

A.P.N. No.:	1022-29-411-022
File No.:	1642075 WLD
<b>Recording Requested By:</b>	
<b>Stewart Title Company</b>	
<b>When Recorded Mail To:</b>	
Barbara H. Schaer	
20405 Via La Mancha	
Yorba Linda, CA	
92886	

DOUGLAS COUNTY, NV	<b>2022-983446</b>
Rec:\$40.00	
\$40.00 Pgs=4	<b>04/07/2022 12:35 PM</b>
STEWART TITLE COMPANY - NV	
KAREN ELLISON, RECORDER	

(for recorders use only)

**Affidavit Death of Trustee  
(Title of Document)**

**Please complete Affirmation Statement below:**

- I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380(1)(A) and NRS 40.525(5)



Signature

Wendy Dunbar  
Print Signature

Escrow Officer

Title

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

RECORDING REQUESTED BY:  
Stewart Title Company

WHEN RECORDED MAIL TO:  
Barbara H. Schaer, Successor Trustee of The Levy  
Family (Credit Shelter) Trust UTD 9/28/88

ORDER NO. 1642075  
A.P.N. No.: 1022-29-411-022

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada }  
County of Douglas } ss.

Barbara H. Schaer of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Quitclaim Deed dated March 23, 2006, executed by Clara Levy, Trustee of the Levy Family Trust UTD 9/28/88 to Clara Levy, Trustee of the Levy Family (Credit Shelter) Trust UTD 9/28/88, recorded as Instrument No. 0704035 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 43, as shown on the AMENDED MAP OF TOPAZ LODGE SUBDIVISION, FIRST AND SECOND SECTIONS, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 16, 1958, under File No. 13594.

2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: 4-6, 2022

Barbara H. Schaer

By: Barbara H. Schaer, as Successor Trustee of  
The Levy Family (Credit Shelter) Trust

State of CALIFORNIA  
County of ORANGE

Subscribed and sworn to (or affirmed) before me on this 6<sup>th</sup> day of April, 2022 by  
Barbara H. Schaer.

Signature [Signature] (Seal)



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF ORANGE**  
**HEALTH CARE AGENCY**

3052021067586

**CERTIFICATE OF DEATH**

3202130006122

STATE FILE NUMBER 3052021067586		STATE OF CALIFORNIA USE BLACK INK ONLY IN ALL FIELDS. HIGHLIGHTS OR ALTERATIONS VS-1 (REV. 2005)		LOCAL REGISTRATION NUMBER 3202130006122	
1. NAME OF DECEASED- FIRST (Given) <b>CLARA</b>		2. MIDDLE -		3. LAST (Family) <b>LEVY</b>	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy <b>02/09/1929</b>		5. AGE Yrs. <b>92</b>	6. UNDER ONE YEAR Months - Days	7. UNDER ONE YEAR YEARS - MONTHS - DAYS	8. SEX <b>F</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>NY</b>	10. SOCIAL SECURITY NUMBER <b>3235</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/REP. at time of death <b>WIDOWED</b>	13. DATE OF DEATH mm/dd/yyyy <b>03/03/2021</b>	14. HOUR (24 Hours) <b>1300</b>
15. EDUCATION - Highest Level Reached <b>HS GRADUATE</b>		16/15. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEASED'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		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail construction, employment agency, etc.)		19. YEARS IN OCCUPATION <b>50</b>	
20. DECEASED'S RESIDENCE (Street and number, or location) <b>13 CORTE SEVILLA</b>		21. CITY <b>SAN CLEMENTE</b>		22. COUNTY/PROVINCE <b>ORANGE</b>	
23. ZIP CODE <b>92673</b>		24. YEARS IN COUNTY <b>50</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>ELLEN SUE LATINO, DAUGHTER</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>19117 OWEN WAY, CERRITOS, CA 90703</b>		
28. NAME OF SURVIVING SPOUSE/REP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST <b>LIYMAN</b>		32. MIDDLE		33. LAST <b>CAMUI</b>	
34. BIRTH STATE <b>YUGOSLAVIA</b>		35. NAME OF MOTHER/PARENT - FIRST <b>BESSIE</b>		36. MIDDLE	
37. LAST (BIRTH NAME) <b>OZIEL</b>		38. BIRTH STATE <b>TURKEY</b>		39. BIRTH STATE	
40. DISPOSITION DATE mm/dd/yyyy <b>03/03/2021</b>		41. PLACE OF FINAL DISPOSITION <b>EDEN MEMORIAL PARK</b> <b>11500 SEPULVEDA BLVD, MISSION HILLS, CA 91345</b>			
42. TYPE OF DISPOSITION <b>BU</b>		43. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		44. LICENSE NUMBER	
45. NAME OF FUNERAL ESTABLISHMENT <b>GROMAN EDEN MORTUARY</b>		46. LICENSE NUMBER <b>FD1070</b>		47. SIGNATURE OF LOCAL REGISTRAR <b>CLAYTON CHAU, MD, PHD</b>	
48. DATE mm/dd/yyyy <b>03/08/2021</b>		49. LICENSE NUMBER			
101. PLACE OF DEATH <b>RESIDENCE/HOSPICE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> GROUP <input type="checkbox"/> DCA <input type="checkbox"/> HOME/CARE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/CLC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>ORANGE</b>	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>13 CORTE SEVILLA</b>	106. CITY <b>SAN CLEMENTE</b>			
107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or convulsion without showing the etiology. DO NOT abbreviate. <b>A CARDIOPULMONARY ARREST</b> <b>B END STAGE HEART FAILURE</b> <b>C HYPOTENSION</b>		108. TIME INTERVAL BETWEEN ONSET AND DEATH <b>MIN</b>	109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE ANSWERS GIVEN. Decedent Addressed Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER <b>JASON RICHARD ABNEY D.O.</b>		116. LICENSE NUMBER <b>20A10200</b>	117. DATE mm/dd/yyyy <b>03/08/2021</b>
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>JASON RICHARD ABNEY D.O.</b> <b>8400 OAK CANYON STE 200, IRVINE, CA 92618</b>		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE ANSWERS GIVEN. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Unexplained <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. INJURY DATE mm/dd/yyyy	123. 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 REGISTRATION		A B C D E		FAX AUTH. # CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS



\*004744818\*

STATE OF CALIFORNIA  
 COUNTY OF ORANGE

DATE ISSUED April 12, 2021

SS

*Clayton Chau, MD, PhD*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

CLAYTON CHAU, MD, PHD  
 HEALTH OFFICER  
 ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE HEALTH CARE AGENCY

3052021067566 STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

3202130006122 LOCAL REGISTRATION NUMBER

1.1 BIRTH [X] DEATH [ ] FETAL DEATH [ ]

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

Form with fields: 1A. NAME-FIRST (CLARA), 1B. MIDDLE, 1C. LAST (LEVY), 2. SEX (F), 3. DATE OF EVENT (03/03/2021), 4. CITY OF EVENT (SAN CLEMENTE), 5. COUNTY OF EVENT (ORANGE), 6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD (LIYMAN - CAMUI), 7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD (BESSIE - OZIEL)

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

Table with 4 columns: 8. ITEM NUMBER TO BE CORRECTED, 9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD, 10. CORRECTED INFORMATION AS IT SHOULD APPEAR. Row 1: 31, LIYMAN, HYMAN. Row 2: 33, CAMUI, CAMHI. Includes '2 of 2' and 'LIST ONE ITEM PER LINE'.

11. FATHER NAME REASON FOR CORRECTION

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

Affidavits and Signatures section with fields for 12A. SIGNATURE OF FIRST PERSON (MICHELLE FUERTES), 12B. PRINTED NAME (MICHELLE FUERTES), 12C. TITLE/RELATIONSHIP TO PERSON IN PART I (CERTIFICATE CLERK), 12D. ADDRESS (11500 SEPULVEDA BLVD, MISSION HILLS, CA 91345), 12E. DATE SIGNED (04/05/2021), 13A. SIGNATURE OF SECOND PERSON (ALEXANDRA HOSEGERA), 13B. PRINTED NAME (ALEXANDRA HOSEGERA), 13C. TITLE/RELATIONSHIP TO PERSON IN PART I (ALEXANDRA HOSEGERA), 13D. ADDRESS (11500 SEPULVEDA BLVD, MISSION HILLS, CA 91345), 13E. DATE SIGNED (04/05/2021)

14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR (STATE REGISTRAR - OFFICE OF VITAL RECORDS), 15. DATE ACCEPTED FOR REGISTRATION (04/05/2021)

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS FORM VS 246 (REV. 1/09) 1.1

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA } SS COUNTY OF ORANGE

DATE ISSUED April 12, 2021

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Signature of Clayton Chau, MD, PhD

CLAYTON CHAU, MD, PHD HEALTH OFFICER ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

