

RECORDING REQUESTED BY:

**Lesa R. McIntosh, Esq.
When Recorded Mail To:
Vicky D. Jared
4849 John Muir Road
Martinez, CA 94553**



SHAWNYNE GARREN, RECORDER

AFFIDAVIT - DEATH OF TRUSTEE

I, Vicky D. Jared , BEING OF LEGAL AGE AND FIRST DULY SWORN, DEPOSES AND SAYS:

1. That Richard C. Jared, the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as Trustee of the Jared Family Revocable Trust dated 8/9/2007, in that certain Trust Transfer Deed dated August 9, 2007.

2. At the time of the demise of the Decedent, Richard C. Jared, the Decedent was the record co-Trustee of real property , which property is described in the Deed signed by Richard C. Jared and Vicky D. Jared, Grantors to Richard C. Jared and Vicky D. Jared, as co-trustees and recorded as instrument no. 0707752 Book 0807, page 5499 Official Records of said Douglas County on August 17, 2007. The property is described as follows:

All of Lot 60 and West ½ of Lot 61, according to the “Second Amended Plat of the Elks Subdivision” being a portion of Sections 15 and 16, Township 13 North, Range 18 East, M.D..B. & M, Douglas County, Nevada filed June 5, 1982, under file No. 8537, situate in the County of Douglas, State of Nevada.

APN# 1318-15-410-0

AKA 409 Lakeview Ave. - Zephyr Cove, Nevada

3. I am the surviving trustee.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: April 28, 2023

**Vicky D. Jared
Vicky D. Jared**

NOTARY ACKNOWLEDGMENT

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, or made a part thereof, and not the truthfulness, accuracy, or validity of that document.

State of California

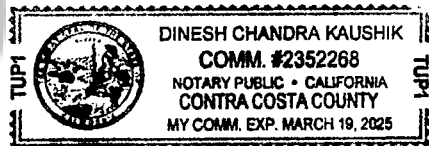
County of Contra Costa

On APRIL 28, 2023, before me, DINESH CHANDRA KAUSHIK, a Notary Public, personally appeared, Vicky D. Jared, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or entity upon behalf of which the person acted, executed the instrument.

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.

Signature: [Handwritten Signature]
My Commission expires: 03-19-2025



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA
MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

3202307001445

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT— FIRST (Given) RICHARD		3. LAST (Family) JARED	
2. MIDDLE CORNELIUS		3. LAST (Family) JARED	
AKA, ALSO KNOWN AS— Include full AKA (FIRST, MIDDLE, LAST)			
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 2941	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) MARRIED	
13. EDUCATION— Highest Level/Degree (see worksheet on back) BACHELOR <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 ELECTRONICS ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) SCIENCE LAB	
19. YEARS IN OCCUPATION 42		20. DECEDENT'S RESIDENCE (Street and number, or location) 4849 JOHN MUIR RD.	
21. CITY MARTINEZ		22. COUNTY/PROVINCE CONTRA COSTA	
23. ZIP CODE 94553		24. YEARS IN COUNTY 60	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP VICKY DEE JARED, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 4849 JOHN MUIR RD., MARTINEZ, CA 94553		28. NAME OF SURVIVING SPOUSE/SRDP— FIRST VICKY	
29. MIDDLE DEE		30. LAST (BIRTH NAME) GRIFFIN	
31. NAME OF FATHER/PARENT— FIRST MALCOM		32. MIDDLE -	
33. LAST JARED		34. BIRTH STATE TN	
35. NAME OF MOTHER/PARENT— FIRST EMMA		36. MIDDLE ABBOTT	
37. LAST (BIRTH NAME) NEWBOLD		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 03/09/2023		40. PLACE OF FINAL DISPOSITION TO THE RESIDENCE OF VICKY DEE JARED 4849 JOHN MUIR RD., MARTINEZ, CA 94553	
41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT OAKMONT MEMORIAL PARK AND MORTUARY	
45. LICENSE NUMBER FD875		46. SIGNATURE OF LOCAL REGISTRAR ▶ ORI TZVIELI, MD	
47. DATE mm/dd/yyyy 03/08/2023		101. PLACE OF DEATH ABEL CARE HOME	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY CONTRA COSTA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 899 PLA VADA CT.	
106. CITY CONCORD		107. CAUSE OF DEATH Enter in a chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) COMPLICATIONS OF ALZHEIMER'S DEMENTIA	
108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (Y) YRS 2023-1261		109. BIOPSY PERFORMED? <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 type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HISTORY OF BACTERIAL PNEUMONIA			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive: (A) mm/dd/yyyy 12/22/2022 (B) mm/dd/yyyy 03/03/2023		115. SIGNATURE AND TITLE OF CERTIFIER ▶ EPIFANIO JOSE DE LEON, MD	
116. LICENSE NUMBER A75985		117. DATE mm/dd/yyyy 03/08/2023	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE EPIFANIO JOSE DE LEON, MD 6377 CLARK AVE. STE. 100, DUBLIN, CA 94568			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
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 CORDNER / 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	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

DATE ISSUED 03/10/2023 JB

Ori Tzvieli MD
ORI TZVIELI, MD
HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CACONTRAD1