

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

Page 1 of 3

RPTT:

Recorded By: LH

Book- 572 Page- 0221

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."

9/26/, 2014

Alma M. Mendoza
ALMA M. MENDOZA, Successor Co-Trustee of the MENDOZA FAMILY TRUST, dated 9/16/2013

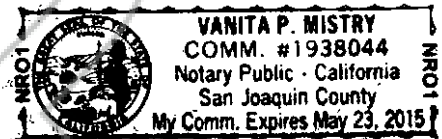
9/30, 2014

Mark Karwowski
MARK KARWOWSKI, Successor Co-Trustee of the MENDOZA FAMILY TRUST, dated 9/16/2013

STATE OF CALIFORNIA)
COUNTY OF SAN JOAQUIN)

Subscribed and sworn to (or affirmed) before me on September 26, 2014, by ALMA M. MENDOZA, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

VANITA P. MISTRY
(Signature), NOTARY PUBLIC



STATE OF CALIFORNIA)
COUNTY OF SAN FRANCISCO)

Subscribed and sworn to (or affirmed) before me on 9/30, 2014, by MARK KARWOWSKI, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(Signature)
Davin Shaun Harlow, NOTARY PUBLIC



MAIL TAX STATEMENTS TO:

Alma M. Mendoza and Mark Karwowski, Successor Co-Trustees
30773 South Tracy Boulevard, Tracy, CA 95377



0227943

Book: 572 10/20/2014
Page: 222 Page: 2 of 3

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

3052013183417

CERTIFICATE OF DEATH

3201339003424

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MANUEL		2. MIDDLE ANTONIO	
3. LAST (Family) MENDOZA		4. DATE OF BIRTH mm/dd/yyyy 08/29/1947	
5. AGE Yrs. 66		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY MA		10. SOCIAL SECURITY NUMBER MA	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SCOP (at Date of Death) MARRIED	
13. EDUCATION - (by test level/degree) (see worksheet on back) BACHELOR		14. WAS DECEDENT BORN IN U.S.? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PERUVIAN	
15. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) WHITE		16. DATE OF DEATH mm/dd/yyyy 09/28/2013	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED INSURANCE AGENT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) INSURANCE	
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 2	
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/SCOP - 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	
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		48. PLACE OF DEATH OWN RESIDENCE	
49. COUNTY SAN JOAQUIN		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 30773 SOUTH TRACY BOULEVARD	
51. CITY TRACY		52. CAUSE OF DEATH ACUTE LIVER FAILURE	
53. IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE LIVER FAILURE		54. METASTATIC HEPATOCELLULAR CARCINOMA	
55. HEPATITIS C		56. CIRRHOSIS	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		58. TIME INTERVAL BETWEEN DEATH AND REPORT 3 WKS	
59. DATE 2013-2021		60. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
61. 109. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> O <input type="checkbox"/> C <input type="checkbox"/> A		62. 110. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
63. 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		64. 112. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
65. 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		66. 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 02/25/2011 09/28/2013	
67. 115. SIGNATURE AND TITLE OF CERTIFIER GARY LEE CHAN M.D.		68. 116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GARY LEE CHAN M.D. 909 HYDE ST STE 210, SAN FRANCISCO, CA 94109	
69. 117. TYPE OF DEATH Natural		70. 118. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
71. 119. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		72. 120. INJURY DATE mm/dd/yyyy	
73. 121. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		74. 122. HOUR (24 hours)	
75. 123. LOCATION OF INJURY (Street and number, or location, and city and zip)		76. 124. SIGNATURE OF CORONER / DEPUTY CORONER	
77. 125. DATE mm/dd/yyyy		78. 126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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**

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

KAREN FURST, MD
LOCAL REGISTRAR

10/20/2014
Page 3 of 3

Book 572
Page 223



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