

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052020033802

CERTIFICATE OF DEATH

3202019007584

Form containing personal data, usual residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only sections.

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



Health Officer and Registrar signature and date issued FEB 20 2020

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



CALOSANGLO

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a. 005-090-46
 b. _____
 c. _____
 d. _____

2. Type of Property:
 a. Vacant Land b. Single Fam. Res.
 c. Condo/Twnhse d. 2-4 Plex
 e. Apt. Bldg f. Comm'l/Ind'l
 g. Agricultural h. Mobile Home
 Other

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

- 3.a. Total Value/Sales Price of Property \$ 0.00
 b. Deed in Lieu of Foreclosure Only (value of property (0.00))
 c. Transfer Tax Value: \$ 0.00
 d. Real Property Transfer Tax Due \$ 0.00

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 07 _____
 b. Explain Reason for Exemption: AFFIDAVIT SUBSTITUTING TRUSTEE DUE TO DEATH

5. Partial Interest: Percentage being transferred: 100 %
 The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity: Trustee
 Signature _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Jacqueline Anello Trust
 Address: 7014 Encinita Avenue
 City: San Gabriel
 State: CA Zip: 91775

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Thomas Mathew Schneider, Ttee
 Address: 7014 Encinita Avenue
 City: San Gabriel
 State: CA Zip: 91775

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)
 Print Name: William F. Kruse
 Address: 301 N. Lake Ave., 10th Fl.
 City: Pasadena

Escrow # _____
 State: CA Zip: 91101