

APN# 1319-0-644-112

Recording Requested by/Mail to:

Name: SHIRIN MOZAYENY
Address: 1540 SIERRA VISTA DR.
City/State/Zip: LA HABRA, CA 90631



SHAWNYNE GARREN, RECORDER

Mail Tax Statements to:

Name: SHIRIN MOZAYENY
Address: 1540 SIERRA VISTA DR.
City/State/Zip: LA HABRA, CA 90631

AFFIDAVIT OF DEATH

Title of Document (required)

Please complete the Affirmation Statement below:

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)
- Military Discharge – NRS 419.020 (2)
- Other NRS _____ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Shirin Mozayeny
Signature
SHIRIN MOZAYENY
Printed Name

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

Affidavit of Death

STATE OF California
COUNTY OF orange

I, Shirin Mozayeny, residing at 1540 SIERRA VISTA DR., LA HABRA, California 90631, being of legal age, depose and say that:

That MANOUCHEHR MOZAYENY, 1540 SIERRA VISTA DR., LA HABRA, California 90631 died on December 07, 2023 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

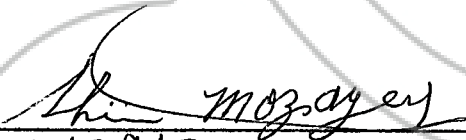
That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in California for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

I certify under penalty of perjury under California law that I know the contents of this Affidavit signed by me and that the statements are true and correct.



04/29/2024 April 29, 2024
SHIRIN MOZAYENY

A notary public or other officer completing this certificate verifies only the identity of the individual(s) 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 orange

On _____ before me, _____, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her/ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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 of Notary Public

(Notary Seal)

see attached California Acknowledgement

**CALIFORNIA ALL-PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT
(CALIFORNIA CIVIL CODE § 1189)**

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 LOS ANGELES)

On 04/29/24 before me, VICTORIA ZARRAGA
(Date) (Here Insert Name and Title of the Officer)

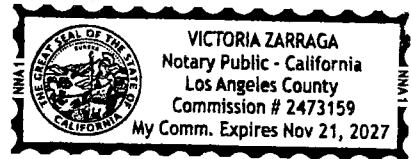
personally appeared SHIRIN MOZAYENY,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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.

Victoria Zarraga (Notary Public)
Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

Additional Information: _____

EXHIBIT "A" (37)

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

An undivided 1/51st interest in and to that certain condominium as follows:

- (A) An undivided 1/106ths interest as tenants-in-common, in and to Lot 37 of Tahoe Village Unit No. 3 as shown on the Ninth Amended Map Recorded July 14, 1988 as Document No. 182057, Official Records of Douglas County, State of Nevada. Except therefrom Units 039 through 080 (Inclusive) and Units 141 through 204 (Inclusive) as shown and defined on that certain Condominium Plan Recorded as Document No. 182057, Official Records of Douglas County, Nevada.
- (B) Unit No. 201 as shown and defined on said Condominium Plan.

PARCEL TWO:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173, Page 229 of Official Records and in the modifications thereof recorded September 28, 1973 as Document No. 69063 in Book 973, Page 812 of Official Records and recorded July 2, 1976 as Document No. 1472 in Book 776, Page 87 of Official Records.

PARCEL THREE:

A non-exclusive easement for ingress and egress and recreational purposes and for the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada and such recreational areas as may become a part of said timeshare project, for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

- (A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East,
- and -
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Declaration of Annexation of The Ridge Tahoe Phase Five recorded on August 18, 1988, as Document No. 184461 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, and the non-exclusive right to use the real property referred to in subparagraph (A) of Parcel One and Parcels Two, Three and Four above for all of the Purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during Primo ONE use weeks within the SEASON, as said quoted term is defined in the Declaration of Annexation of The Ridge Tahoe Phase Five.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 37 during said use week within said "use season".

Portion of Parcel No. 42-288-11

REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 SEP 11 P1:43

SUZANNE BEAUREAU
RECORDER

210607

\$6⁰⁰ PAID: K12 DEPUTY
BOOK 989 PAGE 1185

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

3052023272651

CERTIFICATE OF DEATH

3202330021798

| | | | | | | | |
|--|---|---|--|--|---------------------------------|--|---|
| STATE FILE NUMBER 3052023272651 | | STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 10-11 (REV. 2/09) | | | | LOCAL REGISTRATION NUMBER 3202330021798 | |
| DECEASED'S PERSONAL DATA | 1. NAME OF DECEASED - FIRST (Given) MANOUCHEHR | | 2. MIDDLE - | | 3. LAST (Family) MOZAYENY | | |
| | AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST) | | | 4. DATE OF BIRTH mm/dd/yyyy 11/22/1930 | | 5. AGE Yrs. 93 | 6. SEX M |
| | 9. BIRTH STATE/FOREIGN COUNTRY IRAN | 10. SOCIAL SECURITY NUMBER [REDACTED] 1347 | 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) MARRIED | | 7. DATE OF DEATH mm/dd/yyyy 12/07/2023 | 8. HOUR (24 hours) 2309 |
| | 13. EDUCATION - Highest Level/Original (see worksheet on back) DOCTORATE | 14/15. WAS DECEASED HISPANIC/LATINO/ASIAN/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | 16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) IRANIAN | | | | |
| USUAL RESIDENCE | 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MEDICAL DOCTOR | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL | | | 19. YEARS IN OCCUPATION 60 | |
| | 20. DECEASED'S RESIDENCE (Street and number, or location) 1540 SIERRA VISTA DR. | | | | | | |
| | 21. CITY LA HABRA | 22. COUNTY/PROVINCE ORANGE | 23. ZIP CODE 90631 | 24. YEARS IN COUNTY 42 | 25. STATE/FOREIGN COUNTRY CA | | |
| INFORMANT | 26. INFORMANT'S NAME, RELATIONSHIP SHIRIN MOZAYENY, SPOUSE | | | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1540 SIERRA VISTA DR., LA HABRA, CA 90631 | | | |
| | 28. NAME OF SURVIVING SPOUSE/SRDP - FIRST SHIRIN | 29. MIDDLE - | 30. LAST (BIRTH NAME) NIKNAFS | | | | |
| SPOUSE/SRDP AND PARENT INFORMATION | 31. NAME OF FATHER/PARENT - FIRST REZA | 32. MIDDLE - | 33. LAST MOZAYENY | | | 34. BIRTH STATE IRAN | |
| | 35. NAME OF MOTHER/PARENT - FIRST MASSOUMEH | 36. MIDDLE - | 37. LAST (BIRTH NAME) NEGHBAT | | | 38. BIRTH STATE IRAN | |
| | 39. DISPOSITION DATE mm/dd/yyyy 12/14/2023 | 40. PLACE OF FINAL DISPOSITION EL TORO MEMORIAL PARK 25751 TRABUCO RD, LAKE FOREST, CA 92630 | | | | | |
| FUNERAL DIRECTOR/ LOCAL REGISTRAR | 41. TYPE OF DISPOSITION(S) BURIAL | | 42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED | | | 43. LICENSE NUMBER - | |
| | 44. NAME OF FUNERAL ESTABLISHMENT WHITE-EMERSON MORTUARY | | 45. LICENSE NUMBER FD217 | 46. SIGNATURE OF LOCAL REGISTRAR ▶ REGINA CHINSIO-KWONG, DO | | | 47. DATE mm/dd/yyyy 12/14/2023 |
| | 101. PLACE OF DEATH PROVIDENCE ST. JUDE MEDICAL CENTER | 102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOR | 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 | | | | |
| PLACE OF DEATH | 104. COUNTY ORANGE | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 101 E VALENCIA MESA DR | | | | 106. CITY FULLERTON | |
| | 107. CAUSE OF DEATH Enter the chain of events - disease, 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. | | | | | | 108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| | IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) ACUTE CARDIOPULMONARY ARREST | | | | | | SECS |
| | Securitized, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (cause of injury that initiated the event resulting in death) LAST (B) NON-ST-ELEVATION MYOCARDIAL INFARCTION | | | | | | DAYS |
| CAUSE OF DEATH | (C) CONGESTIVE HEART FAILURE | | | | | | YRS |
| | 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE | | | | | | 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NO | | | | | | 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | 113A. DECEASED PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | | | | | |
| PHYSICIAN'S CERTIFICATION | 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Address Since mm/dd/yyyy 12/07/2023 | | 115. SIGNATURE AND TITLE OF CERTIFIER ▶ DANIEL PARK, DO | | 116. LICENSE NUMBER 20A13220 | 117. DATE mm/dd/yyyy 12/14/2023 | |
| | (A) mm/dd/yyyy 12/07/2023 | (B) mm/dd/yyyy 12/07/2023 | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DANIEL PARK, DO 101 E VALENCIA MESA DR, FULLERTON, CA 92835 | | | | |
| CORONER'S USE ONLY | 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 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 | |

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA }
 COUNTY OF ORANGE } SS

DATE ISSUED December 18, 2023

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Regina Chinsio-Kwong
 REGINA CHINSIO-KWONG, DO
 HEALTH OFFICER
 ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE