DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 COREY, LUZAICH, ET AL

2023-993021 01/06/2023 09:19 AM

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Recording Requested by and When

COREY, LUZAICH, de GHETALDI & RIDDLE LLP P. O. BOX 669 MILLBRAE, CA. 94030

SHAWNYNE GARREN, RECORDER

(Space above this line for Recorder's use.)

A.P.N.: 21-374-07

Recorded Return to:

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF OREGON)
) ss
County of Deschutes)

DEBORAH E. NELSON, also known as DEBORAH E. COSTA NELSON, of legal age, being first duly sworn, deposes and says:

That RICHARD R. COSTA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RICHARD R. COSTA, named as Trustee of the RICHARD R. COSTA 1997 TRUST under Declaration of Trust dated September 17, 1997, and grantor in the that certain Individual Grant Deed dated September 17, 1997, recorded on the 27th day of October 1997, as Document No. 0424833 in the Official Records of the County of Douglas, covering that real property situated in the State of Nevada, County of Douglas, commonly known as No. 982 Sunburst, Carson City, and more particularly described as follows:

Lot 35, in Block D, of the final map of SUNRIDGE HEIGHTS PHASE 2, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 30, 1993, in Book, 993, Page 6482, as Document No. 319089.

ASSESSOR'S PARCEL NO. 21-374-07

The undersigned, DEBORAH E. COSTA NELSON, is designated and shall act as the Successor Trustee under the above-mentioned Declaration of Trust dated September 17, 1997.

This affidavit is being signed below by all of the currently acting Trustees of the Trust.

I certify and declare under penalty of perjury under the laws of the State of California that I have read the foregoing and that the facts stated therein are true and correct. Executed this 27 day of December 2022 (month/year) at

Bend (city), Oregon.

DEBORAH E. COSTA NELSON

JURAT

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 OREGON

County of Deschutes

Subscribed and sworn to (or affirmed) before me on this 27 day of December, by **DEBORAH E. COSTA NELSON**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(SEAL)

NOTARY

OFFICIAL STAMP

CALEB THOMAS DATTKE

NOTARY PUBLIC-OREGON
COMMISSION NO. 1025722

MY COMMISSION EXPIRES JUNE 21, 2026

COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

	3052022250771 CERTIFICATE OF DEATH				3202241004220		
					OCAL REGISTRATION NUMBER		
	1. NAME OF DECEDENT-FIRST (Given) RICHARD	R.		ST (Family) DSTA			
DATA	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE,	1	4. DATE OF BIRTH mm/dd/	-	RONEYEAR IF UNDER	24 HOUPS 6 SEX	
¥.			05/04/1938	84 Months	Days Hours	Protes M	
HSO!	8. BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SE	CURITY NUMBER: 11, EVER IN U.S. A	RMED FORCES? 12. MARITAL STATE	IS-SRDP* (at Time of Death) 7. DATE	E OF DEATH F-m/ds/coyy	B. HOUR (24 Hours)	
DECEDENT'S PERSONAL		9348 X YES [] NO UNK MARRIEI		27/2022	1735	
Ë	13. EDUCATION - Honest Lens/Dagree 14/15. WAS DECEDENT	HISPANICALATINO(A)/SPANISH? (II you, see wo		RACE - Up to 3 races may be is	ted (see worksheer on back)	1	
22	SOME COLLEGE YES	MOTION DEPOS	🗠 🕦	A Committee of the Comm			
õ	SELF-EMPLOYED		OF BUSINESS OR INDUSTRY (e.g., gro) PUTER COMPANY	ery store, road construction, emp	loyment agency, etc.)	YFARS IN OCCUPATION 40	
	20. DECEDENT'S RESIDENCE (Street and number, or location	1			The state of the s		
USUAL RESIDENCE	1540 ALTURAS DRIVE					Name of the last o	
	21. CITY	22. GOUNTY/PROVINCE	23 ZIP CODE	24 YEARS IN COUNTY 25		RY	
	BURLINGAME 28. INFORMANT'S NAME, RELATIONSHIP	SAN MATEO	94010	76.	:A	7	
INFOR-	LINDA COSTA, SPOUSE	1	7. INFORMANT'S MAILING ADDRESS IS 540 ALTURAS DRIV	E, BURLINGAME	E, CA 94010	1 200)	
	29. NAME OF SURVIVING SPOUSE/SROP'-FIRST	29. MIDDLE	30 LAST (BIR	7% %			
SPOUSE/SRDP AND PARENT INFORMATION	LINDA	L.	CABBII	NESS	\		
5.5	81. NAME OF FATHER/PARENT-FIRST	32. MIDDLE	33 LAST		1	34 BIRTH STATE	
USE/S	HARRY 35. NAME OF MOTHER/PARENT-FIRST	PAUL	COSTA			CA 38. BIRTH STATE	
SPOL	CATHERINE	38 MIDOLE	37 LAST (BIRT)		/	CA	
		AL DISPOSITION HOLY CROSS			-	JOA	
EAST OF	11/01/2022 1500 OLD	MISSION ROAD, COL	MA, CA 94014				
GEST	41. TYPE OF DISPOSITION(S)	42. SIGNATURE	7.	/ /	43, 1	ICENSE NUMBER	
AL R	CREMATE/BURIAL		MBALMED MBER 49. SIGNATURE OF LOCAL RE	CISTRAD	- 47.6	ATE mm/dd/ccyy	
FUNERAL DIRECTORY LOCAL REGISTRAR	44. NAME OF FUNERAL ESTABLISHMENT ALL COUNTY CREMATION SEI	RVICE FD1856	▶ SCOTT MORE	AP .	1-72-41	/01/2022	
	101 PLACE OF DEATH KAISER FOUNDATION HOSPIT	AL BEDWOOD CITY	102, IF HOSPITAL SPEC	76.	THAN HOSPITAL, SPECIFY		
FOF		The state of the s	X ₽vo		Nursing HomeATC	House Cher	
PLACE OF DEATH	M 1 M	DORESS OR LOCATION WHERE FOUND () FERANS BLVD	Street and number, or location)	1 1	REDWOOD C	EITY	
		ants diseases, vijuses, or complications pratory axast, or venirous r fibriation without	hat directly exused death, DO NOT onler to	erminal evente such	Fine Interval Bankoon 108 DB	TH PEPORTED TO CORONER?	
	IMMEDIATE CAUSE IN HYPOXEMIC RES		showing the eliclogy. DO NOT ABBFEVIAL	E	Orset and Death (AT)	YES \ YO	
	(Final disease or condition resulting in death)				DAYS NO		
	Sequentary Est (B) CARDIOVASCULA	AR ACCIDENT	/ /		·""] [OPSY PERFORMED7 YES X NO	
¥ X	conditions, if any, trading to cause on the A Energy	×			DAYS L	JTOPSY PERFORMED?	
OF DEATH	on Une A. Enter (C) UNDERLYING CAUSE (disease or		1 1		1 🗆	YES X NO	
SAUSE	ir jury that Ir liated the events (D) resulting in death) LAST				מט.ויו מס	D IN DETERMINING CAUSE?	
ర	N. N. N.	THE ALL BUT I'M DECLINITION IN THE PROP	CURINISMO CALIFE CONTACINA SOT	i		YES NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NORMAL PRESSURE HYDROC	EPHALUS	ENLYING CAUSE GIVEN IN 101				
Approx.	113. WAS OPERATION PERFORMED FOR ANY CONDITION I	NITEM 107 OR 1127 Of yes, list type of open	at on and date.)		113A F FEMAL	E, PEEGNANT WILAST YEAR?	
					YES	X NO CONK	
S'S'S	114, I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE CEATH OCCU AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED	L DAGUIL DAMAN	45	FE	B. LICENSE NUMBER 11		
PHYSICIAN'S CERTIFICATION	Decedent Attended Since Decedent Last Seen Ale (A) mm/dd/coyy (B) mm/dd/coyy	118. TYPE ATTENDING PHYSICIAN	I'S NAME, MAILING ADDRESS, ZIP CO	DE MIDANDA HAS	A77894 1	1/01/2022	
동	10/25/2022 10/27/2022	1100 VETERANS	BLVD, REDWOOD C	TY, CA 94063	KING KEID, L	'' I	
	118, I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HIG MANNER OF DEATH Natural Accelent H	UR, DATE, AND PLACE STATED FROM THE CAUS.	Could not be YES	ED AT WOPSK? 12	1. INJURY DATE ron/ed/co	уу 122, НОUR (21 Ность)	
>-	MANNER OF DEATH Natural Accedent H 123. PLACE OF INJURY (e.g., home, construction site, wood	Lunes:rganon	determined TES		· · · · · · · · · · · · · · · · · · ·		
NO.							
รกรเ	124. DESCRIBE HOW INJURY OCCUMHED (Events +/=co resulted in injury)						
CORONER'S USE ONLY							
CORC	125. LOCATION OF INJURY (Street and number; or location, and bity, and bip)						
	128. SIGNATURE OF CORONER / DEPUTY CORONER	127 D	127 DATE mm/dd/coy 128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER				
STA	TE A B C	D E			AX AUTH.#	CENSUS TRACT	
REGIS		l test	Maria Barra de Cara de la Cara de Cara	NI COMPONENTAL CONTRACTOR			
REGIS		India	neormannana tili datioo bii tabaa li	AND NO THUMBAR		ł	

Page 1 of 1

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN MATEO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

11/03/2022 DATE ISSUED

JOVANA NUEVO







