

Recording Requested By:  
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RIDDLE LLP

When Recorded Mail To:

Dallas E. Dean, Esq.  
P. O. BOX 669  
MILLBRAE, CA. 94030



00131264202109642020040046

KAREN ELLISON, RECORDER

(Space above this line for Recorder's use.)

**A.P.N.: 25-384-06**

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF CALIFORNIA )  
 ) ss.  
County of San Francisco )

**MARIA ITURBURUA**, of legal age, being first duly sworn, deposes and says:

That **JUAN ITURBURUA**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **JUAN ITURBURUA**, named as Trustee under the **JUAN AND MARIA ITURBURUA 2019 TRUST** under Declaration of Trust dated March 11, 2019, and in that certain Grant Deed dated March 11, 2019, recorded on the 18<sup>th</sup> day of March, 2019 as Instrument No. 2019-926804, in the Official Records of the County of Douglas, covering the following described parcel of real property commonly known as 1317 Toiyabe Avenue, Gardnerville, Nevada:

Lot 36, as shown on the map of **CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 1**, filed in the office of the County Recorder of Douglas County, Nevada, on July 19, 1965, in Book 33, Page 19, Document No. 28834.

APN: 25-384-06

The undersigned, **MARIA ITURBURUA**, is designated and shall act as the Successor Trustee under the above-mentioned Declaration of Trust dated March 11, 2019.

This affidavit is being signed below by all of the currently acting Trustees of the Trust.

Santiago Street; thence westerly along the line so drawn 120 feet 3 inches, more or less, to a point distant 120 feet easterly from the easterly line of 35th Avenue, measured at right angles thereto, thence northerly parallel with the easterly line of 35th Avenue 18 feet 8 ½ inches, more or less, to the intersection of a line drawn westerly from the westerly line of 34th Avenue, measured at right angles thereto from the point of beginning; thence easterly along the line so drawn 120 feet to the point of beginning.

BEING a portion of OUTSIDE LAND BLOCK NO. 1136.

SUBJECT TO:

1) Taxes for the fiscal year 1964/65.

APN: Block 2363, Lot 002A

The undersigned, **MARIA ITURBURUA**, is designated and shall act as the Successor Trustee under the above-mentioned Declaration of Trust dated March 11, 2019.

This affidavit is being signed below by all of the currently acting Trustees of the Trust.

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 22<sup>nd</sup> day of March, 2021 at San Francisco, California.

  
\_\_\_\_\_  
**MARIA ITURBURUA**

**JURAT**

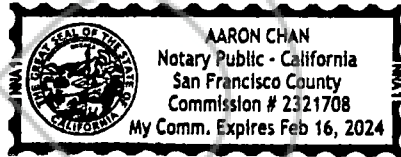
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

County of San Francisco

Subscribed and sworn to (or affirmed) before me on this 22 day of March, 2021, by **MARIA ITURBURUA**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

*Aaron Chan* (SEAL)  
NOTARY



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# CITY AND COUNTY OF SAN FRANCISCO

3052020218759

### CERTIFICATE OF DEATH

3202038004691

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| STATE FILE NUMBER   |  | STATE OF CALIFORNIA<br>USE BLACK INK ONLY / NO ERASURES, VOID STAMPS OR ALTERATIONS<br>VS-1 (REV 3/06)   |  | LOCAL REGISTRATION NUMBER   |  |
| 1. NAME OF DECEDENT - FIRST (Given)<br>JUAN   |  | 2. MIDDLE<br>-   |  | 3. LAST (Family)<br>ITURBURUA   |  |
| AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)   |  | 4. DATE OF BIRTH mm/dd/ccyy<br>08/22/1926  |  | 5. AGE Yrs. <input type="checkbox"/> UNDER ONE YEAR <input type="checkbox"/> IF UNDER 24 HOURS<br>94  |  |
| 9. BIRTH STATE/FOREIGN COUNTRY<br>SPAIN   |  | 10. SOCIAL SECURITY NUMBER<br>-1040  |  | 11. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK  |  |
| 12. MARITAL STATUS/SRDP* (at Time of Death)<br>MARRIED  |  | 7. DATE OF DEATH mm/dd/ccyy<br>09/26/2020  |  | 8. HOUR (24 Hours)<br>0740  |  |
| 13. EDUCATION - Highest Level/Degree (See worksheet on back)<br>UNKNOWN   |  | 14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)<br>BASQUE   |  |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED<br>GARDENER  |  | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)<br>BUSINESS OWNER                                   |  | 19. YEARS IN OCCUPATION<br>50   |  |
| 20. DECEDENT'S RESIDENCE (Street and number, or location)<br>2321 34TH AVENUE   |  |  |  |   |  |
| 21. CITY<br>SAN FRANCISCO   |  | 22. COUNTY/PROVINCE<br>SAN FRANCISCO   |  | 23. ZIP CODE<br>94116   |  |
| 24. YEARS IN COUNTY<br>62   |  | 25. STATE/FOREIGN COUNTRY<br>CALIFORNIA  |  |   |  |
| 26. INFORMANT'S NAME, RELATIONSHIP<br>MARIA LUCY ZAMATTIA, NIECE DPOA   |  |  | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)<br>1310 CLAREMONT DRIVE, SAN BRUNO, CA 94066 |   |  |
| 28. NAME OF SURVIVING SPOUSE/SRDP - FIRST<br>MARIA  |  | 29. MIDDLE<br>L  |  | 30. LAST (BIRTH NAME)<br>BALLARENA  |  |
| 31. NAME OF FATHER/PARENT - FIRST<br>NICOLAS  |  | 32. MIDDLE<br>-  |  | 33. LAST<br>ITURBURUA   |  |
| 34. BIRTH STATE<br>SPAIN  |  | 35. NAME OF MOTHER/PARENT - FIRST<br>PRUDENCIA   |  | 36. MIDDLE<br>-   |  |
| 37. LAST (BIRTH NAME)<br>MARIPIECENA  |  | 38. BIRTH STATE<br>SPAIN   |  |   |  |
| 39. DISPOSITION DATE mm/dd/ccyy<br>10/01/2020   |  | 40. PLACE OF FINAL DISPOSITION<br>HOLY CROSS CEMETERY<br>1500 OLD MISSION ROAD, COLMA, CA 94014  |  |   |  |
| 41. TYPE OF DISPOSITION(S)<br>BU  |  | 42. SIGNATURE OF EMBALMER<br>MICHAEL BRUNO   |  | 43. LICENSE NUMBER<br>EMB9262   |  |
| 44. NAME OF FUNERAL ESTABLISHMENT<br>DUGGANS SERRA MORTUARY   |  | 45. LICENSE NUMBER<br>FD1098   |  | 46. SIGNATURE OF LOCAL REGISTRAR<br>TOMAS ARAGON, MD, DR.P.H.   |  |
| 47. DATE mm/dd/ccyy<br>09/28/2020   |  |  |  |   |  |
| 101. PLACE OF DEATH<br>PRIVATE RESIDENCE-HOSPICE CARE   |  | 102. IF HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA                               |  | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other |  |
| 104. COUNTY<br>SAN FRANCISCO  |  | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)<br>2321 34TH AVENUE   |  | 106. CITY<br>SAN FRANCISCO  |  |
| 107. CAUSE OF DEATH<br>Enter the chain of events --- diseases, 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.<br>(A) RESPIRATORY ARREST<br>(B) ACUTE MYOCARDIAL INFARCTION<br>(C) ATHEROSCLEROTIC HEART DISEASE |  | 108. TIME INTERVAL BETWEEN (A) AND (B)<br>5 MINS   |  | 109. DEATH REPORTED TO CORONER?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>REFERRAL NUMBER   |  |
| 110. TIME INTERVAL BETWEEN (B) AND (C)<br>1 HR  |  | 111. BIOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | 112. ALITOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| 113. TIME INTERVAL BETWEEN (C) AND (D)<br>5 YRS   |  | 114. USED IN DETERMINING CAUSE?<br><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<br>ALZHEIMER'S DISEASE UNSPECIFIED   |  |  |  |   |  |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)<br>NO  |  | 113A. IF FEMALE, PREGNANT IN LAST YEAR?<br><input type="checkbox"/> YES <input 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.<br>Decedent Attended Since mm/dd/ccyy (B) Decedent Last Seen Alive mm/dd/ccyy<br>09/22/2020 09/25/2020   |  | 115. SIGNATURE AND TITLE OF CERTIFIER<br>RICHARD PAUL MOSKOWITZ M.D.   |  | 116. LICENSE NUMBER<br>G49392   |  |
| 117. DATE mm/dd/ccyy<br>09/28/2020  |  | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE<br>RICHARD PAUL MOSKOWITZ M.D.<br>42808 CHRISTY STREET SUITE 216, FREMONT, CA 94538    |  |   |  |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK   |  | 121. INJURY DATE mm/dd/ccyy   |  |
| 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/ccyy   |  | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER   |  |
|   |  |  |  |   |  |
| STATE REGISTRAR   |  | A B C D E  |  | FAX AUTH.#  |  |
|   |  |  |  | CENSUS TRACT  |  |
|   |  |  |  | *010001004657797*   |  |

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.

DATE ISSUED

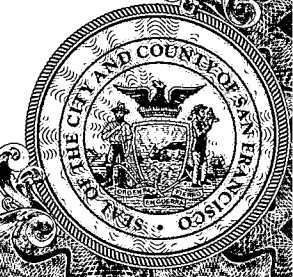
OCT 19 2020



Tomas Aragon  
TOMAS ARAGON, MD, DPH  
COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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