

APN# 1320-30-312-021

Recording Requested by/Mail to:

Name: Signature Title Company, LLC

Address: 1664 Hwy 395, Suite 105

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Brian Smucker and Candi Horton

Address: 1015 Cherry St #8

City/State/Zip: Newberg, OR 97132

Affidavit - Death of Trustee

**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)

Natalie Frey

Signature

NATALIE FREY

Printed Name

**Recording Requested By:  
Signature Title Company, LLC  
1664 Hwy 395, Suite 105  
Minden, NV 89423**

**When Recorded, Mail To:  
Candi Horton**

**Escrow No: 44000017 - NF4**

**AFFIDAVIT – DEATH OF TRUSTEE**

STATE OF OREGON )  
COUNTY OF YAMHILL ) SS.

Brian Smucker and Candi Horton, of legal age, being first duly sworn, deposes and says:

1) That, Bruce Edward Mitchener, the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain and Sale Deed, dated January 29, 2003, executed by Linda Hiebert Sekiguchi, an unmarried woman and Bruce E. Mitchener, Sr., an unmarried man, together as joint tenants to Linda Hiebert Sekiguchi, Trustee of The Linda Hiebert Sekiguchi 1999 Revocable Trust dated September 29, 1999 and Bruce E. Mitchener, Sr., Trustee of The Bruce E. Mitchener, Sr. 1999 Revocable Trust dated September 29, 1999, as their interests appear, recorded as Instrument No. 0567061, on February 13, 2003, in Book 0203, Page 05098, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada:

**SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF**

- 2) That I am named within the aforementioned trust as Successor Trustee;
- 3) That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
- 4) That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: March 17, 2020

Brian Smucker trustee

By: Brian Smucker, Trustee

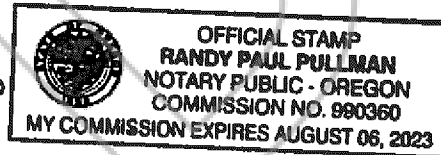
Candi Horton trustee

By: Candi Horton, Trustee

STATE OF OREGON } ss:  
COUNTY OF YAM HILL

This instrument was acknowledged before me on 3/18/2020  
by Brian Smucker and Candi Horton

Randy Paul Pullman  
Notary Public RANDY PAUL PULLMAN



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

Lot 3 in Block B as set forth on Final Map #1010-4B of WESTWOOD VILLAGE UNIT 4B, filed for record in the office of the County Recorder of Douglas County, State of Nevada on December 13, 1985 in Book 1295, Page 1906, as Document No. 376827.

APN: 1320-30-312-021

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

**COUNTY OF CONTRA COSTA**  
 MARTINEZ, CALIFORNIA

3052019262298

**CERTIFICATE OF DEATH**

3201907007522

STATE FILE NUMBER		CERTIFICATE OF DEATH		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST, MIDDLE, LAST <b>BRUCE EDWARD</b>		2. MIDDLE <b>EDWARD</b>		3. LAST (Family) <b>MITCHENER</b>	
4. DATE OF BIRTH <b>12/09/1937</b>		5. AGE Yrs. <b>82</b>		6. SEX <b>M</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>MASSACHUSETTS</b>		10. SOCIAL SECURITY NUMBER <b>4075</b>		12. MARITAL STATUS/STATUS* as of Date of Death <b>DIVORCED</b>	
13. EDUCATION - Highest Level/Type <b>BACHELOR</b>		14. DECEDENT'S RACE - Up to 9 races may be listed (see instructions on back) <b>CAUCASIAN</b>		7. DATE OF DEATH <b>12/25/2019</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ELECTRICAL ENGINEER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food distribution, employment agency, etc.) <b>ENGINEERING</b>		16. YEARS IN OCCUPATION <b>40</b>	
20. DECEDENT'S RESIDENCE (Street and number, or locality) <b>870 MAHOGANY DRIVE</b>					
21. CITY <b>MINDEN</b>		22. COUNTY/PROVINCE <b>DOUGLAS</b>		23. ZIP CODE <b>89423</b>	
24. YEARS IN COUNTY <b>20</b>		25. STATE/FOREIGN COUNTRY <b>NEVADA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>BRUCE EDWARD MITCHENER JR, SON</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or hotel suite number, city or town, state and zip) <b>6772 YELLOWSTONE CIRCLE, DISCOVERY BAY, CA 94505</b>		
29. NAME OF SURVIVING SPOUSE/PARTNER - FIRST, MIDDLE, LAST <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>			
31. NAME OF FATHER/PARTNER - FIRST, MIDDLE, LAST <b>ALAN</b>		32. LAST (BIRTH NAME) <b>MITCHENER</b>		34. BIRTH STATE <b>MA</b>	
33. NAME OF MOTHER/PARTNER - FIRST, MIDDLE, LAST <b>JACQUELINE</b>		35. LAST (BIRTH NAME) <b>DONDERO</b>		36. BIRTH STATE <b>NH</b>	
38. DISPOSITION DATE <b>01/05/2020</b>		39. PLACE OF FINAL DISPOSITION <b>LOS GATOS MEMORIAL PARK 2255 LOS GATOS ALMADEN ROAD, SAN JOSE, CA 95124</b>			
41. TYPE OF DISPOSITION <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>TRIDENT STUDY</b>		45. LICENSE NUMBER <b>1833</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>CHRISTOPHER FARNITANO, MD</b>	
47. DATE <b>12/31/2019</b>					
191. PLACE OF DEATH <b>WESTMONT OF BRENTWOOD</b>		192. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> SNOP <input type="checkbox"/> ECA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		193. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Public <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
194. COUNTY <b>CONTRA COSTA</b>		195. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or locality) <b>450 JOHN MUIR PARKWAY</b>		196. CITY <b>BRENTWOOD</b>	
197. CAUSE OF DEATH <b>ARTERIOSCLEROTIC HEART DISEASE</b>		198. UNDERLYING CAUSE OF DEATH <b>HYPERTENSION</b>		199. DEATH REFERRED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
200. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 197 <b>NONE</b>		201. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 197 OR 198? (If yes, list type of operation and date) <b>NO</b>		202. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Deceased: <b>Alfred Sosa</b> Date: <b>11/20/2019</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>BRIAN ARELLANO REYES M.D.</b>		116. LICENSE NUMBER <b>A73587</b>	
117. TYPE AND ADDRESS OF PHYSICIAN'S OFFICE, MAILING ADDRESS, ZIP CODE <b>100 CORTONA WAY, STE 140, BRENTWOOD, CA 94513</b>		118. TYPE AND ADDRESS OF PHYSICIAN'S HOME, MAILING ADDRESS, ZIP CODE <b>BRIAN REYES M.D.</b>		119. DATE <b>12/30/2019</b>	
120. I CERTIFY THAT IN AN OPEN 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"/> Confined to (Quarantine) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LNK		121. BIRTH DATE <b>12/09/1937</b>		122. HOUR (24 Hours) <b>12:25</b>	
123. PLACE OF BIRTH (e.g., home, construction site, medical area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF BIRTH (Street and number, or locality, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>Christopher Farnitano, MD</b>			127. DATE <b>01/06/2020</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>CHRISTOPHER FARNITANO, MD COUNTY HEALTH OFFICER</b>
STATE REGISTRAR	A	B	C	D	E

**CERTIFIED COPY OF VITAL RECORD**  
 STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

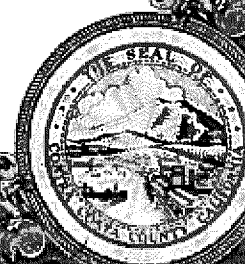
This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

DATE ISSUED 01/06/2020

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



*Christopher Farnitano, MD*  
 CHRISTOPHER FARNITANO, MD  
 COUNTY HEALTH OFFICER



C A C O N T R A C O S T A