

APN# 1418-34-111-039



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:
Name: SUSAN STANFORD
Address: 25584 UNIVERSITY AVENUE
City/State/Zip: HAYWARD, CA 94542

Mail Tax Statements to:
Name: LYNN SURBER
Address: PO BOX 2276
City/State/Zip: CASTRO VALLEY, CA 94546

AFFIDAVIT OF DEATH

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)

Susan Stanford, Trustee of Ann Patterson Living Trust

Signature

SUSAN STANFORD

Printed Name

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

Affidavit of Death

STATE OF California
COUNTY OF Alameda

1A18-2A-111-039

I, SUSAN STANFORD, residing at 25584 UNIVERSITY CT, HAYWARD, California 94542, being of legal age, depose and say that:

That ANN PATTERSON, 21966 DELORES ST, #271, CASTRO VALLEY, California 94546 died on October 26, 2021 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in California for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

I certify under penalty of perjury under California law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Susan V Stanford, Trustee of Ann Patterson Living Trust
March 1, 2022 / Date
Susan V Stanford, Trustee

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

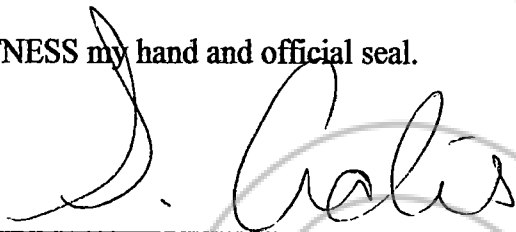
140-3A-11-039

STATE OF CALIFORNIA
COUNTY OF Alameda

On March 1, 2022 before me, S. Adis - Notary Public, personally appeared Susan Stanford, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within Affidavit and acknowledged to me that he/she executed the same in his/her authorized capacity, and who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



(Notary Seal)

Signature of Notary Public

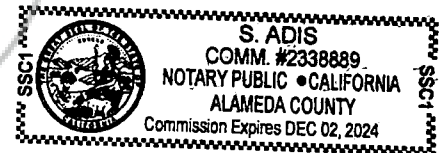


EXHIBIT A

1418-34-111-039

ALL THAT CERTAIN REAL PROPERTY SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

ALL THAT PORTION OF SECTION 34, TOWNSHIP 14 NORTH, RANGE 18 EAST, M.D.B.&M., DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHEAST CORNER OF LOT 19, BLOCK 1, AS SHOWN ON THE OFFICIAL MAP OF CAVE ROCK VILLAGE SUBDIVISION, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON OCTOBER 5, 1953, AS DOCUMENT NO. 9223; THENCE FROM THE POINT OF COMMENCEMENT, NORTH 0°27'29" EAST A DISTANCE OF 60.00 FEET; THENCE ALONG THE SOUTH LINE OF LYONS AVENUE, NORTH 89°46'36" WEST A DISTANCE OF 120.25 FEET TO THE NORTHWEST CORNER OF LOT 17 IN BOOK 1, MAP ABOVE MENTIONED; THENCE LEAVING THE SOUTH LINE OF LYONS AVENUE, SOUTH 0°13'24" WEST A DISTANCE OF 60.00 FEET TO THE SOUTHWEST CORNER OF AFOREMENTIONED LOT 17; THENCE SOUTH 89°46'36" EAST A DISTANCE OF 120.00 FEET TO THE POINT OF COMMENCEMENT.

SAID PREMISES FURTHER SHOWN ON THE "REVERSION TO ACREAGE MAP OF LOTS 17,18,19 IN BLOCK 1, CAVE ROCK VILLAGE SUBDIVISION", FILED ON FEBRUARY 7, 1974 AS DOCUMENT NO. 71561.

THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED FEBRUARY 7, 2002 IN BOOK 202, PAGE 2236 AS DOCUMENT NO. 534209.

Parcel ID: 1418-34-111-039

Per NRS 111.312, this legal description was previously recorded as Document No. 819767, in Book 313, Page 2582, on March 11, 2013, in the office of the Recorder of Douglas County, Nevada.

The preparer of this document has been engaged solely for the purpose of preparing this instrument, has prepared the instrument only from the information given and has not been requested to provide, nor has the preparer provided, a title search, an examination of the legal description, an opinion on title or advice on the tax, legal or non-legal consequences that may arise as a result of the conveyance. Further such preparer has not verified the accuracy of the amount of consideration stated to have been paid or upon which any tax may have been calculated nor has the preparer verified the legal existence or authority of any person who may have executed the document. Preparer shall not be liable for any consequences arising from modifications to this document not made or approved by preparer.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

3052021268896

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/07)

3202101008810

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ANN		2. MIDDLE M.	3. LAST (Family) PATTERSON
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 04/14/1939	5. AGE Yrs. 82
		IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes
		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY OR	10. SOCIAL SECURITY NUMBER -1494	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS-SDP* (at time of death) WIDOWED
		7. DATE OF DEATH mm/dd/yyyy 10/26/2021	8. HOUR (24 Hour) 1650
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S	14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? # of yrs. 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 SR. CUSTOMER SERVICE REPRESENTATIVE		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UTILITIES	19. YEARS IN OCCUPATION 26
20. DECEDENT'S RESIDENCE (Street and number, or location) 21966 DOLORES STREET			
21. CITY CASTRO VALLEY	22. COUNTY/PROVINCE ALAMEDA	23. ZIP CODE 94646	25. STATE/FOREIGN COUNTRY CA
24. YEARS IN COUNTY 50			
26. INFORMANT'S NAME, RELATIONSHIP LYNN SURBER, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 4674 HEYER AVENUE, CASTRO VALLEY, CA 94546	
28. NAME OF SURVIVING SPOUSE/SDP - FIRST -	29. MIDDLE -	30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST CLIFF	32. MIDDLE ELLIS	33. LAST ROBINSON	34. BIRTH STATE OR
35. NAME OF MOTHER/PARENT - FIRST LAURA	36. MIDDLE KATHRYN	37. LAST (BIRTH NAME) RICKARD	38. BIRTH STATE OR
39. DISPOSITION DATE mm/dd/yyyy 11/05/2021	40. PLACE OF FINAL DISPOSITION LONE TREE CEMETERY 24591 FAIRVIEW AVENUE, HAYWARD, CA 94542		
41. TYPE OF DISPOSITION(S) BURIAL	42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -
44. NAME OF FUNERAL ESTABLISHMENT SORENSEN CHAPEL	45. LICENSE NUMBER FD126	46. SIGNATURE OF LOCAL REGISTRAR NICHOLAS J. MOSS, MD, MPH	47. DATE mm/dd/yyyy 11/01/2021
101. PLACE OF DEATH BAYWOOD COURT HEALTH CENTER	102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input checked="" type="checkbox"/> Hosp/LTL <input type="checkbox"/> Hosp/H <input type="checkbox"/> Other	
104. COUNTY ALAMEDA	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 21966 DOLORES STREET	106. CITY CASTRO VALLEY	
107. CAUSE OF DEATH (Final disease or condition resulting in death) CARDIOPULMONARY ARREST	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
111. IMMEDIATE CAUSE (Final disease or condition resulting in death) CARDIOPULMONARY ARREST	(A) CARDIOPULMONARY ARREST	(B) MINS	(C) NO
112. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST PARKINSON'S DISEASE	(D) PARKINSON'S DISEASE	(E) WKS	(F) NO
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	(G) NO	(H) YRS	(I) NO
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO	115. SIGNATURE AND TITLE OF CERTIFIER JOSE CAMARO, MD	116. LICENSE NUMBER A87764	117. DATE mm/dd/yyyy 11/01/2021
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOSE CAMARO, MD 39400 PASEO PADRE PARKWAY, FREMONT, CA 94538	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED 09/10/2021 10/26/2021	120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	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

1 of 1

CA ALAMEDA 01

**CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA**

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

NOV 08 2021

DATE ISSUED _____



001399174

Nicholas J. Moss
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

