

APN# 0923-08-000-011

**Recording Requested by/Mail to:**

Name: Meissner Joseph Palley & Ruggles

Address: 1555 River Park Dr. Ste. 108

City/State/Zip: Sacramento, CA 95815

**Mail Tax Statements to:**

Name: Andrew Tonarelli

Address: 8164 Monte Park Ave.

City/State/Zip: Fair Oaks, CA 95628

SHAWNYNE GARREN, RECORDER



AFFIDAVIT - DEATH OF TRUSTEE

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

George Robert Tonarelli

Printed Name

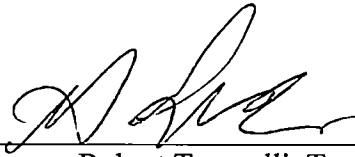
This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Tonarelli Family Trust dated September 13, 1993, I am now successor Trustee of said Trust.


Dated: 12/22/2022

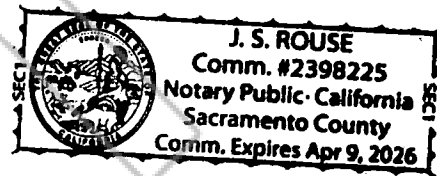
  
George Robert Tonarelli, Trustee

*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            )  
  ) ss.  
COUNTY OF SACRAMENTO    )

Subscribed and sworn to (or affirmed) before me on this 22<sup>nd</sup> day of December, 2022, by George Robert Tonarelli, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
\_\_\_\_\_  
(Seal)



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF SACRAMENTO

## DEPARTMENT OF HEALTH SERVICES

3052021215414

**CERTIFICATE OF DEATH**

3202134008999

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/06)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT - FIRST (Given) <b>MARY</b>		2 MIDDLE <b>ANGELINA</b>		3 LAST (Family) <b>TONARELLI</b>		
	AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)			4 DATE OF BIRTH mm/dd/yyyy <b>02/01/1930</b>	5 AGE Yrs <b>91</b>	6 UNDER ONE YEAR Months Days Hours Mins Secs	6 SEX <b>F</b>
	9 BIRTH STATE/FOREIGN COUNTRY <b>CA</b>	10 SOCIAL SECURITY NUMBER <b>-1531</b>	11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12 MARITAL STATUS/SRDP (at time of death) <b>WIDOWED</b>	7 DATE OF DEATH mm/dd/yyyy <b>08/16/2021</b>	8 HOUR (24 Hours) <b>1410</b>	
	13 EDUCATION - Highest Level/Degree (Use worksheet on back) <b>HS GRADUATE</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>PORTUGUESE</b>		
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>			18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>		19 YEARS IN OCCUPATION <b>43</b>		
USUAL RESIDENCE	20 DECEDENT'S RESIDENCE (Street and number or location) <b>3912 LAS PASAS WAY</b>						
	21 CITY <b>SACRAMENTO</b>	22 COUNTY/PROVINCE <b>SACRAMENTO</b>	23 ZIP CODE <b>95864</b>	24 YEARS IN COUNTY <b>73</b>	25 STATE/FOREIGN COUNTRY <b>CA</b>		
INFORMANT	26 INFORMANT'S NAME, RELATIONSHIP <b>GEORGE TONARELLI, SON</b>		27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>4601 SHENANGO WAY, ELK GROVE, CA 95758</b>				
	28 NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>-</b>		29 MIDDLE <b>-</b>	30 LAST (BIRTH NAME) <b>-</b>			
SPOUSE/SRDP AND PARENT INFORMATION	31 NAME OF FATHER/PARENT - FIRST <b>MANUEL</b>		32 MIDDLE <b>-</b>	33 LAST <b>LOPES</b>		34 BIRTH STATE <b>PORTUGAL</b>	
	35 NAME OF MOTHER/PARENT - FIRST <b>MARY</b>		36 MIDDLE <b>-</b>	37 LAST (BIRTH NAME) <b>RODRIGUES</b>		38 BIRTH STATE <b>PORTUGAL</b>	
FUNERAL DIRECTORY LOCAL REGISTRAR	39 DISPOSITION DATE mm/dd/yyyy <b>09/02/2021</b>		40 PLACE OF FINAL DISPOSITION <b>ST. MARY'S CEMETERY 6700 21ST AVENUE, SACRAMENTO, CA 95820</b>				
	41 TYPE OF DISPOSITION(S) <b>BU</b>		42 SIGNATURE OF EMBALMER <b>JONATHAN E BILLER</b>		43 LICENSE NUMBER <b>EMB9265</b>		
44 NAME OF FUNERAL ESTABLISHMENT <b>ST. MARY CEMETERY AND FUNERAL CENTER</b>		45 LICENSE NUMBER <b>FD2263</b>	46 SIGNATURE OF LOCAL REGISTRAR <b>OLIVIA KASIRYE MD</b>		47 DATE mm/dd/yyyy <b>09/01/2021</b>		
PLACE OF DEATH	101 PLACE OF DEATH <b>RESIDENCE</b>		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Funeral Home <input type="checkbox"/> Home <input type="checkbox"/> Other		
	104 COUNTY <b>SACRAMENTO</b>	105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>3912 LAS PASAS WAY</b>		106 CITY <b>SACRAMENTO</b>			
CAUSE OF DEATH	107 CAUSE OF DEATH (Final disease or condition resulting in death) <b>(A) METASTATIC GASTRIC CANCER</b>		108 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109 DATE REPORTED TO CORONER <b>3 MOS</b>		
	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		108 BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110 AUTOPSY PERFORMED? <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>		113A IF FEMALE, PREPREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
	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: _____		115 SIGNATURE AND TITLE OF CERTIFIER <b>EDWARD JAE-HOON KIM, MD</b>		116 LICENSE NUMBER <b>A122547</b>		
CORONER'S USE ONLY	(A) mm/dd/yyyy <b>06/09/2021</b>		(B) mm/dd/yyyy <b>06/09/2021</b>		117 DATE mm/dd/yyyy <b>08/27/2021</b>		
	118 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		119 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>EDWARD JAE-HOON KIM, M.D. 2315 STOCKTON BLVD., SACRAMENTO, CA 95817</b>		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
	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		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 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.#	

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health Services.

DATE ISSUED **September 2, 2021**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



\* 0 0 1 9 8 4 2 3 6 \*

*Olivia Kasirye MD*

OLIVIA KASIRYE, MD  
LOCAL REGISTRAR