

Doc #: 2015-112929
09/18/2015 07:53:46 AM
Page 1 of 4 Fee: \$23.00
Steve J. Bestolarides
San Joaquin County Recorder
Paid By: CHICAGO TITLE COMPANY STOCKTON

RECORDING REQUESTED BY:
Chicago Title Company

Escrow Order No.: FSST-5311500696

When Recorded Mail Document To:
The Parvin Revocable Trust, dated May 30,
2002
Attn: Tiffany Anderson, Successor Trustee
2120 W. Pine Street
Lodi, CA 95242

APN/Parcel ID(s): 037-160-03

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

Tiffany Anderson, Successor Trustee, being of legal age, and first duly sworn, deposes and says:

1. That Mary Jean Parvin the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in that certain Declaration of Trust dated May 30, 2002 executed by Mary Jean Parvin, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 2 North Avena Avenue, Lodi, CA 95240, which property is described in the Deed which was signed by Edward Eugene Parvin and Mary Jean Schauer Parvin, husband and wife as Grantor(s) and recorded as instrument no. 2002-095465 of Official Records on June 30, 2002. The property is situated in the County of San Joaquin, State of California. The legal description of said property is as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

3. I, Tiffany Anderson, Successor Trustee am the named Successor Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in Paragraph 1 above.

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

Dated: September 15, 2015

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

BY: *Tiffany Anderson*
Tiffany Anderson, Successor Trustee

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Chicago Title Company

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This Document Has Been Electronically
Recorded. See The Attached Cover Page
For Recording Information

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BY: 

Tiffany Anderson, Successor Trustee

AFFIDAVIT - DEATH OF TRUSTEE

(continued)

APN/Parcel ID(s): 037-160-03

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

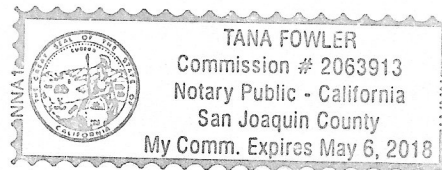
San Joaquin

Subscribed and sworn to (or affirmed) before me on this 15 day of September, 2015, by Tiffany Anderson, Successor Trustee, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

Tana Fowler, Notary Public

(Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES

STOCKTON, CALIFORNIA

3052014217378

CERTIFICATE OF DEATH

3201439004321

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) MARYJEAN		2. MIDDLE -	
3. LAST (Family) PARVIN		4. DATE OF BIRTH mm/dd/yyyy 03/16/1943	
5. AGE Yrs. 71		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 566-62-7161	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DATE OF DEATH mm/dd/yyyy 11/21/2014	
15. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		16. HOURS (24 Hours) 1718	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RETAIL SALES	
19. YEARS IN OCCUPATION 30		20. DECEDENT'S RESIDENCE (Street and number, or location) 2 N AVENA STREET	
21. CITY LODI		22. COUNTY/PROVINCE SAN JOAQUIN	
23. ZIP CODE 95240		24. YEARS IN COUNTY 71	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP TIFFANY ANDERSON, COUSIN	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2 N AVENA STREET, LODI, CA 95240		28. NAME OF SURVIVING SPOUSE/SDP* - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE E	
33. LAST SCHAUER		34. BIRTH STATE ND	
35. NAME OF MOTHER/PARENT - FIRST RUBY		36. MIDDLE L	
37. LAST (BIRTH NAME) AMBURN		38. BIRTH STATE TX	
39. DISPOSITION DATE mm/dd/yyyy 12/02/2014		40. PLACE OF FINAL DISPOSITION CHEROKEE MEMORIAL PARK HWY 99 AND HARNEY LANE, LODI, CA 95240	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT LODI FUNERAL HOME	
45. LICENSE NUMBER FD627		46. SIGNATURE OF LOCAL REGISTRAR ▶ ALVARO GARZA, MD, MPH	
47. DATE mm/dd/yyyy 12/01/2014		101. PLACE OF DEATH ARBOR CONVALESCENT HOSPITAL	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IF <input type="checkbox"/> ERVOP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. CITY LODI		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 900 N CHURCH STREET	
106. CITY LODI		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. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) CONGESTIVE HEART FAILURE (B) CHRONIC KIDNEY DISEASE (C) UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST DIABETES (D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES	
108. DEATH REPORTED TO CORONER? (AT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YRS 2014-2306		109. BIOPSY PERFORMED? (BT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YRS	
110. AUTOPSY PERFORMED? (CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YRS		111. USED IN DETERMINING CAUSE? (DT) YES <input type="checkbox"/> NO <input type="checkbox"/>	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		113. 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 mm/dd/yyyy 05/05/2009 Decedent Last Seen Alive mm/dd/yyyy 10/30/2014		115. SIGNATURE AND TITLE OF CERTIFIER ▶ EDMUND ARTHUR FREUND M.D. 116. LICENSE NUMBER A34171 117. DATE mm/dd/yyyy 11/25/2014	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE EDMUND ARTHUR FREUND M.D. 1901 W KETTLEMEN LANE # 200, LODI, CA 95240		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"/> Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
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		129. SIGNATURE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E	
FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN JOAQUIN

DATE ISSUED:

DEC 08 2014

* 000693772 *

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

ALVARO GARZA, M.D., M.P.H.
LOCAL REGISTRAR

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

PBCO (Rev) 04-14

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 037-160-03

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE CITY OF LODI, COUNTY OF SAN JOAQUIN, STATE OF CALIFORNIA AND IS DESCRIBED AS FOLLOWS:

LOT THREE (3) OF BETTER HOMES SUBDIVISION, ACCORDING TO THE OFFICIAL MAP OR PLAT THEREOF FILED FOR RECORD JUNE 10, 1940, IN BOOK OF MAPS AND PLATS, VOL. 11, PAGE 58, SAN JOAQUIN COUNTY RECORDS.