

APN# 05-022-040

Recording Requested by/Mail to:

Name: Matthew W. Ottone, Esq.

Address: 1418 S. Main St, Ste 203

City/State/Zip: Salinas, CA 93908

Mail Tax Statements to:

Name: Janice L. Caprara

Address: 26769 El Camino Real North

City/State/Zip: Gonzales, CA 93926



KAREN ELLISON, RECORDER

Affidavit - Death of Settlor/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

Matthew W. Ottone

Printed Name

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

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**
MATTHEW W. OTTONE, ESQ.
OTTONE LEACH & RAY LLP
1418 Main Street, Suite 203
Salinas, CA 93908

MAIL TAX STATEMENTS TO:
JANICE L. CAPRARA
26769 El Camino Real North
Gonzales, CA 93926

AFFIDAVIT - DEATH OF SETTLOR/TRUSTEE

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

JANICE L. CAPRARA, being of legal age, and first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

That DENNIS VICTOR CAPRARA, also known as DENNIS V. CAPRARA and DENNIS CAPRARA, the Decedent mentioned in the certified copy of the Certificate of Death attached hereto as "Death Certificate" who died on April 21, 2021 in Salinas, California is the same person as DENNIS CAPRARA named as one of the Trustees of the 1988 CAPRARA REVOCABLE TRUST dated March 17, 1988 (the "Trust") executed by DENNIS CAPRARA and JANICE L. CAPRARA, as Settlers;

That on June 22, 2000, Decedent as a trustee is the same person named as a Grantee in that certain Grant, Bargain and Sale Deed executed June 22, 2000 and recorded as Instrument Number 0494789 in Book 0600, Page 5497, of the Official Records of Douglas County, Nevada legally described as follows:

LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND INCORPORATED
HEREIN BY THIS REFERENCE THERETO

APN: 05-022-040

That the Trust provides that upon the death of DENNIS CAPRARA, JANICE L. CAPRARA shall continue to serve as a Trustee under the Trust, and having previously accepted the office of Trustee, JANICE L. CAPRARA is now the sole Trustee of said Trust.

Dated: June 23, 2021

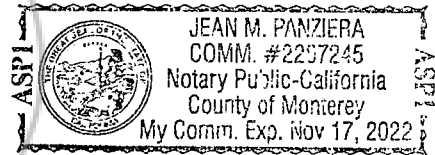
Janice L. Caprara
JANICE L. CAPRARA, Trustee
1988 CAPRARA REVOCABLE TRUST

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 MONTEREY)

Subscribed and sworn to (or affirmed) before me on this 23 day of June, 2021, by JANICE L. CAPRARA, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Jean M. Panziera
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY
SALINAS, CALIFORNIA

3052021106067

CERTIFICATE OF DEATH

3202127001069

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WIPEDOUTS OR ALTERATIONS VS-1 (REV. 3/06)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) DENNIS		2. MIDDLE VICTOR		3. LAST (Family) CAPRARA		
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 08/05/1946	5. AGE Yrs 74	6. SEX M	7. DATE OF DEATH mm/dd/yyyy 04/12/2021
	9. BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY NUMBER ██████-7877	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SDOP (at Time of Death) MARRIED		8. HOUR (24 Hours) 1655	
	13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		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) WHITE			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FARMER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) AGRICULTURE		19. YEARS IN OCCUPATION 52		
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 26769 EL CAMINO REAL NORTH						
	21. CITY GONZALES	22. COUNTY/PROVINCE MONTEREY	23. ZIP CODE 93926	24. YEARS IN COUNTY 74	25. STATE/FOREIGN COUNTRY CA		
	26. INFORMANT'S NAME, RELATIONSHIP JANICE LYNN CAPRARA, WIFE			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 26769 EL CAMINO REAL NORTH, GONZALES, CA 93926			
SPOUSERS AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SDOP - FIRST JANICE		29. MIDDLE LYNN		30. LAST (BIRTH NAME) GIACOMAZZI		
	31. NAME OF FATHER/PARENT - FIRST VICTOR		32. MIDDLE -		33. LAST CAPRARA		
	34. BIRTH STATE SWITZRLND		35. NAME OF MOTHER/PARENT - FIRST ANNE		36. MIDDLE -		
	37. LAST (BIRTH NAME) SGHEIZA		38. BIRTH STATE SWITZRLND				
FUNERAL DIRECTORY / LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 04/17/2021		40. PLACE OF FINAL DISPOSITION GONZALES DISTRICT CEMETERY 1000 US 101, GONZALES, CA 93926				
	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER TIMOTHY BOTHKE-MORGAN		43. LICENSE NUMBER EMB9425		
	44. NAME OF FUNERAL ESTABLISHMENT STRUVE AND LAPORTE FUNERAL HOME		45. LICENSE NUMBER FD322		46. SIGNATURE OF LOCAL REGISTRAR EDWARD L MORENO, MD		
	47. DATE mm/dd/yyyy 04/15/2021						
PLACE OF DEATH	101. PLACE OF DEATH SALINAS AIRPORT PARKING LOT		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/A TC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		
	104. COUNTY MONTEREY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 30 MORTENSEN AVENUE		106. CITY SALINAS		
	107. CAUSE OF DEATH (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 vascular fibrillation without showing the etiology. DO NOT ABBREVIATE.)		Time Interval Between Onset and Death (A) MINS		108. DEATH REPORTED TO CORONER? (AT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIAC ARREST		109. BIOPSY PERFORMED? (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
CAUSE OF DEATH	Sequitantly, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) AORTIC STENOSIS		111. USED IN DETERMINING CAUSE? (DT) <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 HYPERTENSION, RENAL DISEASE						
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) YES, RENAL TRANSPLANT -1-/2014				113A. # FEMALE PREGNANT IN LAST YEAR? <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. Decedent's Attended Since: (A) mm/dd/yyyy -1-/2009 Decedent Last Seen Alive: (B) mm/dd/yyyy 01/27/2021		115. SIGNATURE AND TITLE OF CERTIFIER PATRIK CARL ZETTERLUND M.D.		116. LICENSE NUMBER A45195		
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PATRIK CARL ZETTERLUND M.D. 230 SAN JOSE STREET, SALINAS, CA 93901		117. DATE mm/dd/yyyy 04/14/2021					
CORONER'S USE ONLY	118. 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 type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		
	122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)				
	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	

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA } SS
 COUNTY OF MONTEREY

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Monterey County Clerk-Recorder.

Stephen L. Vagnini
STEPHEN L. VAGNINI
 County Clerk-Recorder

DATE ISSUED **06/30/2021** ATTEST

This copy not valid unless prepared on engraved border displaying date, seal and signature of Deputy County Clerk-Recorder.

ANY ALTERATION OR ERASER VOIDS THIS CERTIFICATE



EXHIBIT "A"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada,
County of Douglas, described as follows:

PARCEL 1:

Lots 62 and 63, as shown on the map entitled SKYLAND
SUBDIVISION NO. 1, filed for record in the Office of the County
Recorder of Douglas County, Nevada, on February 27, 1958, as
Document No. 12967.

EXCEPTING THEREFROM that portion of Lot 62, described as
follows:

BEGINNING at the easterly corner common to Lots 62 and 63 of
said Subdivision; thence S 33°22'00" W along the easterly
property line of Lot 62 a distance of 13.00 feet; thence
leavings said line N 60°05'05" W a distance of 57.80 feet to a
point of the property line common to Lots 62 and 63; thence S
72°34'30" E along said common property line a distance of 60.00
feet to the Point of Beginning.

TOGETHER WITH the following described portion of Lot 63 of said
Subdivision: BEGINNING at the westerly corner common to Lots 62
and 63 of said Subdivision, being a point on the easterly
right-of-way of Skyland Drive; thence N 38°33'30" E along said
right-of-way a distance of 6.38 feet; thence leaving said
right-of-way the following courses: S 64°20'59" E 5.53 feet; N
88°41'55" E 25.77 feet; S 66°11'18" E 34.82 feet; south 10.02
feet to a point on the property line common to said Lots 62 and
63; thence N 72°34'30" W along said property line a distance of
69.79 feet to the Point of Beginning.

Assessors Parcel No. 05-022-040

PARCEL 1A:

TOGETHER WITH a non-exclusive right-of-way for access to the
waters of Lake Tahoe and for beach and recreational purposes as
set forth in Deed recorded February 5, 1960, in Book 1, Page
268, File No. 15573, Official Records.

0494789

BK0600PG5498