramento County, California** pursuant to the attached certified copy of the Certificate of Death and is the same person as said **Michael J. Bozich**.
4. Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.
5. The real property subject hereof is part of the trust estate, situated in the County of **Douglas**, State of **Nevada**, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **1054 Deer Cliff Drive, Skyland, Nevada 89448**

Per NRS 111.312 - The Legal Description appeared previously in **Grant, Bargain, and Sale Deed**, recorded on **May 6, 2016**, as Document No. **2016-880433** in Douglas County Records, Douglas County, Nevada.

6. No other person has a right to the interest of the Trust in the described property.
7. The described property shall be transferred to **Bonita K. Bozich** as Surviving Trustee(s).

I, **Bonita K. Bozich, Surviving Trustee**, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.



Bonita K. Bozich, Surviving Trustee

 Affiant
 Title

DATED this 5 day of September, 2017.

Bonita K. Bozich
Bonita K. Bozich, Surviving Trustee

STATE OF California)
COUNTY OF Sacramento) SS

SUBSCRIBED AND SWORN before me this 5th day of September, 2017,
by **Bonita K. Bozich, Surviving Trustee.**

NOTARY STAMP/SEAL

Diane Gee
Notary Public
Notary Public
Title and Rank
My Commission Expires: Apr. 6, 2018



EXHIBIT "A"
LEGAL DESCRIPTION

ALL INTEREST IN THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, TO WIT:

LOT 94, AS SHOWN ON THE MAP OF SKYLAND SUBDIVISION NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JULY 22, 1959, AS FILE NO. 14668.

TOGETHER WITH ALL BEACH RIGHTS AS CONTAINED IN THE DEED TO SKYLAND WATER CO., RECORDED FEBRUARY 5, 1960, AS DOCUMENT NO. 15573, OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA.

Per NRS 111.312 - The Legal Description appeared previously in **Grant, Bargain, and Sale Deed**, recorded on **May 6, 2016**, as Document No. **2016-880433** in Douglas County Records, Douglas County, Nevada.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052016114278

CERTIFICATE OF DEATH

3201634005048

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MICHAEL		3. LAST (Family) BOZICH	
2. MIDDLE JOHN		4. DATE OF BIRTH m/m/dd/ccyy 10/16/1954	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. 61	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 2263	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH m/m/dd/ccyy 06/07/2016	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PART OWNER AND MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PLYWOOD WHOLE SALES	
19. YEARS IN OCCUPATION 45		8. HOUR (24 Hours) 0850	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1980 CENACLE LANE			
21. CITY CARMICHAEL		22. COUNTY/PROVINCE SACRAMENTO	
23. ZIP CODE 95608		24. YEARS IN COUNTY 61	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP BONITA BOZICH, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1980 CENACLE LANE, CARMICHAEL, CA 95608		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST BONITA	
29. MIDDLE KAY		30. LAST (BIRTH NAME) GARCOW	
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE -	
33. LAST BOZICH		34. BIRTH STATE ARIZONA	
35. NAME OF MOTHER/PARENT - FIRST REGINA		36. MIDDLE -	
37. LAST (BIRTH NAME) LANGDON		38. BIRTH STATE CALIFORNIA	
39. DISPOSITION DATE m/m/dd/ccyy 06/08/2016		40. PLACE OF FINAL DISPOSITION RES BONITA BOZICH 1980 CENACLE LANE, CARMICHAEL, CA 95608	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT SIERRA VIEW FUNERAL CHAPEL AND CREMATORY, INC.	
45. LICENSE NUMBER FD924		46. SIGNATURE OF LOCAL REGISTRAR OLIVIA KASIRYE, MD	
47. DATE m/m/dd/ccyy 06/08/2016		101. PLACE OF DEATH OWN RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1980 CENACLE LANE	
106. CITY CARMICHAEL		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) PANCREATIC CANCER WITH LIVER METASTASIS	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERENTIAL NUMBER 10 MOS		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input 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 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, list type of operation and date.) 06/18/2015 PERIAMPULLARY REGION BIOPSY, 07/07/2015 LEFT LOBE LIVER BIOPSY			
113A. 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 Since: 08/26/2015 Decedent Last Seen Alive: 05/24/2016	
115. SIGNATURE AND TITLE OF CERTIFIER DEEPTI BEHL M.D.		116. LICENSE NUMBER A110167	
117. DATE m/m/dd/ccyy 06/08/2016		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DEEPTI BEHL M.D. 2800 L STREET STE 300, SACRAMENTO, CA 95816	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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 m/m/dd/ccyy		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 m/m/dd/ccyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health and Human Services.

DATE ISSUED **June 13, 2016**



001591844

Olivia Kasirye MD

OLIVIA KASIRYE, MD
LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASACRAN01