

RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO  
AND MAIL TAX STATEMENTS TO:

Arja McCray  
4118 Aqua Vista St.  
Oakland, CA 94601



KATHERINE J. BOWLING, CLERK RECORDER

APN: 005-470-15

**AFFIDAVIT OF DEATH OF TRUSTEE**

ARJA MCCRAY, of legal age, being first duly sworn, depose and say:

That KERTTU KAARINA MCCRAY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KERTTU K. MCCRAY, named as one of the parties in that certain Grant Deed dated May 27, 2009, executed by LLOYD A. MCCRAY and KERTTU K. MCCRAY, husband and wife as joint tenants, to LLOYD A. MCCRAY and KERTTU K. MCCRAY as Trustees of the MCCRAY FAMILY TRUST dated 5/27/09, as community property, recorded as Document No. 0213329 on June 8, 2009, in the Official Records of Eureka County, State of Nevada, covering the following described property situated in Eureka County, State of Nevada:

Township 29, North, Range 48 East, M.D.B. & M. Section 33: SE 1/4, NE 1/4, SE 1/4.

I am the successor and current acting trustee.

Dated: April 25, 2023

ARJA MCCRAY

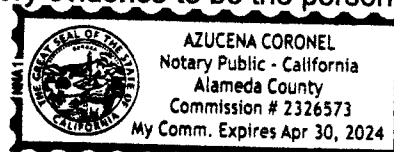
JURAT

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 }  
  } }  
COUNTY OF Alameda } }

Subscribed and sworn to (or affirmed) before me on this 25 th day of April, 2023 by ARJA MCCRAY proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature



MAIL TAX STATEMENTS AS DIRECTED ABOVE

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

3052023032110

**CERTIFICATE OF DEATH**

3202301001105

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/08)</small>				LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) <b>KERTTU</b>		2. MIDDLE <b>KAARINA</b>		3. LAST (Family) <b>MCCRAY</b>			
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy <b>10/10/1945</b>		5. AGE Yrs <b>77</b>		
	9. BIRTH STATE/FOREIGN COUNTRY <b>FINLAND</b>		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/SPOUSE* (at time of death) <b>WIDOWED</b>	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>BACHELOR</b>		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		7. DATE OF DEATH mm/dd/yyyy <b>02/04/2023</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ACADEMIC PERSONNEL ANALYST</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>HUMAN RESOURCES</b>		8. HOUR (24 Hour) <b>1129</b>				
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) <b>3720 WISCONSIN STREET</b>							
	21. CITY <b>OAKLAND</b>		22. COUNTY/PROVINCE <b>ALAMEDA</b>		23. ZIP CODE <b>94619</b>		24. YEARS IN COUNTY <b>53</b>	
	25. STATE/FOREIGN COUNTRY <b>CA</b>							
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP <b>ARJA MCCRAY, DAUGHTER</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>4118 AQUA VISTA STREET, OAKLAND, CA 94601</b>				
	SPOUSE/SPOE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SPOE - FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>		
31. NAME OF FATHER/PARENT - FIRST <b>JALMARI</b>		32. MIDDLE <b>JOHANNES</b>		33. LAST <b>PELKONEN</b>		34. BIRTH STATE <b>FINLAND</b>		
35. NAME OF MOTHER/PARENT - FIRST <b>IDA</b>		36. MIDDLE <b>-</b>		37. LAST (BIRTH NAME) <b>PELKONEN</b>		38. BIRTH STATE <b>FINLAND</b>		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy <b>02/16/2023</b>		40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF ARJA MCCRAY 4118 AQUA VISTA STREET, OAKLAND, CA 94601</b>				43. LICENSE NUMBER <b>-</b>	
	41. TYPE OF DISPOSITION(S) <b>CREMATE/RESIDENCE</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				47. DATE mm/dd/yyyy <b>02/16/2023</b>	
PLACE OF DEATH	44. NAME OF FUNERAL ESTABLISHMENT <b>NEPTUNE SOCIETY OF NORTHERN CALIFORNIA</b>		45. LICENSE NUMBER <b>FD1325</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>NICHOLAS J. MOSS, MD, MPH</b>		48. DATE mm/dd/yyyy <b>02/16/2023</b>	
	101. PLACE OF DEATH <b>HIGHLAND HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DDA		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			
CAUSE OF DEATH	104. COUNTY <b>ALAMEDA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1411 E 31ST STREET</b>			106. CITY <b>OAKLAND</b>		
	107. CAUSE OF DEATH Enter the chain of events -- disease, injury, or complication -- 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. <b>(A) COMPLICATIONS OF RIGHT TIBIA AND FIBULA FRACTURE</b>						108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) UNK</b>						109. BIOPSY 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 <b>(B) UNK</b>						110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	<b>(C) UNK</b>						111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>HYPERTENSIVE HEART DISEASE, MITRAL VALVE FIBROSIS</b>								
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>						113A. DECEDENT 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 Attended Since: (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER <b>[Signature]</b>			116. LICENSE NUMBER		
	117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
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 checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Fencing <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy <b>02-/2023</b>		122. HOUR (24 Hours) <b>UNK</b>	
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>OTHER: DECEDENT RESIDENCE</b>							
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>FELL AND FRACTURED LEG</b>							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>3720 WISCONSIN STREET, OAKLAND, CA 94619</b>								
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>JERALYN R VAN CAMP</b>		127. DATE mm/dd/yyyy <b>02/15/2023</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>JERALYN R VAN CAMP, DEP CORONER</b>				
STATE REGISTRAR		A		B		C		
D		E		FAX AUTH.#		CENSUS TRACT		

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CA ALAMEDA 01

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF ALAMEDA



This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED **FEB 27 2023**

*[Signature]*  
HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

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

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

