

Recording Requested By:

**JANICE CROSETTI-TITMUS
LAW OFFICES OF: CROSETTI & TITMUS**



KAREN ELLISON, RECORDER

WHEN RECORDED RETURN TO:

**Janice Crosetti-Titmus, Esq.
Law Offices: Crosetti & Titmus
P. O. Box 1428
Lafayette, CA. 94549**

MAIL TAX STATEMENTS TO:

**Eugene Castagnini, Successor Trustee
31 Incline Green Lane
Alamo, CA 94507**

**AFFIDAVIT-DEATH OF SETTLOR &
ACCEPTANCE OF SUCCESSOR TRUSTEE**

STATE OF CALIFORNIA

COUNTY OF CONTRA COSTA

APN 07 451 03 Douglas County, Nevada

EUGENE CASTAGNINI, of legal age, being first duly sworn, deposes and says:

ROSALIE ELIZABETH DE SANTI, the decedent named in the attached Certified Copy of Certificate of Death, is the same person as *ROSALIE DE SANTI*, who is named as one of the parties in that certain

Deed:	April 20, 2001
GRANTOR(S):	Rosalie De Santi, Successor Trustee of the De Santi Revocable Family Trust dated March 9, 1998
GRANTEE(S):	Rosalie DeSanti, Successor Trustee of The DeSanti Revocable Family Trust Dated March 9, 1998, Survivor's Trust

The decedent was a Settlor, Trustee and Beneficiary of said trust.

EUGENE CASTAGNINI is the Successor Trustee of The DeSanti Revocable Family Trust dated March 9, 1998.

EUGENE CASTAGNINI hereby consents to serve as Successor Trustee of said Trust.

The original Grant Deed aforementioned was recorded:

ON:
DOC NO.

OFFICIAL RECORDS OF: Douglas County, Nevada
AND COVERS PROPERTY commonly known as: 139 Cypress Lane, Douglas County, Nevada, more particularly described in Exhibit "A" attached hereto and incorporated herein by this reference.

I hereby declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Date: 5/9/, 2019.

Eugene Castagnini
EUGENE CASTAGNINI, Successor Trustee

Mandatory Notice California Civil Code Section 1189(a)(1)(2)(3)

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 9th day of May, 2019, by EUGENE CASTAGNINI, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]
Notary Public, GC 8202



Lot 2 in Block B, as said lot and block is shown on the Official Map of GRANITE SPRINGS SUBDIVISION UNIT NO. 1, recorded June 15, 1979, in Book 679 of Official Records, at page 1150 of Douglas County, Nevada, as Document No. 33554.

APN: 07 451 03

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

3052018236845

CERTIFICATE OF DEATH

3201801008447

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
1. NAME OF DECEDENT - FIRST (Given) ROSALIE		2. MIDDLE ELIZABETH		3. LAST (Family) DESANTI	
AKA. ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH (mm/dd/yyyy) 03/27/1923		5. AGE Yrs 95	
6. UNDER ONE YEAR Months		7. UNDER 24 HOURS Hours		8. SEX F	
9. BIRTH STATE, FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 2887		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS (SPQR) (M, S, D, W, C, O, U, V) WIDOWED		13. DATE OF DEATH (mm/dd/yyyy) 11/25/2018		14. HOUR (24 Hour) 1300	
15. EDUCATION - Highest Level Degree (use checkboxes on back) HS GRADUATE		16. WAS DECEDENT HISPANIC/LATINO/ASPIAN? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		19. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.)		20. YEARS IN OCCUPATION 35	
21. USUAL RESIDENCE (Street and number or location) 5318 MANILA AVE		22. CITY OAKLAND		23. COUNTY PROVINCE ALAMEDA	
24. ZIP CODE 94618		25. YEARS IN COUNTY 94		26. STATE, FOREIGN COUNTRY CA	
27. INFORMANT'S NAME, RELATIONSHIP FRANCES JEFFERSON, DAUGHTER		28. INFORMANT'S MAILING ADDRESS (Street and number or P.O. box, city or town, state and zip) 487 RICH ST, OAKLAND, CA 94609			
29. NAME OF SPOUSE (VINO SPOUSE, SHIP FIRST)		30. MIDDLE		31. LAST (BIRTH NAME)	
32. NAME OF FATHER/PARENT - FIRST		33. MIDDLE		34. LAST LABARBERA	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME) SUNSERI	
38. BIRTH STATE ITALY		39. BIRTH STATE ITALY		40. BIRTH STATE ITALY	
41. DISPOSITION DATE (mm/dd/yyyy) 12/03/2018		42. PLACE OF FINAL DISPOSITION ST MARYS CEMETERY 4529 HOWE ST, OAKLAND, CA 94611			
43. TYPE OF DISPOSITION(S)		44. SIGNATURE OF EMBALMER DEBORAH STEVENSON		45. LICENSE NUMBER EMB8175	
46. NAME OF FUNERAL ESTABLISHMENT ALBERT BROWN MORTUARY		47. LICENSE NUMBER FD242		48. SIGNATURE OF LOCAL REGISTRAR ERICA PAN, MD	
49. DATE (mm/dd/yyyy) 11/27/2018		50. SIGNATURE OF LOCAL REGISTRAR			
51. PLACE OF DEATH OWN RESIDENCE		52. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> CLINIC <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER		53. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOME <input type="checkbox"/> CLINIC <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> OTHER	
54. COUNTY ALAMEDA		55. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		56. CITY OAKLAND	
57. ADDRESS 5318 MANILA AVE		58. CAUSE OF DEATH (Final disease or condition resulting in death) A. CEREBRAL ATHEROSCLEROSIS			
59. SEQUENCE OF CAUSE OF DEATH (Final disease or condition resulting in death) B. HYPERTENSION		60. DEATH REPORTED TO OFFICER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		61. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
62. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		63. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
64. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107) CHRONIC RENAL FAILURE					
65. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date)		66. IF FEMALE, PREGNANT IN LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
67. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED NO		68. SIGNATURE AND TITLE OF CERTIFIER MICHAEL DAVID BLANCHARD M.D.		69. LICENSE NUMBER G73255	
70. DATE (mm/dd/yyyy) 10/10/2018		71. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MICHAEL DAVID BLANCHARD M.D. 1025 ATLANTIC AVE #109, ALAMEDA, CA 94501		72. DATE (mm/dd/yyyy) 11/26/2018	
73. MANNER OF DEATH (Natural, Accident, Homicide, Suicide, Unknown, Pending Investigation, Unknown Cause) <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Unknown <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown Cause		74. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		75. INJURY DATE (mm/dd/yyyy)	
76. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)		77. HOUR (24 Hour)			
78. DESCRIBE HOW INJURY OCCURRED (if events which resulted in injury)					
79. LOCATION OF INJURY (Street and number or location, and city and zip)					
80. SIGNATURE OF CORONER / DEPUTY CORONER		81. DATE (mm/dd/yyyy)		82. TYPE, NAME, TITLE OF CORONER / DEPUTY CORONER	
83. STATE REGISTRAR		84. FAX AUTH.#		85. CENSUS TRACT	

1 of 1

CA ALAMEDA 01

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA



001218298

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED **NOV 29 2018**

INTERIM HEALTH OFFICER AND LOCAL REGISTRAR HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA ALAMEDA COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE