



County of Santa Cruz

SHERI THOMAS, ASSESSOR
701 OCEAN STREET, Rm. 130, SANTA CRUZ, CA 95060
(831) 454-2002
www.santacruzcountyca.gov/asr

Lori Fleet
Chief Deputy-Valuation
Claudia Cunha
Chief Deputy-Administration

For Assessor Use Only

APN: 03404805

Document #:

Given By:

DECLARATION REGARDING TRANSFER OF PROPERTY

You have indicated that this document was recorded only to create, terminate or reconvey a security interest (cosigner). Please explain in detail the specific transaction and if any consideration (i.e. money) was exchanged. Any information that would help the Assessor to understand the nature of the transfer would be appreciated.

I certify under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

1. I am the stepson and named beneficiary of Donald Clair Christopher, deceased, formerly of Gilroy, California, who passed away on December 12, 2022.
2. Donald Clair Christopher, in his last will and testament, which was made known to me, stated that the property located at 1530 Prospect Avenue, Capitola, California 95010, Units A and B, shall be gifted to me, Kevin Julian Rizzi, free and clear.
3. Despite the existence of an amended will from 2016, no other last will and testament or claim to the deceased's property has been produced by the county of Santa Clara or any other beneficiaries and trustees of various living trusts, both revocable and irrevocable, upon request.
4. This affidavit shall act as a legally binding testament of Donald Clair Christopher's will, until and unless any contradicting will and testament is produced.
5. Furthermore, I attest to being a victim of malicious litigation, fraudulent foreclosure, breach of contract, stalking, threats of murder, threats of incarceration, and other grievances as detailed herein, particularly on August 5th in Gilroy, California, and other incidents involving associates of the trustee Karen Diane Christopher.
6. The County Recorder's Office of Santa Cruz is hereby notified that this affidavit, asserting the last will and testament of Don C. Christopher gifting the property at 1530 Prospect Avenue, Capitola, California 95010 to Kevin Rizzi, shall be filed without question until a superseding will and testament is presented.
7. Failure to comply by the county of Santa Cruz will lead to me seeking further relief from the county for failure to execute their duties. Any documentation to the contrary, via any sort of other wills that may exist, must be presented to me and my attorney of record, else this issue be resolved definitively.

Signed

Date 03/04/2024

Please print name Kevin Rizzi

Daytime phone number (8:00 to 5:00) 408-317-8574

(Note: The Assessor's Office may contact you for further information.)

RECORDING REQUESTED BY
FAIRVIEW RESTORATION, INC and KEVIN RIZZI
AND WHEN RECORDED MAIL DOCUMENT AND
TAX STATEMENT TO:

NAME KEVIN RIZZI
STREET ADDRESS 3289 UMBRIA GARDENS AVE
CITY, STATE & ZIP CODE LAS VEGAS, NV 89141

TITLE ORDER NO. ESCROW NO. SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

A.P.N.: 03404605

SUBSTITUTION OF TRUSTEE

WHEREAS DONALD CHRISTOPHER was the original Trustor(s), Karen Christopher was the original Trustee, and KEVIN RIZZI

was the original Beneficiary(ies) under that certain Deed of Trust dated 01/08/2008 and recorded on 04/02/2021 as Instrument Number 2021-0018829 in Book N/A, Page N/A of Official Records of SANTA CRUZ County, California and

WHEREAS, the undersigned is the present Beneficiary under the Deed of Trust; and
WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in the place and stead of said original Trustee thereunder, in the manner provided for in the Deed of Trust.

NOW, THEREFORE, the undersigned hereby substitutes KEVIN RIZZI whose address is: 3289 UMBRIA GARDENS AVE, LAS VEGAS, NV 89141 as Trustee.

Dated 2-15-24

[Handwritten Signature]

(Signature of Beneficiary)

Kevin Rizzi

(Typed or Printed Name of Beneficiary)

(Signature of Beneficiary)

(Typed or Printed Name of Beneficiary)

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 NEVADA)SS

COUNTY OF CLARK)

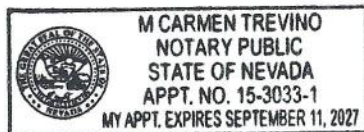
On 02/15/24, before me, M Carmen Trevino, notary public, personally appeared Kevin Rizzi, who proved to me on the basis of satisfactory

evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I Certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature
[Handwritten Signature]



(Seal)

* There are various types of forms depending on each person's legal status. Before you use this form you may want to consult an attorney if you have questions concerning which document form is appropriate for your transaction.

PRELIMINARY CHANGE OF OWNERSHIP REPORT

To be completed by the transferee (buyer) prior to a transfer of subject property, in accordance with section 480.3 of the Revenue and Taxation Code. A *Preliminary Change of Ownership Report* must be filed with each conveyance in the County Recorder's office for the county where the property is located.

NAME AND MAILING ADDRESS OF BUYER/TRANSFeree
(Make necessary corrections to the printed name and mailing address)

L

ASSESSOR'S PARCEL NUMBER

03404605

SELLER/TRANSFEROR

Donald C Christopher (P-Trust)

BUYER'S DAYTIME TELEPHONE NUMBER

(408) 317-8574

BUYER'S EMAIL ADDRESS

7

J

STREET ADDRESS OR PHYSICAL LOCATION OF REAL PROPERTY

1530 Prospect Ave, Capitola, CA 95010

YES NO This property is intended as my principal residence. If YES, please indicate the date of occupancy or intended occupancy.

MO	DAY	YEAR

YES NO Are you a 100% rated disabled veteran who was compensated at 100% by the Department of Veterans Affairs or an unmarried surviving spouse of a 100% rated disabled veteran?

MAIL PROPERTY TAX INFORMATION TO (NAME)

Kevin Rizzi

MAIL PROPERTY TAX INFORMATION TO (ADDRESS)

3289 Umbria Gardens Ave

CITY

Las Vegas

STATE

NV

ZIP CODE

89141

PART 1. TRANSFER INFORMATION

Please complete all statements.

This section contains possible exclusions from reassessment for certain types of transfers.

YES NO

- YES NO A. This transfer is solely between spouses (addition or removal of a spouse, death of a spouse, divorce settlement, etc.).
- YES NO B. This transfer is solely between domestic partners currently registered with the California Secretary of State (addition or removal of a partner, death of a partner, termination settlement, etc.).
- YES NO *C. This is a transfer: between parent(s) and child(ren) between grandparent(s) and grandchild(ren).
Was this the transferor/grantor's principal residence? YES NO
Is this a family farm? YES NO
- YES NO *D. This transfer is the result of a cotenant's death. Date of death 12-12-22
- YES NO *E. This transaction is to replace a principal residence owned by a person 55 years of age or older.
- YES NO *F. This transaction is to replace a principal residence by a person who is severely disabled.
- YES NO *G. This transaction is to replace a principal residence substantially damaged or destroyed by a wildfire or natural disaster for which the Governor proclaimed a state of emergency.
- YES NO H. This transaction is only a correction of the name(s) of the person(s) holding title to the property (e.g., a name change upon marriage). If YES, please explain: _____
- YES NO I. The recorded document creates, terminates, or reconveys a lender's interest in the property.
- YES NO J. This transaction is recorded only as a requirement for financing purposes or to create, terminate, or reconvey a security interest (e.g., cosigner). If YES, please explain: _____
- YES NO K. The recorded document substitutes a trustee of a trust, mortgage, or other similar document.
- L. This is a transfer of property:
- YES NO 1. to/from a revocable trust that may be revoked by the transferor and is for the benefit of the transferor, and/or the transferor's spouse registered domestic partner.
- YES NO 2. to/from an irrevocable trust for the benefit of the creator/grantor/trustor and/or grantor's/trustor's spouse grantor's/trustor's registered domestic partner.
- YES NO M. This property is subject to a lease with a remaining lease term of 35 years or more including written options.
- YES NO N. This is a transfer between parties in which proportional interests of the transferor(s) and transferee(s) in each and every parcel being transferred remain exactly the same after the transfer.
- YES NO O. This is a transfer subject to subsidized low-income housing requirements with governmentally imposed restrictions, or restrictions imposed by specified nonprofit corporations.
- YES NO *P. This transfer is to the first purchaser of a new building containing a leased owned active solar energy system.
- YES NO Q. Other. This transfer is to honor the will and last testament of Donald C Christopher

* Please refer to the instructions for Part 1.

Please provide any other information that will help the Assessor understand the nature of the transfer.

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION

PART 2. OTHER TRANSFER INFORMATION

Check and complete as applicable.

A. Date of transfer, if other than recording date: _____

B. Type of transfer:

- Purchase Foreclosure Gift Trade or exchange Merger, stock, or partnership acquisition (Form BOE-100-B)
 Contract of sale. Date of contract: _____ Inheritance. Date of death: 12-12-22
 Sale/leaseback Creation of a lease Assignment of a lease Termination of a lease. Date lease began: _____
 Original term in years (including written options): _____ Remaining term in years (including written options): _____
 Other. Please explain: _____

C. Only a partial interest in the property was transferred. YES NO If YES, indicate the percentage transferred: _____ %

PART 3. PURCHASE PRICE AND TERMS OF SALE

Check and complete as applicable.

- A. Total purchase price \$ _____
- B. Cash down payment or value of trade or exchange excluding closing costs Amount \$ _____
- C. First deed of trust @ _____ % interest for _____ years. Monthly payment \$ _____ Amount \$ _____
 FHA (____ Discount Points) Cal-Vet VA (____ Discount Points) Fixed rate Variable rate
 Bank/Savings & Loan/Credit Union Loan carried by seller
 Balloon payment \$ _____ Due date: _____
- D. Second deed of trust @ _____ % interest for _____ years. Monthly payment \$ _____ Amount \$ _____
 Fixed rate Variable rate Bank/Savings & Loan/Credit Union Loan carried by seller
 Balloon payment \$ _____ Due date: _____
- E. Was an Improvement Bond or other public financing assumed by the buyer? YES NO Outstanding balance \$ _____
- F. Amount, if any, of real estate commission fees paid by the buyer which are not included in the purchase price \$ _____
- G. The property was purchased: Through real estate broker. Broker name: _____ Phone number: _____
 Direct from seller From a family member-Relationship _____
 Other. Please explain: _____
- H. Please explain any special terms, seller concessions, broker/agent fees waived, financing, and any other information (e.g., buyer assumed the existing loan balance) that would assist the Assessor in the valuation of your property.

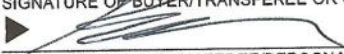
PART 4. PROPERTY INFORMATION

Check and complete as applicable.

- A. Type of property transferred
- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Single-family residence | <input type="checkbox"/> Co-op/Own-your-own | <input type="checkbox"/> Manufactured home |
| <input type="checkbox"/> Multiple-family residence. Number of units: _____ | <input type="checkbox"/> Condominium | <input type="checkbox"/> Unimproved lot |
| <input type="checkbox"/> Other. Description: (i.e., timber, mineral, water rights, etc.) _____ | <input type="checkbox"/> Timeshare | <input type="checkbox"/> Commercial/Industrial |
- B. YES NO Personal/business property, or incentives, provided by seller to buyer are included in the purchase price. Examples of personal property are furniture, farm equipment, machinery, etc. Examples of incentives are club memberships, etc. Attach list if available.
 If YES, enter the value of the personal/business property: \$ _____ Incentives \$ _____
- C. YES NO A manufactured home is included in the purchase price.
 If YES, enter the value attributed to the manufactured home: \$ _____
 YES NO The manufactured home is subject to local property tax. If NO, enter decal number: _____
- D. YES NO The property produces rental or other income.
 If YES, the income is from: Lease/rent Contract Mineral rights Other: _____
- E. The condition of the property at the time of sale was: Good Average Fair Poor
 Please describe: No notable deficiencies

CERTIFICATION

I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

SIGNATURE OF BUYER/TRANSFeree OR CORPORATE OFFICER 	DATE 02/14/24	TELEPHONE (408) 317-8574
NAME OF BUYER/TRANSFeree/PERSONAL REPRESENTATIVE/CORPORATE OFFICER (PLEASE PRINT) Kevin Rizzi	TITLE Trustee (2016 Amended)	EMAIL ADDRESS kevrizzi@gmail.com

The Assessor's office may contact you for additional information regarding this transaction.

ADDITIONAL INFORMATION

Please answer all questions in each section, and sign and complete the certification before filing. This form may be used in all 58 California counties. If a document evidencing a change in ownership is presented to the Recorder for recordation without the concurrent filing of a *Preliminary Change of Ownership Report*, the Recorder may charge an additional recording fee of twenty dollars (\$20).

NOTICE: The property which you acquired may be subject to a supplemental assessment in an amount to be determined by the County Assessor. Supplemental assessments are not paid by the title or escrow company at close of escrow, and are not included in lender impound accounts. **You may be responsible for the current or upcoming property taxes even if you do not receive the tax bill.**

NAME AND MAILING ADDRESS OF BUYER: Please make necessary corrections to the printed name and mailing address. Enter Assessor's Parcel Number, name of seller, buyer's daytime telephone number, buyer's email address, and street address or physical location of the real property.

NOTE: Your telephone number and/or email address is very important. **If there is a question or a problem, the Assessor needs to be able to contact you.**

MAIL PROPERTY TAX INFORMATION TO: Enter the name, address, city, state, and zip code where property tax information should be mailed. This must be a valid mailing address.

PRINCIPAL RESIDENCE: To help you determine your principal residence, consider (1) where you are registered to vote, (2) the home address on your automobile registration, and (3) where you normally return after work. If after considering these criteria you are still uncertain, choose the place at which you have spent the major portion of your time this year. Check YES if the property is intended as your principal residence, and indicate the date of occupancy or intended occupancy.

DISABLED VETERAN: If you checked YES, you may qualify for a property tax exemption. **A claim form must be filed and all requirements met in order to obtain the exemption. Please contact the Assessor for a claim form.**

PART 1: TRANSFER INFORMATION

If you check YES to any of these statements, the Assessor may ask for supporting documentation.

C, D, E, F, G: If you checked YES to any of these statements, you may qualify for a property tax reassessment exclusion, which may allow you to maintain your property's previous tax base. **A claim form must be filed and all requirements met in order to obtain any of these exclusions.** Contact the Assessor for claim forms. **NOTE:** If you give someone money or property during your life, you may be subject to federal gift tax. You make a gift if you give property (including money), the use of property, or the right to receive income from property without expecting to receive something of at least equal value in return. The transferor (donor) may be required to file Form 709, Federal Gift Tax Return, with the Internal Revenue Service if they make gifts in excess of the annual exclusion amount.

H: Check YES if the reason for recording is to correct a name already on title [e.g., Mary Jones, who acquired title as Mary J. Smith, is granting to Mary Jones]. This is not for use when a name is being removed from title.

I: Check YES if the change involves a lender, who holds title for security purposes on a loan, and who has no other beneficial interest in the property.

"Beneficial interest" is the right to enjoy all the benefits of property ownership. Those benefits include the right to use, sell, mortgage, or lease the property to another. A beneficial interest can be held by the beneficiary of a trust, while legal control of the trust is held by the trustee.

J: A **"cosigner"** is a third party to a mortgage/loan who provides a guarantee that a loan will be repaid. The cosigner signs an agreement with the lender stating that if the borrower fails to repay the loan, the cosigner will assume legal liability for it.

N: This is primarily for use when the transfer is into, out of, or between legal entities such as partnerships, corporations, or limited liability companies. Check YES only if the individuals and the interest held by each remains exactly the same in each and every parcel being transferred.

O: Check YES only if this property is subject to a government or nonprofit affordable housing program that imposes restrictions. Property may qualify for a restricted valuation method (i.e., may result in lower taxes).

P: If you checked YES, you may qualify for a new construction property tax exclusion. **A claim form must be filed and all requirements met in order to obtain the exclusion. Contact the Assessor for a claim form.**

PART 2: OTHER TRANSFER INFORMATION

A: The date of recording is rebuttably presumed to be the date of transfer. If you believe the date of transfer was a different date (e.g., the transfer was by an unrecorded contract, or a lease identifies a specific start date), put the date you believe is the correct transfer date. If it is not the date of recording, the Assessor may ask you for supporting documentation.

B: Check the box that corresponds to the type of transfer. If OTHER is checked, please provide a detailed description. Attach a separate sheet if necessary.

C. If this transfer was the result of an inheritance following the death of the property owner, please complete a *Change in Ownership Statement, Death of Real Property Owner*, form BOE-502-D, if not already filed with the Assessor's office.

PART 3: PURCHASE PRICE AND TERMS OF SALE

It is important to complete this section completely and accurately. The reported purchase price and terms of sale are important factors in determining the assessed value of the property, which is used to calculate your property tax bill. Your failure to provide any required or requested information may result in an inaccurate assessment of the property and in an overpayment or underpayment of taxes.

A. Enter the total purchase price, not including closing costs or mortgage insurance.

"Mortgage insurance" is insurance protecting a lender against loss from a mortgagor's default, issued by the FHA or a private mortgage insurer.

B. Enter the amount of the down payment, whether paid in cash or by an exchange. If through an exchange, exclude the closing costs.

"Closing costs" are fees and expenses, over and above the price of the property, incurred by the buyer and/or seller, which include title searches, lawyer's fees, survey charges, and document recording fees.

C. Enter the amount of the First Deed of Trust, if any. Check all the applicable boxes, and complete the information requested.

A **"balloon payment"** is the final installment of a loan to be paid in an amount that is disproportionately larger than the regular installment.

D. Enter the amount of the Second Deed of Trust, if any. Check all the applicable boxes, and complete the information requested.

E. If there was an assumption of an improvement bond or other public financing with a remaining balance, enter the outstanding balance, and mark the applicable box.

An **"improvement bond or other public financing"** is a lien against real property due to property-specific improvement financing, such as green or solar construction financing, assessment district bonds, Mello-Roos (a form of financing that can be used by cities, counties and special districts to finance major improvements and services within the particular district) or general improvement bonds, etc. Amounts for repayment of contractual assessments are included with the annual property tax bill.

F. Enter the amount of any real estate commission fees paid by the buyer which are not included in the purchase price.

G. If the property was purchased through a real estate broker, check that box and enter the broker's name and phone number. If the property was purchased directly from the seller (who is not a family member of one of the parties purchasing the property), check the "Direct from seller" box. If the property was purchased directly from a member of your family, or a family member of one of the parties who is purchasing the property, check the "From a family member" box and indicate the relationship of the family member (e.g., father, aunt, cousin, etc.). If the property was purchased by some other means (e.g., over the Internet, at auction, etc.), check the "OTHER" box and provide a detailed description (attach a separate sheet if necessary).

H. Describe any special terms (e.g., seller retains an unrecorded life estate in a portion of the property, etc.), seller concessions (e.g., seller agrees to replace roof, seller agrees to certain interior finish work, etc.), broker/agent fees waived (e.g., fees waived by the broker/agent for either the buyer or seller), financing, buyer paid commissions, and any other information that will assist the Assessor in determining the value of the property.

PART 4: PROPERTY INFORMATION

A. Indicate the property type or property right transferred. Property rights may include water, timber, mineral rights, etc.

B. Check YES if personal, business property or incentives are included in the purchase price in Part 3. Examples of personal or business property are furniture, farm equipment, machinery, etc. Examples of incentives are club memberships (golf, health, etc.), ski lift tickets, homeowners' dues, etc. Attach a list of items and their purchase price allocation. An adjustment will not be made if a detailed list is not provided.

C. Check YES if a manufactured home or homes are included in the purchase price. Indicate the purchase price directly attributable to each of the manufactured homes. If the manufactured home is registered through the Department of Motor Vehicles in lieu of being subject to property taxes, check NO and enter the decal number.

D. Check YES if the property was purchased or acquired with the intent to rent or lease it out to generate income, and indicate the source of that anticipated income. Check NO if the property will not generate income, or was purchased with the intent of being owner-occupied.

E. Provide your opinion of the condition of the property at the time of purchase. If the property is in "fair" or "poor" condition, include a brief description of repair needed.

CHANGE OF OWNERSHIP STATEMENT

This statement represents a written request from the Assessor.
Failure to file will result in the assessment of a penalty.

FILE THIS STATEMENT BY: 03/16/2024

NAME AND MAILING ADDRESS
(Make necessary corrections in the printed name and mailing address)

Kevin Rizzi
3289 Umbria Gardens Ave
Las Vegas, NV 89141

ASSESSOR'S PARCEL NUMBER

03404605

SELLER/TRANSFEROR

Donald C Christopher (P-Trust)

BUYER'S DAYTIME TELEPHONE NUMBER

(408:) 317-8574

BUYER'S EMAIL ADDRESS

kevrizzi@gmail.com

STREET ADDRESS OR PHYSICAL LOCATION OF REAL PROPERTY

1530 Prospect Ave, Capitola, CA 95010

YES NO This property is intended as my principal residence. If YES, please indicate the date of occupancy or intended occupancy.

MO	DAY	YEAR

YES NO Are you a 100% rated disabled veteran who was compensated at 100% by the Department of Veterans Affairs or an unmarried surviving spouse of a 100% rated disabled veteran?

MAIL PROPERTY TAX INFORMATION TO (NAME)

Kevin Rizzi

MAIL PROPERTY TAX INFORMATION TO (ADDRESS)

3289 Umbria Gardens Ave

CITY

Las Vegas

STATE

NV

ZIP CODE

89141**PART 1. TRANSFER INFORMATION***Please complete all statements.*

This section contains possible exclusions from reassessment for certain types of transfers.

YES NO

- A. This transfer is solely between spouses (*addition or removal of a spouse, death of a spouse, divorce settlement, etc.*)
- B. This transfer is solely between domestic partners currently registered with the California Secretary of State (*addition or removal of a partner, death of a partner, termination settlement, etc.*)
- *C. This is a transfer: between parent(s) and child(ren) between grandparent(s) and grandchild(ren).
Was this the transferor/grantor's principal residence? YES NO
Is this a family farm? YES NO
- *D. This transfer is the result of a cotenant's death. Date of death 12-12-22
- *E. This transaction is to replace a principal residence owned by a person 55 years of age or older.
- *F. This transaction is to replace a principal residence by a person who is severely disabled.
- *G. This transaction is to replace a principal residence substantially damaged or destroyed by a wildfire or natural disaster for which the Governor proclaimed a state of emergency.
- H. This transaction is only a correction of the name(s) of the person(s) holding title to the property (*e.g., a name change upon marriage*).
If YES, please explain: _____
- I. The recorded document creates, terminates, or reconveys a lender's interest in the property.
- J. This transaction is recorded only as a requirement for financing purposes or to create, terminate, or reconvey a security interest (*e.g., cosigner*). If YES, please explain: _____
- K. The recorded document substitutes a trustee of a trust, mortgage, or other similar document.
- L. This is a transfer of property:
1. to/from a revocable trust that may be revoked by the transferor and is for the benefit of the transferor, and/or the transferor's spouse registered domestic partner.
2. to/from an irrevocable trust for the benefit of the creator/grantor/trustor and/or grantor's/trustor's spouse grantor's/trustor's registered domestic partner.
- M. This property is subject to a lease with a remaining lease term of 35 years or more including written options.
- N. This is a transfer between parties in which proportional interests of the transferor(s) and transferee(s) in each and every parcel being transferred remain exactly the same after the transfer.
- O. This is a transfer subject to subsidized low-income housing requirements with governmentally imposed restrictions, or restrictions imposed by specified nonprofit corporations.
- *P. This transfer is to the first purchaser of a new building containing a leased owned active solar energy system.
- Q. Other. This transfer is to honor the will and last testaments of Donald C Christopher

* Please refer to the instructions for Part 1.

Please provide any other information that will help the Assessor understand the nature of the transfer.

PART 2. OTHER TRANSFER INFORMATION

Check and complete as applicable.

A. Date of transfer, if other than recording date: _____

B. Type of transfer:

Purchase Foreclosure Gift Trade or exchange Merger, stock, or partnership acquisition (Form BOE-100-B)

Contract of sale. Date of contract: _____ Inheritance. Date of death: 12-12-22

Sale/leaseback Creation of a lease Assignment of a lease Termination of a lease. Date lease began: _____

Original term in years (including written options): _____ Remaining term in years (including written options): _____

Other. Please explain: _____

C. Only a partial interest in the property was transferred. YES NO If YES, indicate the percentage transferred: _____ %

PART 3. PURCHASE PRICE AND TERMS OF SALE

Check and complete as applicable.

A. Total purchase price

\$ _____

B. Cash down payment or value of trade or exchange excluding closing costs

Amount \$ _____

C. First deed of trust @ _____% interest for _____ years. Monthly payment \$ _____

Amount \$ _____

FHA (____ Discount Points) Cal-Vet VA (____ Discount Points) Fixed rate Variable rate

Bank/Savings & Loan/Credit Union Loan carried by seller

Balloon payment \$ _____ Due date: _____

D. Second deed of trust @ _____% interest for _____ years. Monthly payment \$ _____

Amount \$ _____

Fixed rate Variable rate Bank/Savings & Loan/Credit Union Loan carried by seller

Balloon payment \$ _____ Due date: _____

E. Was an Improvement Bond or other public financing assumed by the buyer? YES NO Outstanding balance \$ _____

F. Amount, if any, of real estate commission fees paid by the buyer which are not included in the purchase price \$ _____

G. The property was purchased: Through real estate broker. Broker name: _____ Phone number: (____) _____

Direct from seller From a family member-Relationship _____

Other. Please explain: honor the will and last testaments of Donald C Christopher

H. Please explain any special terms, seller concessions, broker/agent fees waived, financing, and any other information (e.g., buyer assumed the existing loan balance) that would assist the Assessor in the valuation of your property.

PART 4. PROPERTY INFORMATION

Check and complete as applicable.

A. Type of property transferred

Single-family residence

Co-op/Own-your-own

Manufactured home

Multiple-family residence. Number of units: _____

Condominium

Unimproved lot

Other. Description: (i.e., timber, mineral, water rights, etc.) _____

Timeshare

Commercial/Industrial

B. YES NO Personal/business property, or incentives, provided by seller to buyer are included in the purchase price. Examples of personal property are furniture, farm equipment, machinery, etc. Examples of incentives are club memberships, etc. Attach list if available.

If YES, enter the value of the personal/business property: \$ _____ Incentives \$ _____

C. YES NO A manufactured home is included in the purchase price.

If YES, enter the value attributed to the manufactured home: \$ _____

YES NO The manufactured home is subject to local property tax. If NO, enter decal number: _____

D. YES NO The property produces rental or other income.


If YES, the income is from: Lease/rent Contract Mineral rights Other: _____

E. The condition of the property at the time of sale was: Good Average Fair Poor

Please describe: _____

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. This declaration is binding on each and every buyer/transferee.

SIGNATURE OF BUYER/TRANSFEEE OR CORPORATE OFFICER 	DATE 02/14/24	TELEPHONE (408) 317-8574
NAME OF BUYER/TRANSFEEE/LEGAL REPRESENTATIVE/CORPORATE OFFICER (PLEASE PRINT) Kevin Rizzi	TITLE Trustee (2016 Amended)	EMAIL ADDRESS Kevin Rizzi

IMPORTANT NOTICE

The law requires any transferee acquiring an interest in real property or manufactured home subject to local property taxation, and that is assessed by the county assessor, to file a change in ownership statement with the county recorder or assessor. The change in ownership statement must be filed at the time of recording or, if the transfer is not recorded, within 90 days of the date of the change in ownership, except that where the change in ownership has occurred by reason of death the statement shall be filed within 150 days after the date of death or, if the estate is probated, shall be filed at the time the inventory and appraisal is filed. The failure to file a change in ownership statement within 90 days from the date a written request is mailed by the assessor results in a penalty of either: (1) one hundred dollars (\$100), or (2) 10 percent of the taxes applicable to the new base year value reflecting the change in ownership of the real property or manufactured home, whichever is greater, but not to exceed five thousand dollars (\$5,000) if the property is eligible for the homeowners' exemption or twenty thousand dollars (\$20,000) if the property is not eligible for the homeowners' exemption if that failure to file was not willful. The assessor is required to mail the request to file a change in ownership statement to the transferee at the address specified for mailing tax information on either the recorded instrument, the document evidencing a transfer of an interest in real property or manufactured home, or on the filed preliminary change in ownership report, or, if an address is not specified for mailing tax information, to any address reasonably known to the assessor. This penalty will be added to the assessment roll and shall be collected like any other delinquent property taxes, and be subject to the same penalties for nonpayment.

ADDITIONAL INFORMATION

NAME AND MAILING ADDRESS OF BUYER: Please make necessary corrections to the printed name and mailing address. Enter Assessor's Parcel Number, name of seller, buyer's daytime telephone number, buyer's email address, and street address or physical location of the real property.

NOTE: Your telephone number and/or email address is very important. If there is a question or a problem, the Assessor needs to be able to contact you.

MAIL PROPERTY TAX INFORMATION TO: Enter the name, address, city, state, and zip code where property tax information should be mailed. This must be a valid mailing address.

PRINCIPAL RESIDENCE: To help you determine your principal residence, consider (1) where you are registered to vote, (2) the home address on your automobile registration, and (3) where you normally return after work. If after considering these criteria you are still uncertain, choose the place at which you have spent the major portion of your time this year. Check YES if the property is intended as your principal residence, and indicate the date of occupancy or intended occupancy.

DISABLED VETERAN: If you checked YES, you may qualify for a property tax exemption. **A claim form must be filed and all requirements met in order to obtain the exemption. Please contact the Assessor for a claim form.**

PART 1: TRANSFER INFORMATION

If you check YES to any of these statements, the Assessor may ask for supporting documentation.

C,D,E, F, G: If you checked YES to any of these statements, you may qualify for a property tax reassessment exclusion, which may allow you to maintain your property's previous tax base. **A claim form must be filed and all requirements met in order to obtain any of these exclusions.** Contact the Assessor for claim forms. **NOTE:** If you give someone money or property during your life, you may be subject to federal gift tax. You make a gift if you give property (including money), the use of property, or the right to receive income from property, without expecting to receive something of at least equal value in return. The transferor (donor) may be required to file Form 709, Federal Gift Tax Return, with the Internal Revenue Service if they make gifts in excess of the annual exclusion amount.

H: Check YES if the reason for recording is to correct a name already on title [e.g., Mary Jones, who acquired title as Mary J. Smith, is granting to Mary Jones]. This is not for use when a name is being removed from title.

I: Check YES if the change involves a lender, who holds title for security purposes on a loan, and who has no other beneficial interest in the property.

"Beneficial interest" is the right to enjoy all the benefits of property ownership. Those benefits include the right to use, sell, mortgage, or lease the property to another. A beneficial interest can be held by the beneficiary of a trust, while legal control of the trust is held by the trustee.

J: A **"cosigner"** is a third party to a mortgage/loan who provides a guarantee that a loan will be repaid. The cosigner signs an agreement with the lender stating that if the borrower fails to repay the loan, the cosigner will assume legal liability for it.

N: This is primarily for use when the transfer is into, out of, or between legal entities such as partnerships, corporations, or limited liability companies. Check YES only if the individuals and the interest held by each remains exactly the same in each and every parcel being transferred.

O: Check YES only if this property is subject to a government or nonprofit affordable housing program that imposes restrictions. Property may qualify for a restricted valuation method (i.e., may result in lower taxes).

P: If you checked YES, you may qualify for a new construction property tax exclusion. **A claim form must be filed and all requirements met in order to obtain the exclusion.** Contact the Assessor for a claim form.

PART 2: OTHER TRANSFER INFORMATION

A: The date of recording is rebuttably presumed to be the date of transfer. If you believe the date of transfer was a different date (e.g., the transfer was by an unrecorded contract, or a lease identifies a specific start date), put the date you believe is the correct transfer date. If it is not the date of recording, the Assessor may ask you for supporting documentation.

B: Check the box that corresponds to the type of transfer. If OTHER is checked, please provide a detailed description. Attach a separate sheet if necessary.

C: If this transfer was the result of an inheritance following the death of the property owner, please complete a *Change in Ownership Statement, Death of Real Property Owner*, form BOE-502-D, if not already filed with the Assessor's office.

PART 3: PURCHASE PRICE AND TERMS OF SALE

It is important to complete this section completely and accurately. The reported purchase price and terms of sale are important factors in determining the assessed value of the property, which is used to calculate your property tax bill. Your failure to provide any required or requested information may result in an inaccurate assessment of the property and in an overpayment or underpayment of taxes.

A. Enter the total purchase price, not including closing costs or mortgage insurance.

"Mortgage insurance" is insurance protecting a lender against loss from a mortgagor's default, issued by the FHA or a private mortgage insurer.

B. Enter the amount of the down payment, whether paid in cash or by an exchange. If through an exchange, exclude the closing costs.

"Closing costs" are fees and expenses, over and above the price of the property, incurred by the buyer and/or seller, which include title searches, lawyer's fees, survey charges, and document recording fees.

C. Enter the amount of the First Deed of Trust, if any. Check all the applicable boxes, and complete the information requested.

A **"balloon payment"** is the final installment of a loan to be paid in an amount that is disproportionately larger than the regular installment.

D. Enter the amount of the Second Deed of Trust, if any. Check all the applicable boxes, and complete the information requested.

E. If there was an assumption of an improvement bond or other public financing with a remaining balance, enter the outstanding balance, and mark the applicable box.

An **"improvement bond or other public financing"** is a lien against real property due to property-specific improvement financing, such as green or solar construction financing, assessment district bonds, Mello-Roos (a form of financing that can be used by cities, counties and special districts to finance major improvements and services within the particular district) or general improvement bonds, etc. Amounts for repayment of contractual assessments are included with the annual property tax bill.

F. Enter the amount of any real estate commission fees paid by the buyer which are not included in the purchase price.

G. If the property was purchased through a real estate broker, check that box and enter the broker's name and phone number. If the property was purchased directly from the seller (who is not a family member of one of the parties purchasing the property), check the "Direct from seller" box. If the property was purchased directly from a member of your family, or a family member of one of the parties who is purchasing the property, check the "From a family member" box and indicate the relationship of the family member (e.g., father, aunt, cousin, etc.). If the property was purchased by some other means (e.g., over the Internet, at auction, etc.), check the "OTHER" box and provide a detailed description (attach a separate sheet if necessary).

H. Describe any special terms (e.g., seller retains an unrecorded life estate in a portion of the property, etc.), seller concessions (e.g., seller agrees to replace roof, seller agrees to certain interior finish work, etc.), broker/agent fees waived (e.g., fees waived by the broker/agent for either the buyer or seller), financing, buyer paid commissions, and any other information that will assist the Assessor in determining the value of the property.

PART 4: PROPERTY INFORMATION

A. Indicate the property type or property right transferred. Property rights may include water, timber, mineral rights, etc.

B. Check YES if personal, business property or incentives are included in the purchase price in Part 3. Examples of personal or business property are furniture, farm equipment, machinery, etc. Examples of incentives are club memberships (golf, health, etc.), ski lift tickets, homeowners' dues, etc. Attach a list of items and their purchase price allocation. An adjustment will not be made if a detailed list is not provided.

C. Check YES if a manufactured home or homes are included in the purchase price. Indicate the purchase price directly attributable to each of the manufactured homes. If the manufactured home is registered through the Department of Motor Vehicles in lieu of being subject to property taxes, check NO and enter the decal number.

D. Check YES if the property was purchased or acquired with the intent to rent or lease it out to generate income, and indicate the source of that anticipated income. Check NO if the property will not generate income, or was purchased with the intent of being owner-occupied.

E. Provide your opinion of the condition of the property at the time of purchase. If the property is in "fair" or "poor" condition, include a brief description of repair needed.

**CHANGE IN OWNERSHIP STATEMENT
DEATH OF REAL PROPERTY OWNER**

This notice is a request for a completed Change in Ownership Statement. Failure to file this statement will result in the assessment of a penalty.

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address)

Kevin Rizzi
3289 Umbria Gardens Ave
Las Vegas, NV 89141

Section 480(b) of the Revenue and Taxation Code requires that the personal representative file this statement with the Assessor in each county where the decedent owned property at the time of death. **File a separate statement for each parcel of real property owned by the decedent.**

NAME OF DECEDENT Donald C Christopher	DATE OF DEATH 12-12-2022
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YES NO Did the decedent have an interest in real property in this county? If **YES**, answer all questions. If **NO**, sign and complete the certification on page 2.

STREET ADDRESS OF REAL PROPERTY 1530 Prospect Ave	CITY Capitola	ZIP CODE 95010	ASSESSOR'S PARCEL NUMBER (APN)* 03404605
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*If more than 1 parcel, attach separate sheet.

DESCRIPTIVE INFORMATION <input checked="" type="checkbox"/> (IF APN UNKNOWN) <input checked="" type="checkbox"/> Copy of deed by which decedent acquired title is attached. <input type="checkbox"/> Copy of decedent's most recent tax bill is attached. <input type="checkbox"/> Deed or tax bill is not available; legal description is attached.	DISPOSITION OF REAL PROPERTY <input checked="" type="checkbox"/> <input type="checkbox"/> Succession without a will <input type="checkbox"/> Probate Code 13650 distribution <input checked="" type="checkbox"/> Affidavit <input checked="" type="checkbox"/> Decree of distribution pursuant to will <input type="checkbox"/> Action of trustee pursuant to terms of a trust
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TRANSFER/PROPERTY INFORMATION Check all that apply and list details below.

Decedent's spouse Decedent's registered domestic partner

Decedent's child(ren) or parent(s). If qualified for exclusion from reassessment, a *Claim for Reassessment Exclusion for Transfer Between Parent and Child* must be filed (see instructions).
 Was this the decedent's principal residence? YES NO Is this property a family farm? YES NO

Decedent's grandchild(ren). If qualified for exclusion from reassessment, a *Claim for Reassessment Exclusion for Transfer Between Grandparent and Grandchild* must be filed (see instructions).
 Was this the decedent's principal residence? YES NO Is this property a family farm? YES NO

Cotenant to cotenant. If qualified for exclusion from reassessment, an *Affidavit of Cotenant Residency* must be filed (see instructions).

Other beneficiaries or heirs.

A trust.

NAME OF TRUSTEE Kevin Rizzi	ADDRESS OF TRUSTEE 3289 Umbria Gardens Ave, Las Vegas, NV 89141
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List names and percentage of ownership of all beneficiaries or heirs:

NAME OF BENEFICIARY OR HEIRS	RELATIONSHIP TO DECEDENT	PERCENT OF OWNERSHIP RECEIVED
Kevin Julian Rizzi	Stepson, Business Partner, Contractor	100

This property has been or will be sold prior to distribution. (Attach the conveyance document and/or court order).

NOTE: Sale of the property does not relieve the need to file a *Claim for Reassessment Exclusion for Transfer Between Parent and Child* if appropriate.

YES NO Will the decree of distribution include distribution of an ownership interest in any legal entity that owns real property in this county? If **YES**, will the distribution result in any person or legal entity obtaining control of more than 50% of the ownership of that legal entity? YES NO If **YES**, complete the following section.

NAME AND ADDRESS OF LEGAL ENTITY	NAME OF PERSON OR ENTITY GAINING SUCH CONTROL
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YES NO Was the decedent the lessor or lessee in a lease that had an original term of 35 years or more, including renewal options? If **YES**, provide the names and addresses of all other parties to the lease.


NAME	MAILING ADDRESS	CITY	STATE	ZIP CODE

MAILING ADDRESS FOR FUTURE PROPERTY TAX STATEMENTS

NAME Kevin Rizzi				
ADDRESS 3289 Umbria Gardens Ave	CITY Las Vegas	STATE NV	ZIP CODE 89141	

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the information contained herein is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF SPOUSE/REGISTERED DOMESTIC PARTNER/PERSONAL REPRESENTATIVE 	PRINTED NAME KEVIN RIZZI
TITLE Trustee (2016 Ammended)-Sole heir to 1530 Prospect Ave, Capitola CA 95010	DATE 02/14/2024
EMAIL ADDRESS kevrizzi@gmail.com	DAYTIME TELEPHONE (408) 317-8574

INSTRUCTIONS

IMPORTANT

Failure to file a Change in Ownership Statement within the time prescribed by law may result in a penalty of either \$100 or 10% of the taxes applicable to the new base year value of the real property or manufactured home, whichever is greater, but not to exceed five thousand dollars (\$5,000) if the property is eligible for the homeowners' exemption or twenty thousand dollars (\$20,000) if the property is not eligible for the homeowners' exemption if that failure to file was not willful. This penalty will be added to the assessment roll and shall be collected like any other delinquent property taxes and subjected to the same penalties for nonpayment.

Section 480 of the Revenue and Taxation Code states, in part:

- (a) Whenever there occurs any change in ownership of real property or of a manufactured home that is subject to local property taxation and is assessed by the county assessor, the transferee shall file a signed change in ownership statement in the county where the real property or manufactured home is located, as provided for in subdivision (c). In the case of a change in ownership where the transferee is not locally assessed, no change in ownership statement is required.
- (b) The personal representative shall file a change in ownership statement with the county recorder or assessor in each county in which the decedent owned real property at the time of death that is subject to probate proceedings. The statement shall be filed prior to or at the time the inventory and appraisal is filed with the court clerk. In all other cases in which an interest in real property is transferred by reason of death, including a transfer through the medium of a trust, the change in ownership statement or statements shall be filed by the trustee (if the property was held in trust) or the transferee with the county recorder or assessor in each county in which the decedent owned an interest in real property within 150 days after the date of death.

The above requested information is required by law. Please reference the following:

- Passage of Decedent's Property: Beneficial interest passes to the decedent's heirs effectively on the decedent's date of death. However, a document must be recorded to vest title in the heirs. An attorney should be consulted to discuss the specific facts of your situation.
- Change in Ownership: California Code of Regulations, Title 18, Rule 462.260(c), states in part that "[i]nheritance (by will or intestate succession)" shall be "the date of death of decedent."
- Inventory and Appraisal: Probate Code, Section 8800, states in part, "Concurrent with the filing of the inventory and appraisal pursuant to this section, the personal representative shall also file a certification that the requirements of Section 480 of the Revenue and Taxation Code either:
 - (1) Are not applicable because the decedent owned no real property in California at the time of death
 - (2) Have been satisfied by the filing of a change in ownership statement with the county recorder or assessor of each county in California in which the decedent owned property at the time of death."
- Parent/Child and Grandparent/Grandchild Exclusions: A claim must be filed within three years after the date of death/transfer, but prior to the date of transfer to a third party; or within six months after the date of mailing of a Notice of Assessed Value Change, issued as a result of the transfer of property for which the claim is filed. An application may be obtained by contacting the county assessor.
- Cotenant to cotenant. An affidavit must be filed with the county assessor. An affidavit may be obtained by contacting the county assessor. This statement will remain confidential as required by Revenue and Taxation Code Section 481, which states in part: "These statements are not public documents and are not open to inspection, except as provided by Section 408."

RECORDING REQUESTED BY:

Fairview Restoration, Inc

WHEN RECORDED MAIL TO:
AND MAIL TAX STATEMENT TO:

KEVIN RIZZI
3289 UMBRIA GARDENS AVE
LAS VEGAS, NV 89141
ORDER NO.
APN: 03404805

SPACE ABOVE THIS LINE FOR RECORDERS USE

GRANT DEED

THE UNDERSIGNED GRANTOR(s) DECLARE(s)

DOCUMENTARY TRANSFER TAX is \$ **WAIVED**

CITY TAX \$0.00

Explanation of Exemption:

- Monument Preservation Fee is: \$0.00
- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale.

Signature of declarant or agent determining tax

- Unincorporated area
- City of Capitola

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Faiview Restoration, Inc and Kevin Julian Rizzi, as Beneficiary/successor(s), and trustees/partners of the Donald C Christopher Estate, as recorded on January 3rd, 2008, Amended in 2016,

hereby **GRANT(S)** to Kevin J. Rizzi, an unmarried man,

the following described real property in the City of Capitola, County of Santa Cruz, State of California.

UNIT A OF APN 03404605

DESCRIPTION UNAVAILABLE

UNIT B OF APN 03404605

DESCRIPTION UNAVAILABLE

Date: FEBRUARY 15TH, 2024

RECORDING REQUESTED BY:

KEVIN RIZZI, FAIRVIEW RESTORATION, INC

WHEN RECORDED MAIL TO:

KEVIN RIZZI
3289 UMBRIA GARDENS AVE
LAS VEGAS, NV 89141

ORDER NO.

APN: 03404605

SPACE ABOVE THIS LINE FOR RECORDERS USE

Affidavit – Death of Trustee

Pursuant to Assembly Bill 1466 – Restrictive Covenant (GC Code Section 27388.2), effective January 1, 2022, a fee of two dollars (\$2) for recording the first page of every instrument, paper, or notice required or permitted by law to be recorded per each single transaction per parcel of real property, except those expressly exempted from payment of recording fees, as authorized by each county's board of supervisors and in accordance with applicable constitutional requirements.

Pursuant to Senate Bill 2 – Building Homes and Jobs Act (GC Code Section 27388.1), effective January 1, 2018, a fee of seventy-five dollars (\$75.00) shall be paid at the time of recording of every real estate instrument, paper, or notice required or permitted by law to be recorded, except those expressly exempted from payment of recording fees, per each single transaction per parcel of real property. The fee imposed by this section shall not exceed two hundred twenty-five dollars (\$225.00).

- Exempt from fee per GC 27388.1 (a) (2) and 27388.2 (b); recorded in connection with a transfer subject to the imposition of documentary transfer tax (DTT).
- Exempt from fee per GC 27388.1 (a) (2) and 27388.2 (b); recorded in connection with a transfer of real property that is a residential dwelling to an owner-occupied.
- Exempt from fee per GC 27388.1 (a) (1); fee cap of \$225.00 reached.
- Exempt from fee per GC 27388.1 (a) (1); not related to real property.

THIS COVER SHEET ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION

RECORDING REQUESTED BY:

Fariveiw Restoration, Inc and Kevin Rizzi

WHEN RECORDED MAIL TO:

AND SEND TAX STATEMENTS TO:

Kevin J. Rizzi

3289 Umbria Gardens Ave

Las Vegas, NV 89141

ORDER NO.

APN: **03404605**

SPACE ABOVE THIS LINE FOR RECORDERS USE

AFFIDAVIT - DEATH OF TRUSTEE

State of California

}

County of Santa Cruz

} ss.

Kevin Julian Rizzi, et al of legal age, being first duly sworn, deposes and says:

That Donald C. Christopher, aka Donald Clair Christopher, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as the Trustee in that certain Grant Deed dated June 18, 08, executed by Donald C. Christopher, a married man as his sole and separate property to Donald C. Christopher, or his successor(s), Trustee of the Donald C. Christopher Separate Property Trust dated January 3, 2008, recorded on September 18, 2008, in Book N/A, Page N/A, as Instrument No. **2021008829** of the Official Records of Santa **Cruz** County, CA, covering the following described property situated in the State of CA, County of Santa **Cruz**, City of **Capitola** and **described as follows:**

Parcel One:

1530 PROSPECT AVE, UNIT A, CAPITOLA, CA 95010
DESCRIPTION N/A OR UNAVAILABLE

Parcel Two:

1530 PROSPECT AVE, UNIT B, CAPITOLA, CA 95010
DESCRIPTION N/A OR UNAVAILABLE

DATE 2-13-21



KEVIN JULIAN RIZZI, FAIRVIEW RESTORATION, INC

MAIL TAX STATEMENTS AS DIRECTED ABOVE



Mom



I will cover your expenses if it comes to that but I don't believe it will

Erica Trinchero

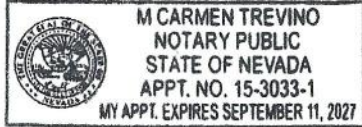


And no one has said they aren't selling to you or honoring the contract. Not once has that been said. It's important to approach it from a proactive standpoint though so having comps and pictures will validate the price should they question it

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 NEVADA
CLARK COUNTY

Subscribed and sworn to (or affirmed) before me on this 13th day of February, 2024 by
of satisfactory evidence to be the person(s) who appeared before me. (Seal)



MCT

Notary Public

Attached to: Affidavit - Death of Trustee

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3202243011434

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS IC-11 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) DONALD		2. MIDDLE CLAIR		3. LAST (Family) CHRISTOPHER	
AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 08/04/1934		5. AGE Yrs 88	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 559-52-6043		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION—Highest Level/Degree (See worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SPOUSE (at Time of Death) MARRIED	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED GARLIC FARMER		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) WHITE		7. DATE OF DEATH mm/dd/yyyy 12/12/2022	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1205 LIONS PEAK LANE		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AGRICULTURE		8. HOUR (24 Hours) 1709	
21. CITY SAN MARTIN		22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 95046	
24. INFORMANT'S NAME, RELATIONSHIP KAREN CHRISTOPHER, WIFE		24. YEARS IN COUNTY 88		25. STATE/FOREIGN COUNTRY CA	
26. NAME OF SURVIVING SPOUSE/SPOUSE-PROX KAREN		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1205 LIONS PEAK LANE, SAN MARTIN, CA 95046		29. YEARS IN OCCUPATION 70	
31. NAME OF FATHER/PARENT—FIRST FRANK		32. MIDDLE DIANE		30. LAST (BIRTH NAME) PACKARD RIZZI	
35. NAME OF MOTHER/PARENT—FIRST CLARA		36. MIDDLE ANN		33. LAST CHRISTOPHER	
39. DISPOSITION DATE mm/dd/yyyy 12/21/2022		40. PLACE OF FINAL DISPOSITION 1000 FIRST STREET, GILROY, CA 95020		34. BIRTH STATE CA	
41. TYPE OF DISPOSITIONS BURIAL		43. SIGNATURE OF EMBALMER ANDREW J HABING		46. LICENSE NUMBER EMB9536	
44. NAME OF FUNERAL ESTABLISHMENT HABING FAMILY FUNERAL HOME		45. LICENSE NUMBER FD791		47. DATE mm/dd/yyyy 12/20/2022	
43. SIGNATURE OF LOCAL REGISTRAR SARA H. CODY, MD		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> SVOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/DTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 9400 NO NAME UNO		106. CITY GILROY	
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 (Final disease or condition resulting in death) (A) CARDIOPULMONARY ARREST		Time Interval Between Onset and Death (A) MIN NONE		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Secondarily, 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) ACUTE RESPIRATORY FAILURE		(B) DAYS NONE		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) ACUTE ON CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE		(C) WEEK NONE		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D) MITRAL VALVE ENDOCARDITIS		(D) WEEKS NONE		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 BY 107 ACUTE NON TRAUMATIC KIDNEY FAILURE, PNEUMONIA ORGANISM UNSPECIFIED, SEPSIS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. NO					
114.1. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy 12/10/2022		115. SIGNATURE AND TITLE OF CERTIFIER EDWARD M OMRON, MD		116. LICENSE NUMBER A105179	
Decedent Last Seen Alive mm/dd/yyyy 12/12/2022		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE EDWARD M OMRON, MD 9400 NO-NAME UNO, GILROY, CA 95020		117. DATE mm/dd/yyyy 12/20/2022	
118. 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			

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 2 CHRISTOPHER KAREN D

Grantee Names

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 2 CHRISTOPHER KAREN D TRUSTEE
 3 CHRISTOPHER DONALD & KAREN
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