

RECORDING REQUESTED BY:

JASON L. PINTAR, ESQ.

AND WHEN RECORDED MAIL TO:

Jason L. Pintar, Esq.
2021 The Alameda, Suite 310
San Jose, CA 95126

MAIL TAX STATEMENTS TO:

Steven G. Casaletto
821 Alice Avenue
Mountain View, CA 94041

A.P.N.: 161-03-004

DOCUMENT: 22399241

Pages: 5



Fees	42 00
Taxes	
Copies	
AMT PAID	42 00

REGINA ALCOMENDRAS
SANTA CLARA COUNTY RECORDER
Recorded at the request of
Attorney

RDE # 005
9/27/2013
12:48 PM

(Space Above This Line For Recorder's Use)

AFFIDAVIT-DEATH OF TRUSTEE

STATE OF CALIFORNIA,)
) ss.
COUNTY OF SANTA CLARA)

LAUREL J. CHESSIN, also known as LAUREL J. CASALETTO, and STEVEN G. CASALETTO, both of legal age, being first duly sworn, depose and state:

1. On September 28, 1994, HELEN D. NELSON, also known as CORNELIA HELEN NELSON, as Settlor, by a Trust Agreement, created THE HELEN D. NELSON LIVING TRUST;

2. On September 28, 1994, the said Settlor executed a Grant Deed, recorded October 13, 1994, as Instrument Number 12685947 in Official Records of the office of the Santa Clara County Recorder, conveying to HELEN D. NELSON, also known as CORNELIA HELEN NELSON, as Trustee of the said Trust a one-third (1/3) interest in the real property commonly known as 821 Alice Avenue, Mountain View, CA 94041, more particularly described in Exhibit "A" attached hereto;

3. On June 1, 2012, the said Trustee, HELEN D. NELSON, also known as CORNELIA HELEN NELSON, the same person as the decedent mentioned in the attached certified copy of Certificate of Death, died;

4. This said Trust Agreement provides that upon the death of the Settlor, who was HELEN D. NELSON, also known as CORNELIA HELEN NELSON, that LAUREL

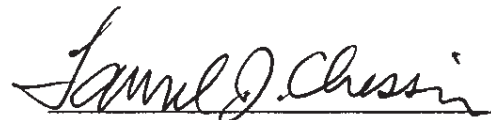
Mail tax statements as directed above.

J. CHESSIN, also known as LAUREL J. CASALETTO, and STEVEN G. CASALETTO, thereupon became the co-trustees of said Trust. The undersigned do hereby accept the position of successor Co-Trustees of THE HELEN D. NELSON LIVING TRUST dated September 28, 1994 and are now the currently acting Co-Trustees of the Trust.

6. The property hereinabove mentioned, situated in the City of Mountain View, County of Santa Clara, State of California, is described as:

**FOR A LEGAL DESCRIPTION, SEE EXHIBIT "A" ATTACHED
HERETO AND MADE A PART HEREOF BY THIS REFERENCE.**

DATED: April 26, 2013



LAUREL J. CHESSIN,
also known as
LAUREL J. CASALETTO,
Co-Trustee,
THE HELEN D. NELSON
LIVING TRUST
dated September 28, 1994


DATED: 26 Apr 13

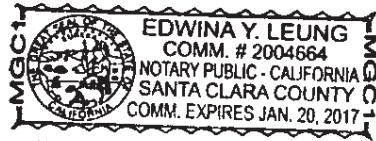


STEVEN G. CASALETTO,
Co-Trustee,
THE HELEN D. NELSON
LIVING TRUST
dated September 28, 1994

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA CLARA)

Subscribed and sworn to (or affirmed) before me on this 26th day of April, 2013, by LAUREL J. CHESSIN, also known as LAUREL J. CASALETTO, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: 

Seal: 

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA CLARA)

Subscribed and sworn to (or affirmed) before me on this 26th day of April, 2013, by STEVEN G. CASALETTO, also known as STEVEN CASALETTO, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature: 

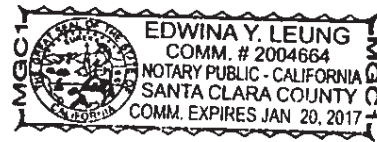
Seal: 

EXHIBIT "A"

The real property commonly known as 821 Alice Avenue, Mountain View, CA 94041, more particularly described as follows:

Lot 2, Tract No. 317, filed June 3, 1946 in Book 10 of Maps, at page 39, Santa Clara County Records.

A.P.N. 161-03-004

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201243004463

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) HELEN		3. LAST (Family) GRINCH	
2. MIDDLE NELSON			
4. DATE OF BIRTH mm/dd/yyyy 08/26/1927		5. AGE Yrs. 84	
6. SEX F			
7. DATE OF DEATH mm/dd/yyyy 06/01/2012		8. HOUR (24 Hours) 0145	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 3786	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/PROF. (at Time of Death) WIDOWED	
13. EDUCATION—Highest Level/Degree (see worksheet on back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN			
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) DEFENSE	
19. YEARS IN OCCUPATION 35			
20. DECEDENT'S RESIDENCE (Street and number, or location) 2093 CAROL AVENUE			
21. CITY MOUNTAIN VIEW		22. COUNTY/PROVINCE SANTA CLARA	
23. ZIP CODE 94040		24. YEARS IN COUNTY 72	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP LAUREL CHESSIN, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1426 LLOYD WAY, MOUNTAIN VIEW, CA 94040	
28. NAME OF SURVIVING SPOUSE/SPOUSE—FIRST -		29. MIDDLE -	
30. LAST (BIRTH NAME) -			
31. NAME OF FATHER/PARENT—FIRST WAYNE		32. MIDDLE LOVELADY	
33. NAME OF MOTHER/PARENT—FIRST NELLIE		34. BIRTH STATE IL	
35. MIDDLE BIRD		36. LAST (BIRTH NAME) MACMURTRY	
37. BIRTH STATE MO			
38. DISPOSITION DATE mm/dd/yyyy 06/05/2012		39. PLACE OF FINAL DISPOSITION RESIDENCE OF LAUREL CHESSIN 2093 CAROL AVENUE, MOUNTAIN VIEW, CA 94040	
40. TYPE OF DISPOSITION CR/RES		41. SIGNATURE OF EMBALMER NOT EMBALMED	
42. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERN CALIFORNIA		43. LICENSE NUMBER FD1327	
44. NAME OF FUNERAL ESTABLISHMENT CALIFORNIA		45. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD	
46. DATE mm/dd/yyyy 06/05/2012			
101. PLACE OF DEATH GRANT CUESTA, NURSING AND REHAB		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <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. CITY MOUNTAIN VIEW			
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1949 GRANT ROAD	
106. CITY MOUNTAIN VIEW			
107. CAUSE OF DEATH Enter the chain of events—disease, trauma, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or supraventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE IN COMPLICATIONS OF ALZHEIMER'S DEMENTIA		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, see type of operation and date) NO		115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Admitted Since mm/dd/yyyy 05/23/2012 Decedent Last Seen Alive mm/dd/yyyy 05/29/2012		117. SIGNATURE AND TITLE OF CERTIFIER STEPHEN FRANCIS NICHOLS M.D. 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE STEPHEN FRANCIS NICHOLS M.D. 701 E EL CAMINO REAL, MOUNTAIN VIEW, CA 94040	
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		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		FAX AUTH. #	
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

SS

DATE ISSUED JUN 12 2012
By

* H 2 7 6 0 4 6 4 *

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fensterheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE