

APN# 1220-15-310-058



KAREN ELLISON, RECORDER

**Recording Requested by/Mail to:**

Name BLEWETT & ALLEN, INC.

Address 3255 W. MARCH LANE, SUITE 210

City/State/Zip STOCKTON, CA 95219

**Mail Tax Statements to:**

Name DOUGLAS DEL PRETE

Address 308 JEAN AVENUE

City/State/Zip STOCKTON, CA 95207

AFFIDAVIT OF SUCCESSOR TRUSTEES

**Title of Document (required)**

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law (check applicable)

Affidavit of Death – NRS 440 380(1)(A) & NRS 40 525(5)

Judgment – NRS 17 150(4)

Military Discharge – NRS 419 020(2)

*Douglas Del Prete*  
Signature

DOUGLAS DEL PRETE  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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 JOAQUIN     )

Subscribed and sworn to (or affirmed) before me on this 23<sup>rd</sup> day of January, 2019, by **DOUGLAS DEL PRETE**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me

*Carol A. Bonneau*

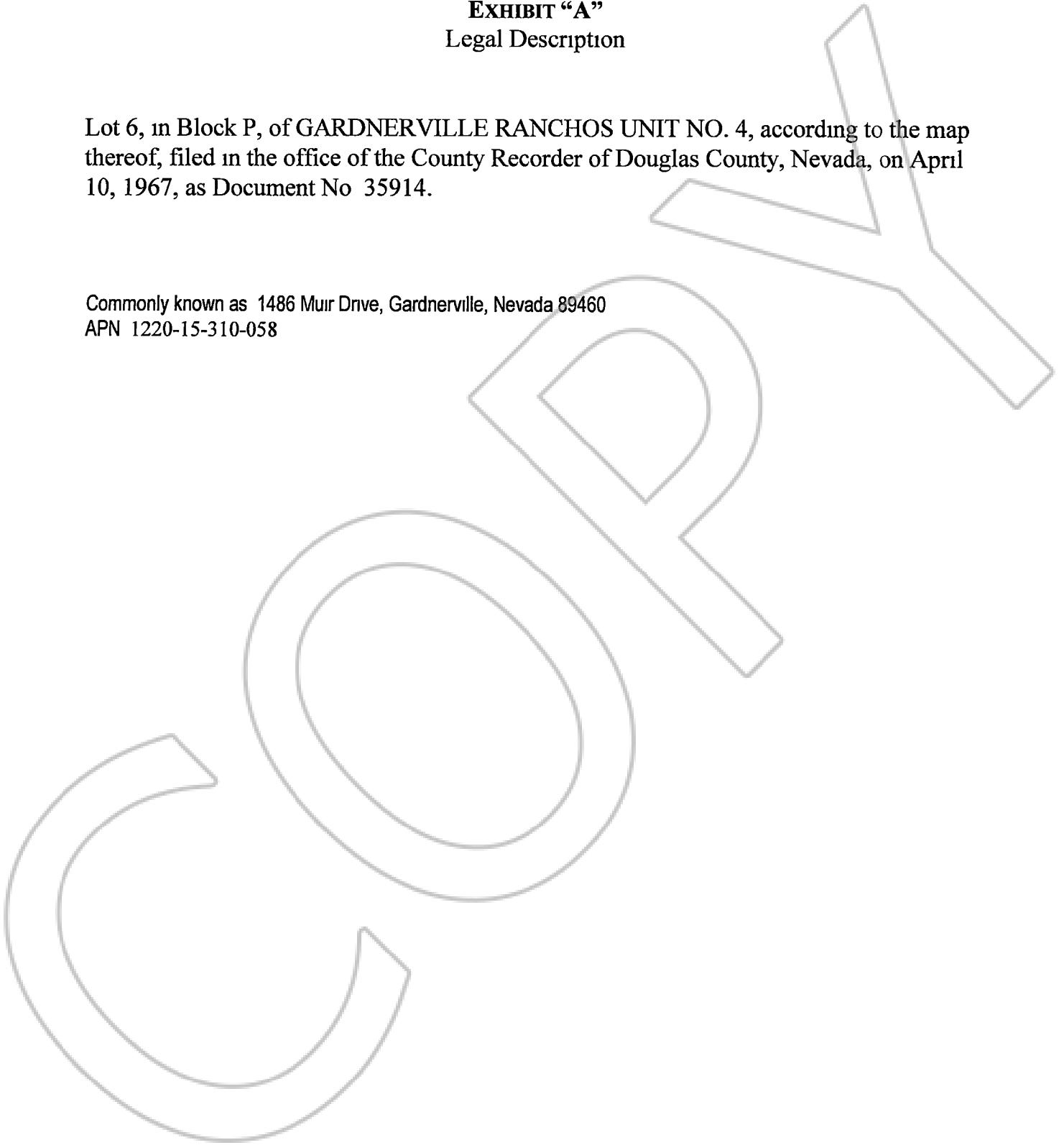
CAROL A. BONNEAU, Notary Public



**EXHIBIT "A"**  
**Legal Description**

Lot 6, in Block P, of GARDNERVILLE RANCHOS UNIT NO. 4, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on April 10, 1967, as Document No 35914.

Commonly known as 1486 Muir Drive, Gardnerville, Nevada 89460  
APN 1220-15-310-058



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**SAN JOAQUIN COUNTY**  
 PUBLIC HEALTH SERVICES  
 STOCKTON, CALIFORNIA

3052017006310

**CERTIFICATE OF DEATH**

3201739000137

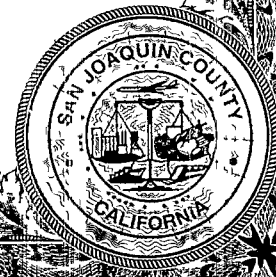
1 NAME OF DECEDENT—FIRST (Given) <b>KATHLEEN</b>		2 MIDDLE <b>ALICE</b>		3 LAST (Family) <b>DEL PRETE</b>	
4 DATE OF BIRTH mm/dd/yyyy <b>04/01/1939</b>				5 AGE Yrs <b>77</b>	
6 UNDER ONE YEAR Months Days		7 UNDER 24 HOURS Hours Minutes		8 SEX <b>F</b>	
9 BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10 SOCIAL SECURITY NUMBER <b>-7825</b>		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) <b>MARRIED</b>		13 DATE OF DEATH mm/dd/yyyy <b>01/11/2017</b>		14 HOURS <b>0545</b>	
15 EDUCATION—Highest Level/Degree (see verso set on back) <b>HS GRADUATE</b>		16 DECEDENT'S RACE—Up to 3 races may be listed (see verso on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>CAUCASIAN</b>		17 USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>	
18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>		19 YEARS IN OCCUPATION <b>58</b>			
20 DECEDENT'S RESIDENCE (Street and number, or location) <b>308 JEAN AVENUE</b>					
21 CITY <b>STOCKTON</b>		22 COUNTY/PROVINCE <b>SAN JOAQUIN</b>		23 ZIP CODE <b>95207</b>	
24 YEARS IN COUNTY <b>77</b>		25 STATE/FOREIGN COUNTRY <b>CA</b>			
26 INFORMANT'S NAME RELATIONSHIP <b>DOUGLAS DEL PRETE, HUSBAND</b>			27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city, town, state and zip) <b>308 JEAN AVENUE, STOCKTON, CA 95207</b>		
28 NAME OF SURVIVING SPOUSE/SRDP—FIRST <b>DOUGLAS</b>		29 MIDDLE <b>FRANK</b>		30 LAST (BIRTH NAME) <b>DEL PRETE SR</b>	
31 NAME OF FATHER/PARENT—FIRST <b>EDWARD</b>		32 MIDDLE <b>JOHN</b>		33 LAST <b>O'NEIL</b>	
34 NAME OF MOTHER/PARENT—FIRST <b>ALICE</b>		35 MIDDLE <b>ALICE</b>		36 LAST (BIRTH NAME) <b>O'LEARY</b>	
37 BIRTH STATE <b>CA</b>		38 BIRTH STATE <b>CA</b>		39 BIRTH STATE <b>CA</b>	
40 PLACE OF FINAL DISPOSITION <b>CHEROKEE MEMORIAL PARK</b>		41 TYPE OF DISPOSITION(S) <b>BU</b>			
42 SIGNATURE OF EMBALMER <b>BRYON TOMLINSON</b>		43 LICENSE NUMBER <b>EMB7962</b>		44 NAME OF FUNERAL ESTABLISHMENT <b>CHEROKEE MEMORIAL FUNERAL HOME</b>	
45 LICENSE NUMBER <b>FD1672</b>		46 SIGNATURE OF LOCAL REGISTRAR <b>ALVARO GARZA, MD, MPH</b>		47 DATE mm/dd/yy <b>01/13/2017</b>	
101 PLACE OF DEATH <b>OASIS OF STOCKTON</b>		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DCA		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Home/LTC <input type="checkbox"/> Deceased's Home <input type="checkbox"/> Other	
104 COUNTY <b>SAN JOAQUIN</b>		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>1119 ROSEMARIE LANE</b>		106 CITY <b>STOCKTON</b>	
107 CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) ALZHEIMER'S DEMENTIA</b>		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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 checked="" type="checkbox"/> NO		112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>	
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent at Attended Since Decedent Last Seen Alive <b>11/03/2016 01/11/2017</b>		115 SIGNATURE AND TITLE OF CERTIFIER <b>MAHVEEN FATIMA HUSSAIN M D</b>	
116 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP CODE <b>MAHVEEN FATIMA HUSSAIN M D</b>		117 LICENSE NUMBER <b>A71873</b>		118 DATE mm/dd/yyyy <b>01/13/2017</b>	
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 checked="" 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.)			
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		FAX AUTH #	
CENSUS TRACT		*010001003448190*			

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA } SS  
 COUNTY OF SAN JOAQUIN } DATE ISSUED **JAN 23 2017** \*000757649\*

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services

ALVARO GARZA MD MPH  
 LOCAL REGISTRAR



This copy not valid unless prepared on engraved border displaying date and signature of Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE