

DOC # 0227943

10/20/2014

08:45 AM

Official Record

Recording requested By
LAW OFFICES OF BRESLER & LEE

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$41.00

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RPTT:

Recorded By: LH

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A.P.N.: 003-194-01
Vacant Land, Nevelco
Unit 1, Lot 42



0227943

Recording Requested By
Law Offices of
Bresler & Lee
3338 Sacramento Street
San Francisco, CA
94118

When Recorded Mail to:
ALMA M. MENDOZA and MARK KARWOWSKI,
Successor Co-Trustees
30773 South Tracy Boulevard
Tracy, CA 95377

AFFIDAVIT DEATH OF TRUSTEE

ALMA M. MENDOZA and MARK KARWOWSKI, Successor Co-Trustees, of legal age, being first duly sworn, depose and say: (1) They are now the Successor Co-Trustees of the MENDOZA FAMILY TRUST under trust declaration dated September 16, 2013; and (2) that MANUEL ANTONIO MENDOZA, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as MANUEL A. MENDOZA, SR., named as one of the parties in that certain Quit Claim Deed dated September 16, 2013, executed by MANUEL A. MENDOZA, SR. to MANUEL A. MENDOZA, SR., as Trustee of the MENDOZA FAMILY TRUST, U.D.T. ("Under Declaration of Trust"), dated September 16, 2013, recorded as Instrument No. 0224878 on September 20, 2013 in Book 555, Page 0078, of Official Records of Eureka County, Nevada, covering the following-described property situated in the County of Eureka, State of Nevada:

Nevelco Unit 1 lot #42, consisting of 9.11 +/- acres, being located in Eureka County, Nevada.

A.P.N.: 003-194-01. Said property is commonly known as Vacant Land, ^Nevelco Unit 1, Lot 42.

The above-described property is now vested in title as follows: "ALMA M. MENDOZA and MARK KARWOWSKI, Successor Co-Trustees of the MENDOZA FAMILY TRUST dated September 16, 2013."

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY
PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

3052013183417

CERTIFICATE OF DEATH

3201339003424

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MANUEL		2. MIDDLE ANTONIO		3. LAST (Family) MENDOZA	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 08/29/1947		5. AGE Yrs. 66 If UNDER ONE YEAR: Months _____ Days _____ If UNDER 24 HOURS: Hours _____ Minutes _____	
9. BIRTH STATE/FOREIGN COUNTRY MA		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 09/28/2013		8. HOUR (24 Hours) 0510	
13. EDUCATION - (Highest Level Completed) (see worksheet on back) BACHELOR		14.15. WAS DECEDENT Hispanic or Latino? ANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES PERUVIAN <input type="checkbox"/> NO		16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) WHITE	
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 38	
20. DECEDENT'S RESIDENCE (Street and number, or location) 30773 SOUTH TRACY BOULEVARD		21. CITY TRACY		22. COUNTY/PROVINCE SAN JOAQUIN	
23. ZIP CODE 95377		24. YEARS IN COUNTY ?		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP ALMA D. MENDOZA, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 30773 SOUTH TRACY BOULEVARD, TRACY, CA 95377			
28. NAME OF SURVIVING SPOUSE/SROP - FIRST ALMA		29. MIDDLE D.		30. LAST (BIRTH NAME) MANGAMPO	
31. NAME OF FATHER/PARENT - FIRST LUIS		32. MIDDLE ANTONIO		33. LAST MENDOZA SR	
34. BIRTH STATE PERU		35. NAME OF MOTHER/PARENT - FIRST GAETANA		36. MIDDLE	
37. LAST (BIRTH NAME) PATERNA		38. BIRTH STATE SICILY			
39. DISPOSITION DATE mm/dd/yyyy 10/04/2013		40. PLACE OF FINAL DISPOSITION: HOLY CROSS CEMETERY 1500 MISSION ROAD, COLMA, CA 94014			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER GRAHAM RILEY		43. LICENSE NUMBER EMB8739	
44. NAME OF FUNERAL ESTABLISHMENT HALSTED-N GRAY-CAREW & ENGLISH INC		45. LICENSE NUMBER FD334		46. SIGNATURE OF LOCAL REGISTRAR KAREN FURST, MD	
47. DATE mm/dd/yyyy 10/02/2013					
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> EVOP <input type="checkbox"/> CCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 30773 SOUTH TRACY BOULEVARD		106. CITY TRACY	
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. ACUTE LIVER FAILURE		Time Interval Between Onset and Death 3 WKS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) ACUTE LIVER FAILURE		109. BOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 METASTATIC HEPATOCELLULAR CARCINOMA HEPATITIS C CIRRHOSIS		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 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) LAPAROSCOPIC LYMPH NODE BIOPSY-03/25/2013		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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 Arranged Since _____ Decedent Last Seen Alive _____		115. SIGNATURE AND TITLE OF CERTIFIER GARY LEE CHAN M.D.		116. LICENSE NUMBER G34576	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GARY LEE CHAN M.D.		117. DATE mm/dd/yyyy 10/02/2013			
(A) mm/dd/yyyy 02/25/2011		(B) mm/dd/yyyy 09/28/2013		909 HYDE ST STE 210, SAN FRANCISCO, CA 94109	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. 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. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy (12) HOUR (24 Hours)			
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	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SAN JOAQUIN }

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

DATE ISSUED:

OCT 07 2013

Karen Furst, MD
KAREN FURST, MD, MPH
LOCAL REGISTRAR

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

