DOUGLAS COUNTY, NV

2018-923902

Rec \$35 00 Total \$35 00

12/21/2018 03·43 PM

COREY LUZAICH DE GHETALDI LLP

Recording Requested By COREY, LUZAICH, de GHETALDI & RIDDLE LLP

When Recorded Mail To

✓ Stevan N Luzaich, Esq. P O BOX 669 MILLBRAE, CA 940303

Mail Tax Statements To

MARIA J JAIMERENA 154 Park Blvd Millbrae, CA 94030

KAREN ELLISON, RECORDER

(Space above this line for Recorder's use )

A.P.N., 25-384-02, 1320-32-711-005, 1320-32-711-004

#### AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA	)	
	)	SS
County of San Mateo	)	

MARIA J. JAIMERENA, of legal age, being first duly sworn, deposes and says

That JUSTO JAIMERENA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JUSTO JAIMERENA, named as Trustee under Declaration of Trust dated May 26, 1999, and that same person as named on the following recorded Grant Deeds

That certain Individual Grant Deed dated May 26, 1999, recorded on the 2<sup>nd</sup> day 1 of July 1999 as Document No 0471794 in the Official Records of the County of Douglas, covering the following described parcel of real property commonly known as 1307 Toiyabe Avenue, Gardnerville, Nevada 89410

Lot 32, as shown on the final map of Carson Valley Estates Subdivision Unit No 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on July 19, 1965, Document No 28834 Assessor's Parcel No 25-384-02

That certain Individual Grant Deed dated May 26, 1999, recorded on the 2<sup>nd</sup> day of July 1999 as Document No 0471792 in the Official Records of the County of Douglas, covering the following described parcel of real property commonly known as 1188 Townhouse Circle, Gardnerville, Nevada 89410

LOT 5 of Centertowne Townhouses according to the Plat thereof as recorded September 23, 1980 in Book 980, Page 1781, as Document No 48851 and as amended by that partial reversion to acreage plat recorded September 26, 1990 in Book 990, Page 3832, as Document No 235401, Official Records of Douglas County, State of Nevada

Assessor's Parcel No 1320-32-711-005

That certain Individual Grant Deed dated May 26, 1999, recorded on the 2<sup>nd</sup> day of July 1999 as Document No 0471791 in the Official Records of the County of Douglas, covering the following described parcel of real property commonly known as 1190 Townhouse Circle, Gardnerville, Nevada 89410

LOT 4 of Centertowne Townhouses according to the Plat thereof as recorded September 23, 1980 in Book 980, Page 1781, as Document No 48851 and as amended by that partial reversion to acreage plat recorded September 26, 1990 in Book 990, Page 3832, as Document No 235401, Official Records of Douglas County, State of Nevada

Assessor's Parcel No 1320-32-711-004

The undersigned, MARIA J. JAIMERENA, is designated and shall act as the Successor Trustee under the above-mentioned Declaration of Trust dated May 26, 1999

I certify and declare under penalty of perjury under the laws of the State of California that I have read the foregoing and that the facts stated therein are true and correct Executed this 29<sup>th</sup> day of November 2018 at Millbrae, California

Maria J. Jaimerena Maria J. Jaimerena

### **JURAT**

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

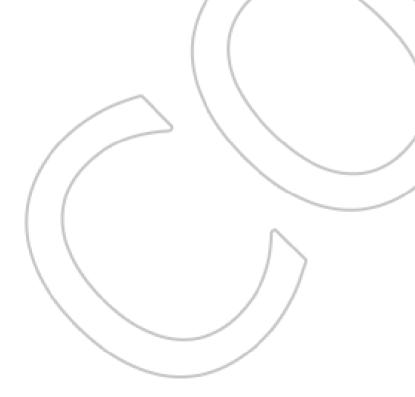
County of San Mateo

Subscribed and sworn to (or affirmed) before me on this 29<sup>th</sup> day of November 2018, by **MARIA J. JAIMERENA**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

WOTARY DE

ELIZABETH BLASIER
Notary Public - California
San Mateo County
Commission # 2113673
My Comm Expires May 31, 2019

(SEAL)



# STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORDS

# **COUNTY OF SAN MATEO**

### **HEALTH SYSTEM**

SAN MATEO, CALIFORNIA

	3052018132947 CERT			TIFICATE OF DEATH STATE OF CALIFORNIA DILY / NO ERASURES WHITEOUTS OR ALTERATIONS			3201841002394		
	STATE FILE   UMBER			(ONLY / NO ERASURES WHITEOUTS OR ALTERATIONS VS 11(REV 3/05)  3 LAST (Family)			LOCAL REGISTRATION	NUMBER	
d	JUSTO	s i poliven)	- MIDDLE			MERENA		\ ,	
NAL DATA	AKA ALSO KNOWN AS - Inco	B IUII AKA (FIRST MIDD), E, LAST)			оғыятн штудала 7/1926	92 Ma	UNDER ONE YEAR IF	UNDER 24 HOURS 6 SEX	
'S PERSONAL	9 BIRTH STATUFORFIGN CO SPAIN	-782	7 🖺 YES	الما نا	MARRIED	)	DATE OF DEATH ##1/00 06/24/2018	2000	
DECEDENT	13 EDUCATION—Highest Level T (see worksheet on back) 08	YES SPAIN	ICALATINO(A)/SPANISH7 (II ye	s, see worksheet on back) NO	CAUCASIA		be listed (see worksheet.c	m back)	
DEC	17 USUAL OCCUPATION - THE	pe of work for most of the DO NGTU		KIND OF BUSINESS OR	NDUSTRY (e.g. grac	pry store road construction	n employment agency atc	1 18 YEARS IN OCCUPATION 45	
w	20 DECEDENT'S RESIDENCE	Street and number or location)		···· ·					
USUAL	21 GRY / MILLBRAE	ı 22	COUNTY/PROVINCE AN MATEO	23 ZI 940	CODE 30	24 YEARS IN COUNTY 46	25 STATE/FOREIGN C	унтиос	
INFOR	26 INFORMANTS MAINE ADDRESS Birret and pumpler or qualiform provide city of lows, share and sep and se							itate and zip) 066	
AND	28 NAME OF SURVIVING SE		29 MIDDLE		30 LAST (BIRT		<del></del>		
E/SRDP	MARIA 31 NAME OF FATHER/PARIS	1-FRST	JOSEFINA 32 MIDDLE	<del>-/</del>	BALLA!	ZENA	<del>\</del>	34 BIRTH STATE	
	JUAN	ى <u>ك</u>		<u> </u>	JAIMER	- and	*	SPAIN	
SPOUS	JUANA  JUANA  39 DISPOSITION DATE INTO		38/MIDDLE * *	, , , , , , , , , , , , , , , , , , ,	37 LAST (BIRTI BOŘDÁ	* ************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SPAIN	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	06/28/2018	1500 MISSIOI	POSITION HOLY CR N ROAD, COLM	IA, CA 94014	IC CEME I.	ERY			
L DIRI	41 TYPE OF DISPOSITION(S)			ATURE OF EMBALMER RISTIAN ÁLÁI	MEDA	<b>W</b>	50	43 LICENSE NUMBER EMB8592	
FUNER	44 NAME OF FUNERAL ESTA CHAPEL OF TH	HE HIGHLANDS	45 LICEN FD91	SE NUMBER 48 SIGNA 5 SCC	OTT'MORR	ow, Md 🦸	50	47 DATE mm/dd/coyy 06/27/2018	
,	101 PLACE OF DEATH	U <b>LA</b> HEALTH SERV	ICES.	102	P ERVO	FY ONE 103 (F O	THER THAN HOSPITAL, S  Nursing Home/LTC	PECIFY ONE Decedent's Other	
PLACE OF DEATH	SAN MATEO	105 FACKLTY ADDRE	SDALE DRIVE	OUNID (Street and number	or (ocation)	= 1=	BURLING		
	MANEDIATE CAUSE (A) P.	Enter the chain of events — as carded arrest respiratory  NOREATIC CANCI	diseases injuries or complicate ramest or ventricular fibrillation	ons that directly caused of without showing the at ology	eath DO NOT enforte DO NOT ABBREVIATI	rmmal events such	Time Interval Betweeh Dosci And Death	YES X NO	
	(Final d sease or onclude resulting Indeath) (B)			19	\ <u>.</u>	e <sup>1</sup>	1 MO	109 BIOPSY P ISFORMED?	
Æ	Sequentially list conditions, if any leading to cause			*		······································	أهًا	YES X NO	
OF DEA	On Line A Enter UNDERLYING CAUSE (disease or	\ \.		_ / _ `	- \	88"	(CI)	110 AUTOPSY PERFORMEDY YES X NO	
CAUSE	injury that indicated the events (0) resolting in death) LAST	**************************************	1			,	; ton)	111 USED IN DETERMINING CAUSE? YES NO	
	112 OTHER SIGNIFICANT CO NONE	JOTHONS CONTRIBUTING TO DEATH	BUT NOT RESULTING IN TH	IE UNDERLYING CAUSE G	VEN IN 107	The Piles Tear			
	NQ WAS OPERATION PERFO	HVED FOR ANY CONDITION IN ITEM	1 107 OR 112? (il yes list type	of operation and data)	/	7:	1134	FEMALE PREGN/ YT IN LAST YEAR) YES NO UNK	
N S NOL	AT THE HOUR DATE AND PLACE:	O MY KNOWLEDGE DEATH OCCURRED STATED FROM THE CAUSES STATED	► EDWARD V A		MD	VG)	1 .	H T17 DATE met/dd/cc/yy	
PHYSICIAN S SERTIFICATION	Decedent A tended Since  (A). mm/sdrccyy	Decadent Last Sean Aliva	118 TYPE ATTENDING PHY	SICIAN S NAME MAILING	ADDRESS ZIP COD	EDWARD V	A91200 ABRATOWS	_ 06/27/2018 KI M.D	
- 5	Q6/20/2018	106/24/2018 3 MOEATH OCCURRED AT THE HOUR DAT		E CAUSES STATED	120 W RIDE	AE CA 94010		m/dd/ccyy 122 HOUH (24 Hau s).	
۶,		Accident Homicide		ng Louid not determine		NO NWK	1		
SE ONI			7/4						
ERSU	124 DESCRIBE HOW INJURY	OCCURRED (Events which resulted	la sirtuy)			,		1	
CORONER S USE ONLY	125 LOCATION OF INJURY (S	irest and number or location and cit	y and zip)			ı	-		
1	126 SIGNATURE OF CORON	я / ПЕРИТУ СОЯОМЕЯ	7	127 DATE mm/dd/ccyy	128 TYPE NAM	E TITLE OF CORONER	DEPUTY CORONER		
STA REGIS		C 0	E		T T	MURRIUZ FULL MIT IN II	FAX AUTH #	CENSUS TRACT	
ALCOIG .			1	*010	001003921332		1		

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN MATEO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM

DATE ISSUED 07/03/2018 GI

Gloria Lee



OMoron MD

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

