

RECORDING REQUESTED BY:

Robin Gronwoldt-Merlo, Trustee

AND WHEN RECORDED MAIL TO:GVM Law, LLP
2540 Douglas Blvd., Suite 100
Roseville, CA 95661**MAIL TAX STATEMENTS TO:**Robin Gronwoldt-Merlo
191 Hartnell Ave.
Redding, CA 96002

00151549202209823590030039

KAREN ELLISON, RECORDER

ABOVE THIS LINE FOR RECORDER'S USE ONLY

**AFFIDAVIT - DEATH OF SPOUSE HOLDING COMMUNITY PROPERTY
WITH RIGHT OF SURVIVORSHIP**

Robin Gronwoldt-Merlo, also known as Robin Merlo, surviving spouse of Raymond A. Merlo ("Raymond Merlo"), of legal age, being duly sworn, says:

On June 6, 2016, William Downey executed a Grant, Bargain, Sale Deed, recorded as Document No. 2016-882067 on June 9, 2016 in the Official Records of Douglas County Recorder, conveying to Raymond Merlo and Robin Merlo, Husband and Wife as Community Property in the hereinafter described real property;

On July 18, 2020 Raymond Merlo died, as is set forth in the certified death certificate, attached hereto;

The property hereinabove mentioned, commonly known as 720 Lincoln Hwy., Zephyr Cove, Douglas County, Nevada, is described as follows:

Lot 2, in Block F, of ZEPHYR COVE PROPERTY, in Sections 9 and 10, Township 13 North, Range 18 East, M.D.B. & M., as delineated on that certain map entitled "AMENDED MAP OF ZEPHYR COVE PROPERTIES", filed in the office of the County Recorder of Douglas County, Nevada, on August 5, 1929.

APN: 1318-10-310-008

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SHASTA

2650 BRESLAUER WAY
REDDING, CALIFORNIA 96001

3052020164138

CERTIFICATE OF DEATH

3202045001379

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/06)				LOCAL REGISTRATION NUMBER									
1. NAME OF DECEDENT - FIRST (Given) RAYMOND		2. MIDDLE AUGUST		3. LAST (Family) MERLO											
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/10/1953		5. AGE Yrs. 67		IF UNDER ONE YEAR Months Days Hours Minutes		6. SEX M							
8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 9051		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 07/18/2020		8. HOUR (24 Hours) 0815					
13. EDUCATION - Highest Level/Degree (see worksheet on back) DOCTORATE		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) CAUCASIAN											
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED PHYSICIAN				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEALTH CARE				19. YEARS IN OCCUPATION 40							
20. DECEDENT'S RESIDENCE (Street and number, or location) 21924 BOYLE ROAD															
21. CITY PALO CEDRO		22. COUNTY/PROVINCE SHASTA		23. ZIP CODE 96073		24. YEARS IN COUNTY 40		25. STATE/FOREIGN COUNTRY CA							
26. INFORMANT'S NAME, RELATIONSHIP ROBIN MERLO, WIFE						27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 681, PALO CEDRO, CA 96073									
28. NAME OF SURVIVING SPOUSE/SRDP* - FIRST ROBIN		29. MIDDLE JANE		30. LAST (BIRTH NAME) GRONWOLDT											
31. NAME OF FATHER/PARENT - FIRST RAYMOND		32. MIDDLE LOUIS		33. LAST MERLO				34. BIRTH STATE CA							
35. NAME OF MOTHER/PARENT - FIRST BOBETTE		36. MIDDLE VIRGINIA		37. LAST (BIRTH NAME) SCOTT				38. BIRTH STATE IL							
39. DISPOSITION DATE mm/dd/yyyy 08/01/2020		40. PLACE OF FINAL DISPOSITION FALL RIVER MILLS CEMETERY DISTRICT 43331 HIGHWAY 299 EAST, FALL RIVER MILLS, CA 96028													
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED				43. LICENSE NUMBER -									
44. NAME OF FUNERAL ESTABLISHMENT ALLEN & DAHL FUNERAL CHAPEL		45. LICENSE NUMBER FD 1558		46. SIGNATURE OF LOCAL REGISTRAR ▶ KAREN C RAMSTROM, D.O., MS				47. DATE mm/dd/yyyy 07/28/2020							
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other											
104. COUNTY SHASTA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 21924 BOYLE ROAD						106. CITY PALO CEDRO							
107. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) GLIOBLASTOMA		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.						Time Interval Between Onset and Death (AT) YEAR		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER					
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) (C) (D)								(BT)		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
								(CT)		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
								(DT)		111. USED BY 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 NONE															
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) TUMOR RESECTION 06/1/2020										113A. IF 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 Attended Since mm/dd/yyyy (A) 03/17/2020 Decedent Last Seen Alive mm/dd/yyyy (B) 07/18/2020		115. SIGNATURE AND TITLE OF CERTIFIER ▶ JARED DANIEL GARRISON D.O.				116. LICENSE NUMBER 20A8298		117. DATE mm/dd/yyyy 07/23/2020							
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. 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/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER									
STATE REGISTRAR		A		B		C		D		E		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SHASTA

This is to certify that the above is a true and correct copy of facts recorded regarding the above named individual as registered in this office.

DATE ISSUED

AUG 06 ' 2020

000273083

Karen C. Ramstrom
KAREN C. RAMSTROM D.O., MSPH
REGISTRAR OF VITAL STATISTICS
SHASTA COUNTY HHS&PUBLIC HEALTH

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASHASTADJ