

RECORDING REQUESTED BY:
LOUIS J. GUZZO III
WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:
Louis J. Guzzo Iii
5306 Theresa Way
Livermore, CA 94550

DOUGLAS COUNTY, NV **2023-993520**
Rec:\$40.00
\$40.00 Pgs=3 **01/30/2023 01:16 PM**
GUIDEWAY LEGAL DOCUMENT & MEDIATION
SHAWNYNE GARREN, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

APN: 1420-07-716-005

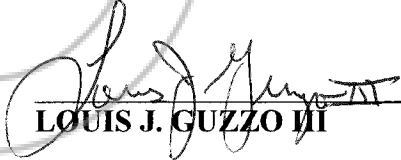
AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF CALIFORNIA
COUNTY OF Alameda

LOUIS J. GUZZO III, of legal age, being first sworn, deposes and says:

That DEBORAH LYN GUZZO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Deborah L. Guzzo, named as one of the parties in that certain Deed, dated June 24, 2003, executed by Charles T. Meredith and Lori J. Meredith to Louis J. Guzzo, III and Deborah L. Guzzo, husband and wife as Joint Tenants, and recorded on July 1, 2003, in the Office of the Recorder of the County of Douglas, State of Nevada, as Document No. 0582287 BK 0703 PG 00744 of Official Records, relating to the real property located in said County and more particularly described in **Exhibit "A"** (attached hereto and incorporated herein by reference).

Executed on JAN 23rd, 2023, in Alameda County, California. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



LOUIS J. GUZZO III

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 CALIFORNIA
COUNTY OF Alameda

SUBSCRIBED AND SWORN TO (or affirmed) before me on 1-23-
2023, by LOUIS J. GUZZO III, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY PUBLIC 


 NISHA RANI SINGH
COMM. # 2409096
NOTARY PUBLIC • CALIFORNIA
ALAMEDA COUNTY
My Commission Expires
JULY 22, 2026

EXHIBIT A

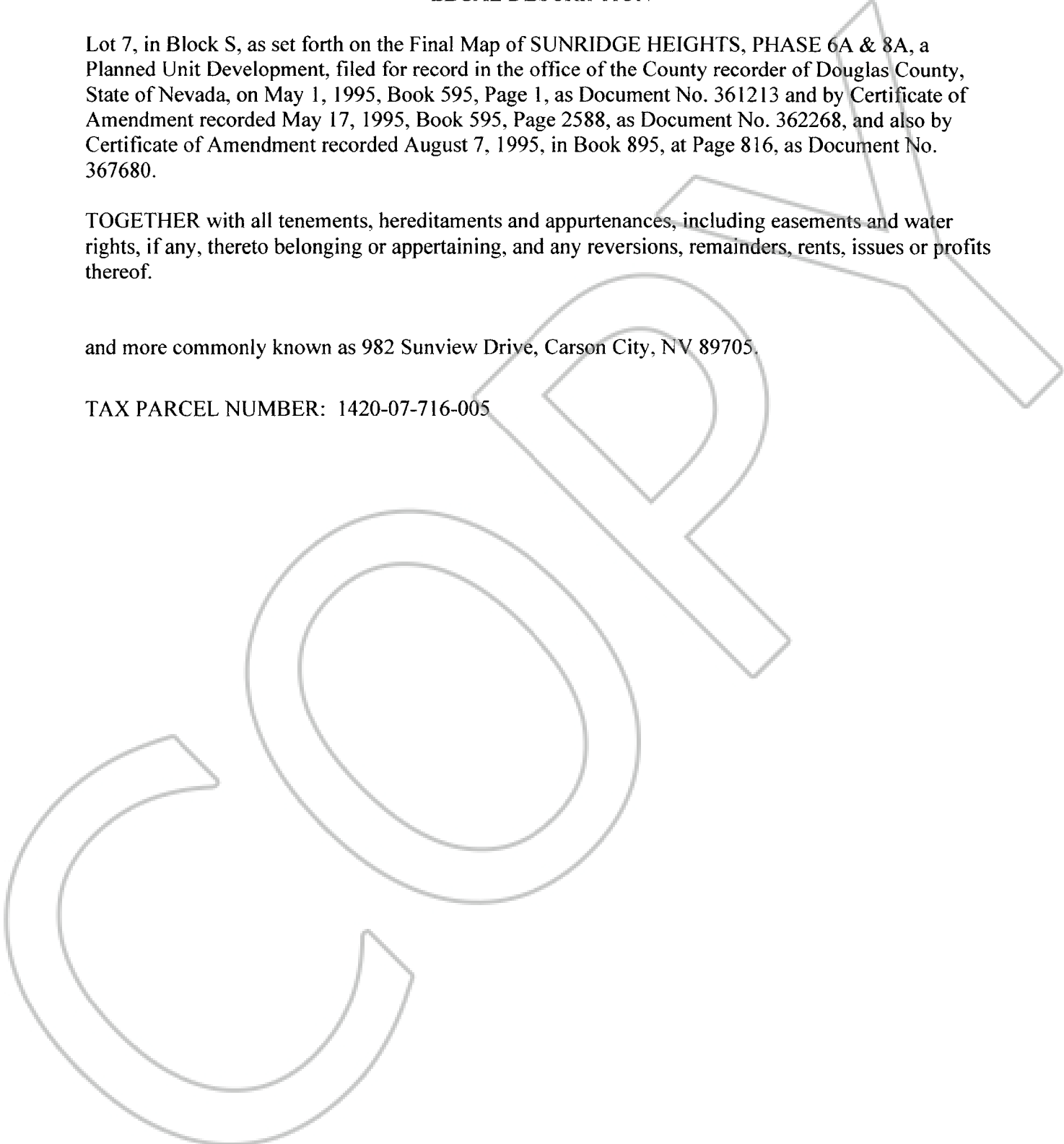
LEGAL DESCRIPTION

Lot 7, in Block S, as set forth on the Final Map of SUNRIDGE HEIGHTS, PHASE 6A & 8A, a Planned Unit Development, filed for record in the office of the County recorder of Douglas County, State of Nevada, on May 1, 1995, Book 595, Page 1, as Document No. 361213 and by Certificate of Amendment recorded May 17, 1995, Book 595, Page 2588, as Document No. 362268, and also by Certificate of Amendment recorded August 7, 1995, in Book 895, at Page 816, as Document No. 367680.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

and more commonly known as 982 Sunview Drive, Carson City, NV 89705.

TAX PARCEL NUMBER: 1420-07-716-005



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

3052018243548

CERTIFICATE OF DEATH

3201801008697

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS IC-100REV 03/09		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
DEBORAH		LYN		GUZZO	
4. AKA, ALSO KNOWN AS - Include full AKA (if first, middle, last)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
DEBBIE GUZZO		12/07/1967		50	
6. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
IL		-0849		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. MARITAL STATUS-SPDP* (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		11/30/2018		0015	
13. EDUCATION - Highest Level Degree (see worksheet on back)		14-15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		FILIPINO, CAUCASIAN	
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	
CATERER		EDUCATION		10	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
5306 THERESA WAY					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
LIVERMORE		ALAMEDA		94550	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
14		CA			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
LOUIS GUZZO III, HUSBAND		5306 THERESA WAY, LIVERMORE, CA 94550			
28. NAME OF SURVIVING SPOUSE/SPDP*-FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
LOUIS		JOHN		GUZZO III	
31. NAME OF FATHER/PARENT-FIRST		32. MIDDLE		33. LAST	
JOSEPH		FORMOSO		ALBARILLO	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT-FIRST		36. MIDDLE	
PI		LORETTA		PHYLLIS	
37. LAST (BIRTH NAME)		38. BIRTH STATE			
KELCH		IL			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
12/10/2018		RES OF LOUIS GUZZO III 5306 THERESA WAY, LIVERMORE, CA 94550			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		▶ NOT EMBALMED		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
CALLAGHAN MORTUARY		FD416		▶ ERICA PAN, MD	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy			
12/05/2018		12/05/2018			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
OWN RESIDENCE		<input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
ALAMEDA		5306 THERESA WAY		LIVERMORE	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?			
IMMEDIATE CAUSE (Find disease or condition resulting in death)		A) METASTATIC OVARIAN CANCER, TO STOMACH		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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		109. BIOPSY PERFORMED?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		110. AUTOPSY PERFORMED?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		111. USED IN DETERMINING CAUSE?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
NO		Decedent Attended Since: 11/25/2018 Decedent Last Seen Alive: 11/30/2018		▶ KULJEET KAUR MULTANI M.D.	
116. LICENSE NUMBER		117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
A96874		12/05/2018		KULJEET KAUR MULTANI M.D. 6377 CLARK AVENUE #100, DUBLIN, CA 94568	
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
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		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
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.

DATE ISSUED

DEC 12 2018

INTERIM HEALTH OFFICER AND LOCAL REGISTRAR HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA 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