

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**

The Robert G. Davis Living Trust  
317 warmcastle Ct.  
Martinez, CA 94553

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1319-19-113-005**

File No.: 123-2667393 (VD)

**Affidavit - Death of Trustee**

State of Nevada )  
County of Douglas )ss.  
)

**David Brown** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Robert G. Davis** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **3/1/23** at **Napa, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **2/10/23** executed by **Robert G. Davis, Trustee of The Robert G. Davis Living Trust** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **2/10/23** which was recorded as Instrument No. **202994950** in Book **NA**, Page **NA**, of Official Records of **Douglas County, Nevada** as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 8/18/23

**DECLARANT:**

David Brown  
David Brown

State of California  
County of Contra Costa

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Contra Costa and State California, this 4th day of September, 2023 by David Brown personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

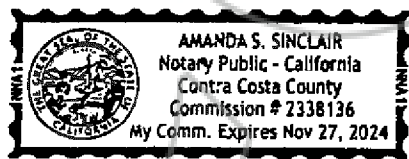
WITNESS my hand and official seal.

*This area for official notarial seal*

Signature: Amanda Sinclair

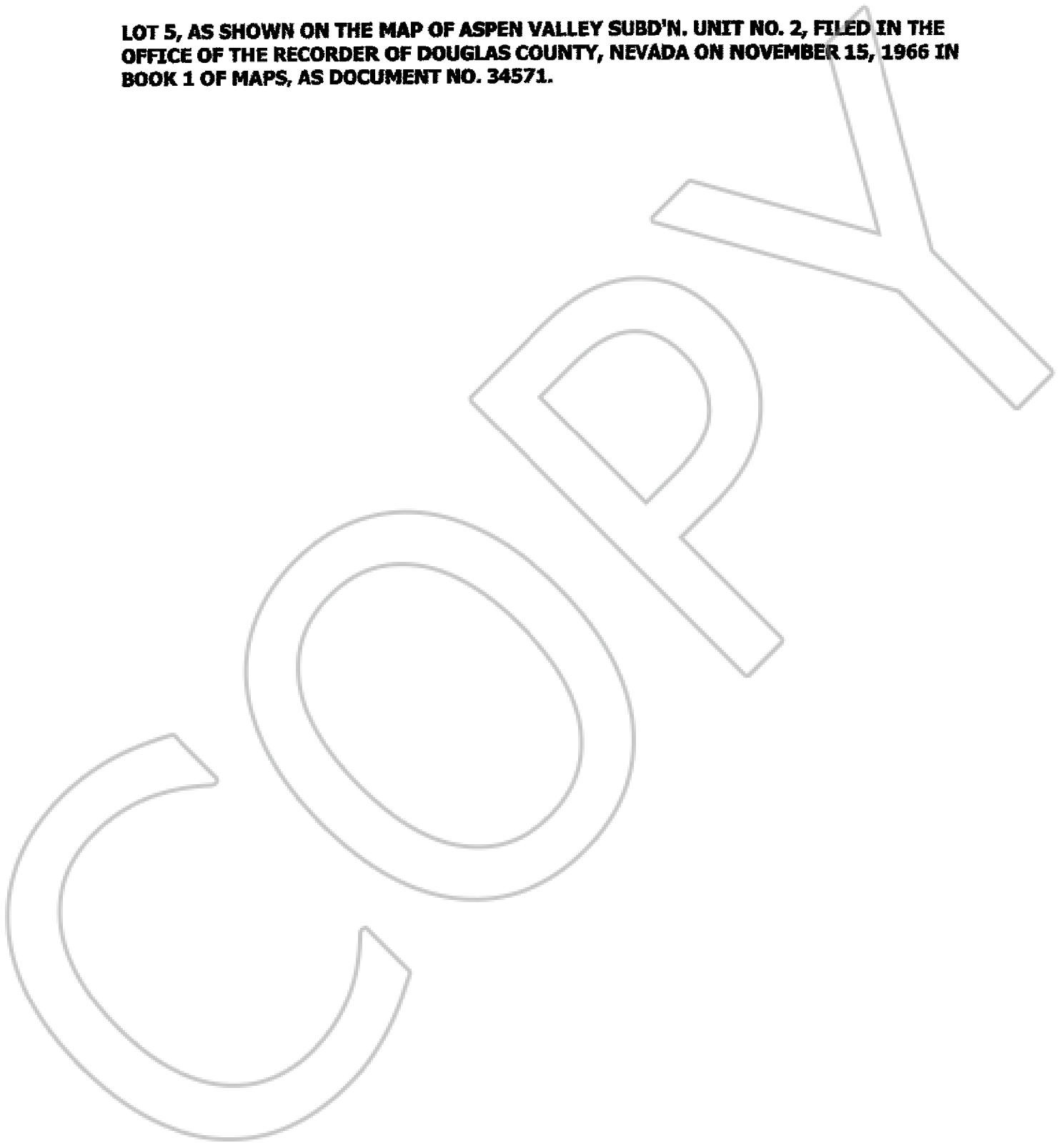
My Commission Expires: 11.27.24

Notary Name: Amanda S Sinclair Notary Phone: 925.786.8365  
Notary Registration Number: 2338136 County of Principal Place of Business: Contra Costa



**EXHIBIT 'A'**

**LOT 5, AS SHOWN ON THE MAP OF ASPEN VALLEY SUBD'N. UNIT NO. 2, FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA ON NOVEMBER 15, 1966 IN BOOK 1 OF MAPS, AS DOCUMENT NO. 34571.**



STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS

COUNTY OF NAPA

NAPA, CALIFORNIA 94559-3721

3502023049592

CERTIFICATE OF DEATH

3202328000219

STATE FILE NUMBER		STATE OF CALIFORNIA MISE BLACK INK ONLY / NO ERASURES, MARKS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) <b>ROBERT</b>		2. MIDDLE <b>G.</b>		3. LAST (Family) <b>DAVIS</b>			
AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>01/26/1933</b>		5. AGE Yrs. <b>90</b>		6. SEX <b>M</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>WI</b>		10. SOCIAL SECURITY NUMBER <b>0385</b>		11. EVER BY U.S. ARMED FORCES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/PROF* (at time of death) <b>NEVER MARRIED</b>	
13. EDUCATION—Highest Level/Degree (see worksheet on back) <b>BACHELOR</b>		14.16. WAS DECEDENT HOSPITALIZED/DIAGNOSED? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DATE OF DEATH mm/dd/yyyy <b>03/01/2023</b>		16. HOUR (24-hour) <b>2035</b>	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
<b>PROPERTY ASSESSOR</b>		<b>COUNTY GOVERNMENT</b>		<b>26</b>			
28. DECEDENT'S RESIDENCE (Street and number or location) <b>2213 MADRONA DR.</b>							
29. CITY <b>FAIRFIELD</b>		30. COUNTY/PREFACE <b>SOLANO</b>		31. ZIP CODE <b>94533</b>		32. STATE/FOREIGN COUNTRY <b>CA</b>	
33. INFORMANT'S NAME, RELATIONSHIP <b>DAVID BROWN, DPOAHC</b>		34. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>317 WARMCASTLE COURT, MARTINEZ, CA 94553</b>					
35. NAME OF SURVIVING SPOUSE/PROF—FIRST		36. MIDDLE		37. LAST (BIRTH NAME)			
38. NAME OF FATHER/PARENT—FIRST <b>NORRIS</b>		39. MIDDLE		40. LAST <b>DAVIS</b>		41. BIRTH STATE <b>WI</b>	
42. NAME OF MOTHER/PARENT—FIRST <b>EVELYN</b>		43. MIDDLE		44. LAST (BIRTH NAME) <b>HELGESON</b>		45. BIRTH STATE <b>WI</b>	
46. DISPOSITION DATE mm/dd/yyyy <b>03/08/2023</b>		47. PLACE OF FINAL DISPOSITION <b>SACRAMENTO VALLEY NATIONAL CEMETERY 5810 MIDWAY RD., DIXON, CA 95620</b>					
48. TYPE OF DISPOSITION <b>CREMATE/BURIAL</b>		49. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				50. LICENSE NUMBER	
51. NAME OF FUNERAL ESTABLISHMENT <b>TREADWAY AND WIGGER FUNERAL CHAPEL</b>		52. LICENSE NUMBER <b>FD2099</b>		53. SIGNATURE OF LOCAL REGISTRAR <b>CHRISTINE WU, MD</b>		54. DATE mm/dd/yyyy <b>03/08/2023</b>	
55. PLACE OF DEATH <b>NAPA POST ACUTE</b>		56. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> SNOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Home/ LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		57. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/ LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
58. COUNTY <b>NAPA</b>		59. FACILITY ADDRESS OR LOCATION (Street and number, or location)		60. CITY <b>NAPA</b>			
61. CAUSE OF DEATH <b>WKS IN ANITATION</b>		62. DEATH REPORTED TO CORONER (Street and number) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		63. DEATH REPORTED TO CORONER (Street and number) <b>WKS</b>		64. CORONER'S NUMBER <b>CR23-094</b>	
65. IMMEDIATE CAUSE (Final disease or condition related to death) <b>COVID-19 DISEASE</b>		66. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LIST <b>CORONARY ARTERY DISEASE; ATRIAL FIBRILLATION; CHRONIC KIDNEY DISEASE; CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		67. DEEPER PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		68. ALTOPHY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
69. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>CORONARY ARTERY DISEASE; ATRIAL FIBRILLATION; CHRONIC KIDNEY DISEASE; CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		70. VENTILATION PERFORMED FOR ANY CONDITION BY ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		71. DECEDENT PRESENT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
72. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Deceased Since: <b>02/06/2023</b> Decedent Last Seen Alive: <b>02/28/2023</b>		73. SIGNATURE AND TITLE OF CERTIFIER <b>RHODORA URBANO OSTREA, MD</b>		74. LICENSE NUMBER <b>A79413</b>		75. DATE mm/dd/yyyy <b>03/07/2023</b>	
76. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RHODORA URBANO OSTREA, MD 3285 CLAREMONT WAY, NAPA, CA 94558</b>		77. 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		78. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		79. INJURY DATE mm/dd/yyyy	
80. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		81. HOUR (24-hour)					
82. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)							
83. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
84. SIGNATURE OF CORONER / DEPUTY CORONER				85. DATE mm/dd/yyyy		86. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B		C	

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF NAPA

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL STATISTICS, COUNTY OF NAPA HEALTH AND HUMAN SERVICES AGENCY.

DATE ISSUED

MAR 10 2023

*Christina*

KAREN RELUCIO, M.D.  
HEALTH OFFICER/DEPUTY DIRECTOR FOR PUBLIC HEALTH

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CANAPA - 01

