

EUREKA COUNTY, NV
LAND-AFF
Rec:\$37.00
Total:\$37.00
STEPHEN JAY HAAS

2022-247828
02/22/2022 08:52 AM
Pgs=5

Recording requested by and
when recorded mail to:

STEPHEN JAY HAAS
1967 S. STARFIRE AVE
CORONA, CA 92879

APN: 002-016-03



LISA HOEHNE, CLERK RECORDER

AFFIDAVIT OF DEATH (Probate Code Section 210)

STEPHEN JAY HAAS, Successor Trustee, of legal age, declares and says:

That the undersigned, STEPHEN JAY HAAS, Successor Trustee of the HAAS TRUST dated September 13, 1986, hereby accepts the appointment as trustee and agrees to carry out the duties of trustee.

That HAZEL MOLINE HAAS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as HAZEL M. HAAS, named as one having an interest in the HAAS TRUST dated September 13, 1986, Sub-Trust B. Said interest was transferred by Quitclaim Deed executed November 19, 2012 and recorded with the Eureka County Recorder on November 21, 2012, as document number 0222172. (Trust not previously recorded).

The decedent's death affects the following described property situated in the County of Eureka, State of Nevada.

1. See Exhibit "A" attached hereto

More commonly known as: 3058 Crescent Ave., Crescent Valley, NV

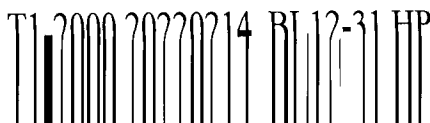
ASSESSOR'S PARCEL NUMBER: 002-016-03

VERIFICATION

I certify and declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 2/16/2022

STEPHEN JAY HAAS,
Successor Trustee



LOTS 27 and 28 of BLOCK 19 OF CRESCENT VALLEY RANCH AND FARMS UNIT NUMBER 1 , AS SHOWN ON THE MAP THEREOF RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF EUREKA COUNTY, NEVADA, AS DOCUMENT NUMBER 34081.

TOGETHER WITH THE TENEMENTS, HEREDITAMENTS AND APPURTENANCES THEREUNTO BELONGING OR APPERTAINING, AND THE REVERSION AND REVERSIONS, REMAINDER AND REMAINDERS, RENTS, ISSUES AND PROFITS THEREOF.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052021120891

CERTIFICATE OF DEATH

3202133008088

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) HAZEL		2. MIDDLE MOLINE		3. LAST (Family) HAAS	
4. DATE OF BIRTH mm/dd/yyyy 05/24/1928				5. AGE Yrs. 92	
6. SEX F				7. DATE OF DEATH mm/dd/yyyy 04/28/2021	
9. BIRTH STATE/FOREIGN COUNTRY MN		10. SOCIAL SECURITY NUMBER [REDACTED]		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		13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SPECIAL EDUCATION TEACHER		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. YEARS IN OCCUPATION 20	
20. DECEDENT'S RESIDENCE (Street and number, or location) 803 MAGNOLIA AVE #222					
21. CITY CORONA		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92879	
24. YEARS IN COUNTY 9		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP STEPHEN HAAS, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1967 STARFIRE AVE., CORONA, CA 92879		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST RUBEN		32. MIDDLE -		33. LAST MOLINE	
34. BIRTH STATE MN		35. NAME OF MOTHER/PARENT - FIRST EDNA		36. MIDDLE -	
37. LAST (BIRTH NAME) BURKE		38. BIRTH STATE MN		39. DISPOSITION DATE mm/dd/yyyy 05/04/2021	
40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK 1712 S. GLENDALE AVE., GLENDALE, CA 91205		41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY		45. LICENSE NUMBER FD1902	
46. SIGNATURE OF LOCAL REGISTRAR GEOFFREY LEUNG, M.D., ED. MO		47. DATE mm/dd/yyyy 05/04/2021		101. PLACE OF DEATH OWN RESIDENCE/ HOSPICE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> ZIP <input type="checkbox"/> ERVOP <input type="checkbox"/> DCA		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 RIVERSIDE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 803 MAGNOLIA AVE #222		106. CITY CORONA			
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. IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST 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 (B) ALZHEIMER'S DEMENTIA				Time Interval Between Onset and Death (A) HRS (B) YRS (C) DT (D) DT	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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	
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. IF FEMALE, 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 (A) mm/dd/yyyy (B) mm/dd/yyyy 04/22/2021 04/28/2021		115. SIGNATURE AND TITLE OF CERTIFIER SAMEH MIKHAIL M.D.		116. LICENSE NUMBER A144408	
117. DATE mm/dd/yyyy 05/04/2021		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SAMEH MIKHAIL M.D. 7888 MISSION GROVE PKWY STE 200, RIVERSIDE, CA 92508			
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 RECORD

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

* 001954402 *

DATE ISSUED **Jun 8, 2021**

Dr. Cameron Kaiser, M.D., County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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



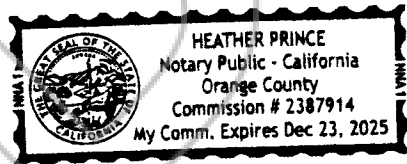
JURAT

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)
) ss.
County of Orange)

Subscribed and sworn to (or affirmed) before me on this 16th day of February 2022,
by Stephen Jay Haas, proved to me on the basis of satisfactory evidence to be
the person who appeared before me.

Heather Prince
Notary Public



**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a. 002-016-03
 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 \$ _____
 b. Deed in Lieu of Foreclosure Only (value of property (_____)
 c. Transfer Tax Value: \$ _____
 d. Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 07
 b. Explain Reason for Exemption: Transfer to Successor Trustee after death

5. Partial Interest: Percentage being transferred: _____ %
 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 Stephen Jay Haas Capacity: Successor Trustee
 Signature _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Hazel M. Haas, Trustee
 Address: 737 Magnolia Ave #230
 City: Corona
 State: CA Zip: 92879

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Stephen Jay Haas, Trustee
 Address: 1967 S. Starfire Ave
 City: Corona
 State: CA Zip: 92879

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)

Print Name: Bezaire & Leathers
 Address: 41 Corporate Park, Suite 320
 City: Irvine

Escrow # _____
 State: CA Zip: 92606