

Recording Requested By:
COREY, LUZAICH, de GHETALDI &
RIDDLE LLP



SHAWNYNE GARREN, RECORDER

When Recorded Mail To:

Dallas E. Dean, Esq.
P. O. BOX 669
MILLBRAE, CA. 94030

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

A.P.N.: 25-384-06

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) ss.
County of San Mateo)

MARIA L. ZAMATTIA, of legal age, being first duly sworn, deposes and says:

That **MARIA LUCIA ITURBURUA**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **MARIA ITURBURUA**, named as Trustee under the **JUAN AND MARIA ITURBURUA 2019 TRUST** under Declaration of Trust dated March 11, 2019, and in that certain Grant Deed dated March 11, 2019, recorded on the 18th day of March, 2019 as Instrument No. 2019-926804, in the Official Records of the County of Douglas, covering the following described parcel of real property commonly known as 1317 Toiyabe Avenue, Gardnerville, Nevada:

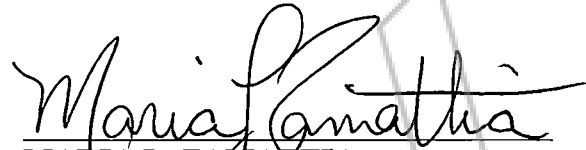
Lot 36, as shown on the map of **CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 1**, filed in the office of the County Recorder of Douglas County, Nevada, on July 19, 1965, in Book 33, Page 19, Document No. 28834.

APN: 25-384-06

The undersigned, **MARIA L. ZAMATTIA**, is designated and shall act as the Successor Trustee under the above-mentioned Declaration of Trust dated March 11, 2019.

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 22nd day of August 2023, at Millbrae, California.


MARIA L. ZAMATTIA
1310 Claremont Drive
San Bruno, CA 94066


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.

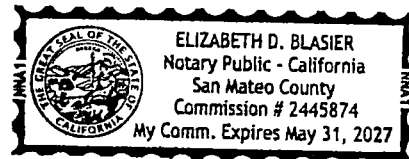
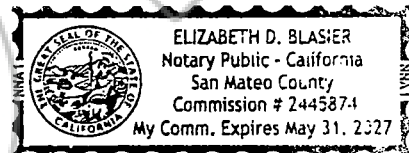
STATE OF CALIFORNIA

County of San Mateo

Subscribed and sworn to (or affirmed) before me on this 22nd day of August 2023, by **MARIA L. ZAMATTIA**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



NOTARY (SEAL)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCO

3052023129802

CERTIFICATE OF DEATH

3202338003105

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARIA		2. MIDDLE LUCIA		3. LAST (Family) ITURBURUA	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy 02/21/1940		5. AGE Yrs. 83	
9. BIRTH STATE/FOREIGN COUNTRY SPAIN		10. SOCIAL SECURITY NUMBER ██████-9071		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) WIDOWED		7. DATE OF DEATH mm/dd/ccyy 06/09/2023		6. SEX F	
13. EDUCATION - Highest Level/Degree (see worksheet on back) 08		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES SPANISH		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <input type="checkbox"/> NO WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CUSTODIAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CUSTODIAL		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number or location) 2321 34TH AVENUE					
21. CITY SAN FRANCISCO		22. COUNTY/PROVINCE SAN FRANCISCO		23. ZIP CODE 94116	
24. YEARS IN COUNTY 61		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP LUCY ZAMATTIA, NIECE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1310 CLAREMONT DRIVE, SAN BRUNO, CA 94066			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST JUAN		32. MIDDLE YGNACIO		33. LAST BALLARENA	
34. BIRTH STATE SPAIN		35. NAME OF MOTHER/PARENT - FIRST JUANA		36. MIDDLE -	
37. LAST (BIRTH NAME) AGUERREBERE		38. BIRTH STATE SPAIN			
39. DISPOSITION DATE mm/dd/ccyy 06/15/2023		40. PLACE OF FINAL DISPOSITION HOLY CROSS CATHOLIC CEMETERY 1500 OLD MISSION ROAD, COLMA, CA 94014			
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER STEPHEN HENRY MULLER		43. LICENSE NUMBER EMB8754	
44. NAME OF FUNERAL ESTABLISHMENT DUGGAN'S SERRA MORTUARY		45. LICENSE NUMBER FD1098		46. SIGNATURE OF LOCAL REGISTRAR SUSAN PHILIP, MD MPH	
47. DATE mm/dd/ccyy 06/14/2023					
101. PLACE OF DEATH UCSF MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN FRANCISCO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 505 PARNASSUS AVE		106. CITY SAN FRANCISCO	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or venous/pulmonary thrombosis without showing the etiology. DO NOT ABBREVIATE. (A) CEREBROVASCULAR ACCIDENT		108. DEATH REPORTED TO CORONER? Initial and Date <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) HYPERTENSION		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	
(C) _____					
(D) _____					
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) NO		113A. DECEDENT PREGNANT 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 GERALD FRANCIS MURPHY, MD		116. LICENSE NUMBER G73497	
(A) mm/dd/ccyy 06/09/2023		(B) mm/dd/ccyy 06/09/2023		117. DATE mm/dd/ccyy 06/13/2023	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GERALD FRANCIS MURPHY, MD 1 SHRADER ST STE 570, SAN FRANCISCO, CA 94117					
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"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause not to be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy: _____ 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/ccyy _____		128. TYPE NAME TITLE OF CORONER / DEPUTY CORONER _____	
STATE REGISTRAR		A		B	
C		D		E	
FAX AUTH.#				CENSUS TRACT	



STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.

DATE ISSUED

JUN 15 2023

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



Susan Philip
SUSAN PHILIP, MD, MPH
 HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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