

APN# 1318-23-310-034

Recording Requested by/Mail to:

Name: Calone & Harrel Law Group, LLP

Address: 1810 Grand Canal Blvd., Suite 6

City/State/Zip: Stockton, CA 95207

Mail Tax Statements to:

Name: Darrell DiGiovanni, Trustee

Address: 1311 E. Marshall Street

City/State/Zip: Turlock, CA 95380



00109157202009442330050059

KAREN ELLISON, RECORDER

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)

Signature

DARRELL DiGIOVANNI, Trustee

Printed Name

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

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

**RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:**

Jason W. Harrel, Esq.  
Calone & Harrel Law Group, LLP  
1810 Grand Canal Blvd., Suite 6  
Stockton, California 95207

**MAIL TAX STATEMENTS TO:**

Darrell DiGiovanni, Trustee  
1311 E. Marshall Street  
Turlock, CA 95380

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**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF CALIFORNIA            )  
COUNTY OF STANISLAUS        )

DARRELL DiGIOVANNI, of legal age, being first duly sworn, deposes and says:

1. JoANN FERRARI DiGIOVANNI, as Trustor and Trustee, created the JoANN FERRARI DiGIOVANNI SEPARATE PROPERTY TRUST DATED JULY 3, 1989, ("Trust"), under declaration of trust dated July 3, 1989, as amended ("Trust Agreement"). The Trust has continued in existence and remains in full force and effect.

2. Pursuant to Section 1.1 of the Trust Agreement, JoANN FERRARI DiGIOVANNI was named as the original Trustee.

3 JoANN FERRARI DiGIOVANNI is the same person as JoANN DiGIOVANNI ("Decedent"), who died on November 21, 2019 in Stanislaus County, California as evidenced by the certified death certificate attached hereto.

4. Pursuant to Section 10.1 of the Trust Agreement, upon the death of the Decedent, JOHN P. FERRARI, and then MICHAEL SCHMIDT are serially designated to serve as successor Trustees of the Trust.

5. Both JOHN P. FERRARI and MICHAEL SCHMIDT declined to act as successor Trustees of the Trust.

6. By Order of the Stanislaus County Superior Court entered February 5, 2020 in Case Number PR-20-000106, DARRELL DiGIOVANNI, the undersigned, was appointed to serve, has agreed to serve as successor Trustee, and is now the currently acting Trustee of the Trust.

7. The Trust estate includes an undivided one-third (1/3<sup>rd</sup>) interest in and to the following parcel of real property, previously recorded as Document No. 2016-892254 on December 19, 2016 of Official Records in the office of the County Recorder of Douglas County,

State of Nevada, describing the following parcel of real property located at 29 Crystal Court, Zepher Cove, Nevada:

LOT 29, BLOCK B, AS SHOWN ON THE OFFICIAL "AMENDED MAP OF LAKE VILLAGE UNIT NO. 1," RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 29, 1970, AS FILE NO. 48573, AND THE SECOND AMENDED MAP TO THE "AMENDED MAP OF LAKE VILLAGE UNIT NO. 1," RECORDED ON DECEMBER 28, 1971, AS FILE NO. 56077.

TOGETHER WITH ALL TENEMENTS, HEREDITAMENTS AND APPURTENANCES THEREUNTO BELONGING OR IN ANYWISE APPERTAINING, AND ANY REVERSION, REMAINDERS, RENTS, ISSUES OR PROFITS THEREOF.

**APN: 1318-23-310-034**

**Physical Address: 29 Crystal Court, Zephyr Cove, NV**

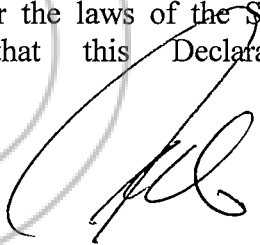
8. The above-described property is now vested in title as follows:

"DARRELL DiGIOVANNI, Trustee of the JoANN FERRARI DiGIOVANNI SEPARATE PROPERTY TRUST DATED JULY 3, 1989, as amended"

I, DARRELL DiGIOVANNI, state the following:

I have read the foregoing Affidavit-Death of Trustee and I know the contents thereof, which are true of my own knowledge, except as to any matters therein stated upon my own information or belief, and as to those matters, I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this Declaration is executed on MARCH 20, 2020.

  
\_\_\_\_\_  
DARRELL DIGIOVANNI, Trustee of the JoAnn Ferrari DiGiovanni Separate Property Trust Dated July 3, 1989

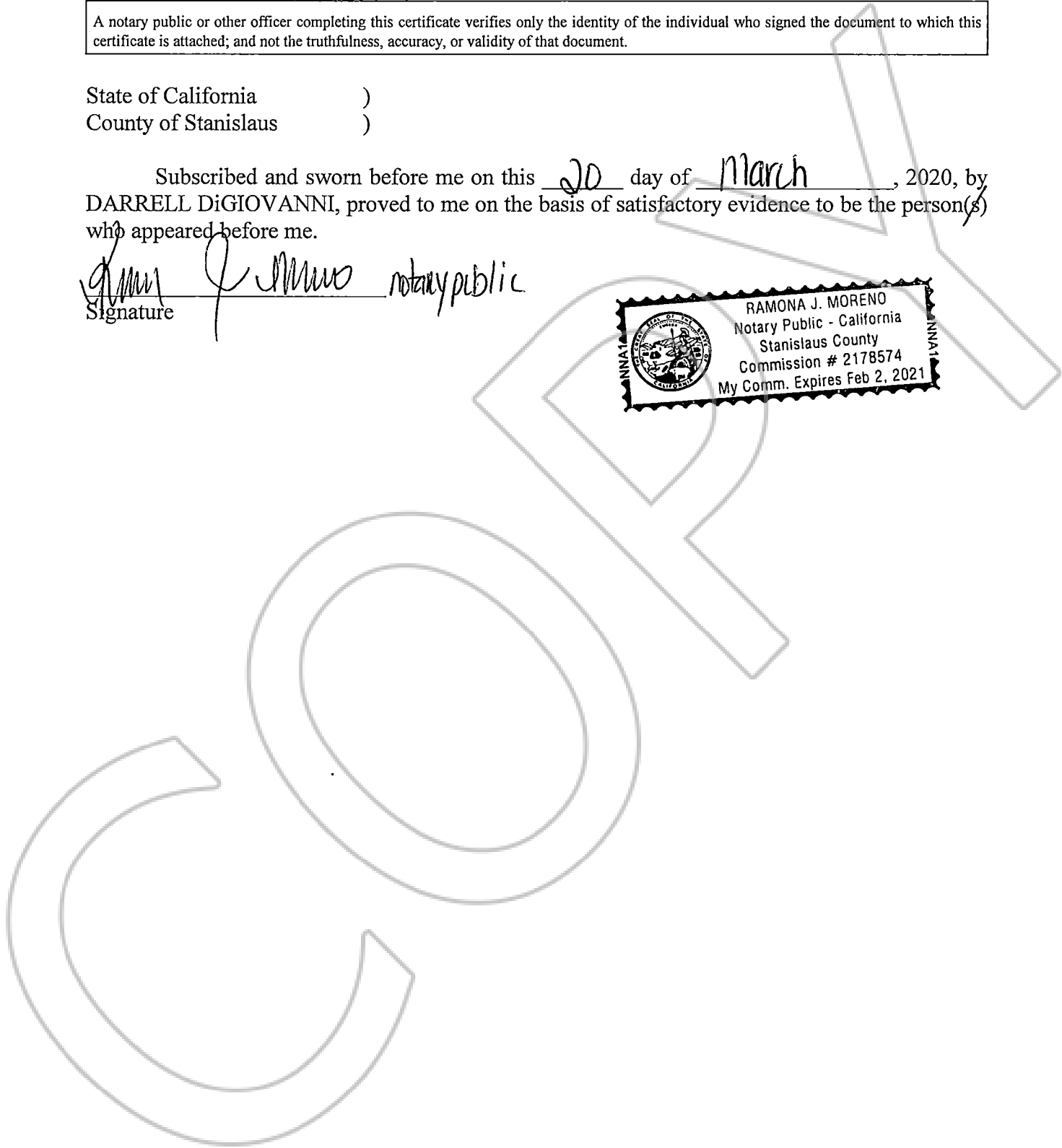
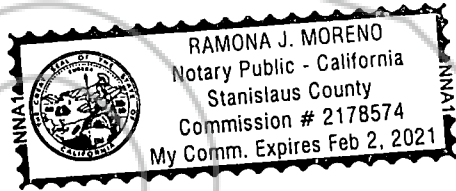
**JURAT**

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 Stanislaus        )

Subscribed and sworn before me on this 20 day of March, 2020, by DARRELL DiGIOVANNI, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

*Ramona J. Moreno* notary public  
Signature



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### HEALTH SERVICES AGENCY

# STANISLAUS COUNTY

### PUBLIC HEALTH DIVISION

3052019237965

**CERTIFICATE OF DEATH**

3201950004574

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WRITED OUTS OR ALTERATIONS VS-1 (REV. 9/2008)</small>				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT—FIRST (Given) <b>JOANN</b>		2. MIDDLE -		3. LAST (Family) <b>DIGIOVANNI</b>		
	AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)						
	4. DATE OF BIRTH mm/dd/yyyy <b>02/22/1938</b>		5. AGE Yrs. <b>81</b>	6. IF UNDER ONE YEAR Months Days <b>0 0</b>	7. IF UNDER 24 HOURS Hours Minutes <b>0 0</b>	8. SEX <b>F</b>	
	8. BIRTH STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		10. SOCIAL SECURITY NUMBER <b>6248</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/GRDP* (at Time of Death) <b>WIDOWED</b>	13. DATE OF DEATH mm/dd/yyyy <b>11/21/2019</b>	14. HOUR (24 Hours) <b>0113</b>
USUAL RESIDENCE	13. EDUCATION — Highest Level/Degree (best worksheet on back) <b>BACHELOR</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		
	17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>TEACHER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>ELEMENTARY SCHOOL</b>		19. YEARS IN OCCUPATION <b>35</b>		
	20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1108 SIERRA DRIVE</b>						
	21. CITY <b>TURLOCK</b>		22. COUNTY/PROVINCE <b>STANISLAUS</b>	23. ZIP CODE <b>95380</b>	24. YEARS IN COUNTY <b>23</b>	25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>	
SPOUSE/GRDP AND PARENT INFORMATION	26. INFORMANT'S NAME, RELATIONSHIP <b>DARRELL DIGIOVANNI, SON</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1311 EAST MARSHALL STREET, TURLOCK, CA 95380</b>			
	28. NAME OF SURVIVING SPOUSE/GRDP—FIRST -		29. MIDDLE -	30. LAST (BIRTH NAME) -			
	31. NAME OF FATHER/PARENT—FIRST <b>ALBERT</b>		32. MIDDLE -	33. LAST <b>FERRARI</b>		34. BIRTH STATE <b>CALIFORNIA</b>	
	35. NAME OF MOTHER/PARENT—FIRST <b>JOSEPHINE</b>		36. MIDDLE <b>FLORA</b>	37. LAST (BIRTH NAME) <b>MATSON</b>		38. BIRTH STATE <b>CALIFORNIA</b>	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy <b>11/29/2019</b>		40. PLACE OF FINAL DISPOSITION <b>TURLOCK MEMORIAL PARK 575 NORTH SODERQUIST ROAD, TURLOCK, CA 95380</b>				
	41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>KATHY MCCOMBS</b>		43. LICENSE NUMBER <b>EMB8835</b>	44. NAME OF FUNERAL ESTABLISHMENT <b>TURLOCK FUNERAL HOME</b>	
	45. LICENSE NUMBER <b>FD 1843</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>JULIE VAISHAMPAYAN, MD</b>		47. DATE mm/dd/yyyy <b>11/27/2019</b>	48. LICENSE NUMBER <b>G48964</b>	
	49. SIGNATURE OF LOCAL REGISTRAR <b>JULIE VAISHAMPAYAN, MD</b>		50. LICENSE NUMBER <b>G48964</b>	51. DATE mm/dd/yyyy <b>11/27/2019</b>			
PLACE OF DEATH	101. PLACE OF DEATH <b>RESIDENCE</b>						
	102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other				
	104. COUNTY <b>STANISLAUS</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1108 SIERRA DRIVE</b>		106. CITY <b>TURLOCK</b>		
	107. CAUSE OF DEATH <small>Enter the chain of events — disease, 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.</small>						
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) MALIGNANT NEOPLASM OF THE COLON STAGE IV</b>		Time Interval Between Onset and Death (YRS) <b>(A) 0</b>	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	109. BOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(B) METASTASIS TO LIVER AND INTRAHEPATIC BILE DUCT, HYPERTENSION</b>		Time Interval Between Onset and Death (YRS) <b>(B) 0</b>	110. ALTOPIPSY 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 <b>AORTIC VALVE REPLACEMENT DATE UNKNOWN</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>DATE UNKNOWN</b>	113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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.						
PHYSICIAN'S CERTIFICATION	115. SIGNATURE AND TITLE OF CERTIFIER <b>JAMES CLYDE MACLAREN JR M.D.</b>		116. LICENSE NUMBER <b>G48964</b>	117. DATE mm/dd/yyyy <b>11/27/2019</b>			
	(A) Decedent Attended Since <b>11/13/2019</b>		(B) Decedent Last Seen Alive <b>11/21/2019</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JAMES CLYDE MACLAREN JR M.D. 911 EAST TUOLUMNE ROAD, TURLOCK, CA 95382</b>		
	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK? <input type="checkbox"/> YES <input 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.)						
CORONER'S USE ONLY	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)						
	125. LOCATION OF INJURY (Street and number, or location), and city, and state						
	126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
	129. 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	*010001004370921*				

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED

*Julie Vaishampayan*  
JULIE VAISHAMPAYAN, MD, MPH  
LOCAL REGISTRAR OF VITAL STATISTICS

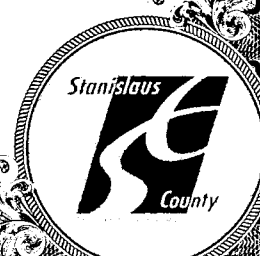
12/09/2019



000796026

This document is a true and correct copy of the original record as filed with the Stanislaus County Health Services Agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASTANIS01