

**RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:**

Craig M. Nobili, Trustee  
The Nobili Trust, Dated May 24, 1995  
44 Alta Cascata Place  
Henderson, Nevada 89011  
Telephone: (925) 323-3583

APN: 119-372-006-5

---

**AFFIDAVIT OF DEATH OF TRUSTEE**

---

State of California )  
 ) ss.  
County of Contra Costa )

I, CRAIG M. NOBILI, of legal age, being first duly sworn, depose and say:

That ROLAND NOBILI, is the decedent named in the attached certified copy of Certificate of Death who died on January 24, 2023, and ELIZABETH A. NOBILI, is the decedent named in the attached certified copy of Certificate of Death who died on November 1, 2019. Both are the same persons as ROLAND NOBILI and ELIZABETH A. NOBILI, Trustees of THE NOBILI FAMILY TRUST, (also known as THE NOBILI TRUST), created under the Trust Agreement dated May 24, 1995, with ROLAND NOBILI and ELIZABETH A. NOBILI as Trustors and Trustees of said Trust, and described in that certain Grant Deed, dated January 20, 1991 recorded on January 26, 1999, as Document No. DOC-99-0020550-00 of the Official Records of Contra Costa County, California with respect to the property located at 133 Mountaire Parkway, Clayton, California 94517, described therein, as follows:

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

Pursuant to the terms of the said Trust Agreement, CRAIG M. NOBILI is now serving as sole Trustee of THE NOBILI FAMILY TRUST, (also known as THE NOBILI TRUST), dated May 24, 1995 .

Executed on 3-6-2023 (Date), at Danville (City), CA (State).

  
CRAIG M. NOBILI

(Jurat Follows)

Mail Tax Statements to:

Craig M. Nobili, Trustee  
The Nobili Trust, Dated May 24, 1995  
44 Alta Cascata Place  
Henderson, Nevada 89011

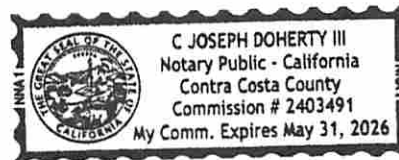
**JURAT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CALIFORNIA )  
 ) ss.  
County of CONTRACOSTA )

Subscribed and sworn to (or affirmed) before me on this 6<sup>th</sup> day of March, 2023 by  
CRAIG M. NOBILI, proved to me on the basis of satisfactory evidence to be the person who appeared  
before me.

C. Joseph Doherty III  
Notary Public



**Exhibit A**

**Legal Description**

That real property in the City of Clayton, County of Contra Costa, State of California, commonly known as 133 Mountaire Parkway, Clayton, California 94517, and legally described as follows:

**LOT 38, AS SHOWN ON THE MAP ENTITLED 4014, RECORDED MARCH 21, 1975, IN THE OFFICE OF THE RECORDER OF CONTRA COSTA COUNTY, CALIFORNIA, BOOK 177 OF MAPS, PAGE[S] 35.**

**EXCEPTING THEREFROM:**

**MINERAL RIGHTS LIMITED TO THOSE LOCATED MORE THAN 500 FEET BENEATH THE SURFACE OF THE LAND WITHOUT ANY RIGHTS OF SURFACE ENTRY RESERVED IN THE FOLLOWING DEEDS:**

**(A) DEED FROM GEORGE A. MURCHIO, ET AL, RECORDED SEPTEMBER 16, 1964, BOOK 4703, OFFICIAL RECORDS, PAGE 568;**

**(B) DEED FROM RICHARD TAM, ET AL, RECORDED JULY 16, 1965, BOOK 4911, OFFICIAL RECORDS, PAGE 830;**

**(C) DEED FROM WESTERN TITLE GUARANTY COMPANY, RECORDED JUNE 15, 1966, BOOK 5141, OFFICIAL RECORDS, PAGE 535.**

**End of Legal Description**

Assessor's Parcel No: 119-372-006-5.



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

## CERTIFICATE OF DEATH

3202307000481

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ROLAND		3. LAST (Family) NOBILI	
2. MIDDLE A		4. DATE OF BIRTH mm/dd/yyyy 01/25/1935	
5. AGE Yrs. 87		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 560-52-6422	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TELEPHONE ENGINEER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TELECOMMUNICATIONS	
17. YEARS IN OCCUPATION 35		18. DECEDENT'S RESIDENCE (Street and number, or location) 133 MOUNTAIRE PARKWAY	
19. CITY CLAYTON		20. COUNTY/PROVINCE CONTRA COSTA	
21. ZIP CODE 94517		22. YEARS IN COUNTY 87	
23. STATE/FOREIGN COUNTRY CA		24. INFORMANT'S NAME, RELATIONSHIP STEVEN NOBILI, SON	
25. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 133 MOUNTAIRE PARKWAY, CLAYTON, CA 94517		26. NAME OF SURVIVING SPOUSE/SROP - FIRST -	
27. MIDDLE -		28. LAST (BIRTH NAME) -	
29. NAME OF FATHER/PARENT - FIRST AUGUSTO		30. MIDDLE -	
31. LAST NOBILI		32. BIRTH STATE ITALY	
33. NAME OF MOTHER/PARENT - FIRST LUCY		34. MIDDLE -	
35. LAST (BIRTH NAME) CECCHINI		36. BIRTH STATE CA	
37. DISPOSITION DATE mm/dd/yyyy 01/30/2023		38. PLACE OF FINAL DISPOSITION QUEEN OF HEAVEN CEMETERY 1965 RELIEZ VALLEY ROAD, LAFAYETTE, CA 94549	
39. TYPE OF DISPOSITION(S) CREMATE/BURIAL		40. SIGNATURE OF EMBALMER NOT EMBALMED	
41. NAME OF FUNERAL ESTABLISHMENT QUEEN OF HEAVEN CEMETERY & FUNERAL CENTER		42. LICENSE NUMBER FD1959	
43. SIGNATURE OF LOCAL REGISTRAR ORI TZIELI, MD		44. DATE mm/dd/yyyy 01/30/2023	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY CONTRA COSTA	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 133 MOUNTAIRE PARKWAY		106. CITY CLAYTON	
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) HYPERTENSIVE HEART DISEASE		108. DEATH REPORTED TO CORONER? (A) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(B) MOS 2023-0451		109. BPOPSY PERFORMED? (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO	
113. DECEASED 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 01/22/2023	
115. SIGNATURE AND TITLE OF CERTIFIER HARNEET CHOPRA, MD		116. LICENSE NUMBER A106598	
117. DATE mm/dd/yyyy 01/27/2023		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE HARNEET CHOPRA, MD 3021 CITRUS CIRCLE SUITE 230, WALNUT CREEK, CA 94598	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour) -	
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. STATE REGISTRAR A B C D E		FAX AUTH.#	
CENSUS TRACT		000052056	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

DATE ISSUED

02/03/2023

JB

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CACONTRADJ



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052019220886

## CERTIFICATE OF DEATH

3201907006293

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>ELIZABETH</b>		3. LAST (Family) <b>NOBILI</b>	
2. MIDDLE <b>A.</b>		4. DATE OF BIRTH mm/dd/yyyy <b>05/18/1937</b>	
5. AGE Yrs. <b>82</b>		6. SEX <b>F</b>	
7. DATE OF DEATH mm/dd/yyyy <b>11/01/2019</b>		8. HOUR (24 Hours) <b>0145</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>569-46-7001</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SROP* (at Time of Death) <b>MARRIED</b>	
13. EDUCATION - Highest Level/Grade <b>HS GRADUATE</b>		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) <b>ITALIAN</b>		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>	
19. YEARS IN OCCUPATION <b>44</b>		20. DECEDENT'S RESIDENCE (Street and number, or location) <b>133 MOUNTAINE PARKWAY</b>	
21. CITY <b>CLAYTON</b>		22. COUNTY/PROVINCE <b>CONTRA COSTA</b>	
23. ZIP CODE <b>94517</b>		24. YEARS IN COUNTY <b>82</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>ROLAND NOBILI, SPOUSE</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>133 MOUNTAINE PARKWAY, CLAYTON, CA 94517</b>		28. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>ROLAND</b>	
29. MIDDLE <b>A.</b>		30. LAST (BIRTH NAME) <b>NOBILI</b>	
31. NAME OF FATHER/PARENT - FIRST <b>SALVATORE</b>		32. MIDDLE <b>-</b>	
33. LAST <b>PROMESSI</b>		34. BIRTH STATE <b>CA</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>AMELIA</b>		36. MIDDLE <b>-</b>	
37. LAST (BIRTH NAME) <b>TAPELLA</b>		38. BIRTH STATE <b>CA</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>11/08/2019</b>		40. PLACE OF FINAL DISPOSITION <b>QUEEN OF HEAVEN CEMETERY 1965 RELIEZ VALLEY ROAD, LAFAYETTE, CA 94549</b>	
41. TYPE OF DISPOSITION <b>BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>QUEEN OF HEAVEN CEMETERY &amp; FUNERAL CENTER</b>	
45. LICENSE NUMBER <b>FD1959</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>CHRISTOPHER FARNITANO, MD</b>	
47. DATE mm/dd/yyyy <b>11/05/2019</b>		48. PLACE OF DEATH <b>OWN RESIDENCE</b>	
49. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		50. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
51. COUNTY <b>CONTRA COSTA</b>		52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>133 MOUNTAINE PARKWAY</b>	
53. CITY <b>CLAYTON</b>		54. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
55. CAUSE OF DEATH <b>MULTIPLE SCLEROSIS</b>		56. TIME INTERVAL BETWEEN Death and Death <b>YRS 2019-5050</b>	
57. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) MULTIPLE SCLEROSIS</b>		58. EXPOSURE PERH-UNLMD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. 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) FUNCTIONAL QUADRIPLEGIA, HYPERTENSION</b>		59. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>FUNCTIONAL QUADRIPLEGIA, HYPERTENSION</b>		60. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		62. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
63. 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 Decedent Last Seen Alive mm/dd/yyyy <b>06/20/2019 10/31/2019</b>		64. SIGNATURE AND TITLE OF CERTIFIER <b>EPIFANIO DE LEON M.D.</b>	
65. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>EPIFANIO DE LEON M.D. 60 WHITNEY PLACE, FREMONT, CA 94539</b>		66. LICENSE NUMBER <b>A75985</b>	
67. DATE <b>11/04/2019</b>		68. 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"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
69. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		70. INJURY DATE mm/dd/yyyy	
71. INJURY DATE mm/dd/yyyy		72. HOUR (24 Hours)	
73. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		74. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
75. LOCATION OF INJURY (Street and number, or location, and city, and zip)		76. SIGNATURE OF CORONER / DEPUTY CORONER	
77. DATE mm/dd/yyyy		78. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
79. STATE REGISTRAR		80. FAX AUTH.#	
81. CENSUS TRACT		82. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

DATE ISSUED 11/08/2019

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CHRISTOPHER FARNITANO, MD  
COUNTY HEALTH OFFICER





**Gus Kramer**  
**County Assessor**  
2530 Arnold Drive, Suite 100  
Martinez, CA 94553-4359  
FAX: (925) 313-7488  
Telephone: (925) 313-7400  
<http://www.cccounty.us/assessor>

## 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/TRANSFEEE  
(Make necessary corrections to the printed name and mailing address)

Craig M. Nobili, Trustee  
44 Alta Cascata Place  
Henderson, Nevada 89011

ASSESSOR'S PARCEL NUMBER

119-372-006-5

SELLER/TRANSFEROR

Roland Nobili

BUYER'S DAYTIME TELEPHONE NUMBER

(925) 323-3583

BUYER'S EMAIL ADDRESS

craig\_nobili@yahoo.com

STREET ADDRESS OR PHYSICAL LOCATION OF REAL PROPERTY

133 Mountaire Parkway, Clayton, California 94517

☐ 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 disabled veteran, or the unmarried surviving spouse of a disabled veteran, who, due to a service connected injury or disease, was either rated 100% disabled or compensated at 100% due to unemployability by the Department of Veterans Affairs?

MAIL PROPERTY TAX INFORMATION TO (NAME)

Craig M. Nobili

MAIL PROPERTY TAX INFORMATION TO (ADDRESS)

44 Alta Cascata Place

CITY

Henderson

STATE

NV

ZIP CODE

89011

### 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
- ☐ ☒ \*D. This transfer is the result of a cotenant's death. Date of death \_\_\_\_\_
- ☐ ☒ \*E. This transaction is to replace a principal residence owned by a person 55 years of age or older.  
Within the same county? ☐ YES ☐ NO
- ☐ ☒ \*F. This transaction is to replace a principal residence by a person who is severely disabled.  
Within the same county? ☐ 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. Within the same county? ☐ 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: \_\_\_\_\_
- ☐ ☒ 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 Submitted with an Affidavit of Death of Trustee

\* 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



EF-502-A-R16-0521-07000003

American LegalNet, Inc.  
[www.FormsWorkFlow.com](http://www.FormsWorkFlow.com)





## 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: Jan. 24, 2023

☐ 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: Submitted with an Affidavit of Death of Trustee.

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

☒ 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) 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

Craig M. Nobili

DATE

3-6-2023

TELEPHONE

(925) 323-3583

NAME OF BUYER/TRANSFEREE/PERSONAL REPRESENTATIVE/CORPORATE OFFICER (PLEASE PRINT)

Craig M. Nobili

TITLE

Trustee

EMAIL ADDRESS

see above.

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.





**Gus Kramer**  
**County Assessor**  
2530 Arnold Drive, Suite 100  
Martinez, CA 94553-4359  
FAX: (925) 313-7488  
Telephone: (925) 313-7400  
<http://www.cccounty.us/assessor>

**CLAIM FOR REASSESSMENT EXCLUSION FOR  
TRANSFER BETWEEN PARENT AND CHILD  
OCCURRING ON OR AFTER FEBRUARY 16, 2021**

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

Craig M. Nobili

44 Alta Cascata Place

Henderson, Nevada 89011

**A. PROPERTY**

ASSESSOR'S PARCEL/ID NUMBER

119-372-006-5

PROPERTY ADDRESS

133 Mountaire Parkway

CITY

Clayton

RECORDER'S DOCUMENT NUMBER

DATE OF PURCHASE OR TRANSFER

Jan. 24, 2023

PROBATE NUMBER (if applicable)

DATE OF DEATH (if applicable)

Jan. 24, 2023

DATE OF DECREE OF DISTRIBUTION (if applicable)

**B. TRANSFEROR(S)/SELLER(S)** (additional transfers, please complete Section E on Page 3)

Print full name(s) of transferor(s)

Name

Roland Nobili

Name

Father

Family relationship(s) to transferee(s)

Relationship

Elizabeth A. Nobili

Relationship

Mother

1. Was this property the transferor's family farm? ☒ Yes ☐ No If yes, how is the property used?  
☐ Pasture/Grazing ☐ Agricultural Commodity ☐ Cultivation: \_\_\_\_\_

2. Was this property the transferor's principal residence? ☐ Yes ☐ No  
If yes, please check which of the following exemptions was granted or eligible to be granted on this property.  
☒ Homeowners' Exemption ☐ Disabled Veterans' Exemption

Is this property a multi-unit property? ☐ Yes ☐ No If yes, which unit was the transferor's principal residence? \_\_\_\_\_

3. Was only a partial interest in the property transferred? ☐ Yes ☒ No If yes, percentage transferred 100.00 %.

4. Was this property owned in joint tenancy? ☐ Yes ☒ No

**IMPORTANT:** If the transfer was through the medium of a will and/or trust, you must attach a full and complete copy of the will and/or trust and all amendments.

**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 that I am the parent or child (or transferor's legal representative) of the transferees listed in Section D. I knowingly am granting this exclusion and will not file a claim to transfer the base year value of my principal residence under Revenue and Taxation Code section 69.6.

SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE

PRINTED NAME

Craig M. Nobili

DATE

3-6-2023

SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE

PRINTED NAME

DATE

MAILING ADDRESS

44 Alta Cascata Place,

DAYTIME PHONE NUMBER

(925) 323-3583

CITY, STATE, ZIP

Henderson, Nevada 89011

EMAIL ADDRESS

craig\_nobili@yahoo.com

(Please complete applicable information on reverse side.)

**THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION**





### C. PARENT-CHILD RELATIONSHIP INFORMATION

1. If child was adopted, age at time of adoption: \_\_\_\_\_
2. If stepparent/stepchild relationship is involved, was the parent still married to or in a registered domestic partnership ("registered" means registered with the California Secretary of State) with the stepparent on the date of purchase or transfer? ☐ Yes ☐ No
3. If **NO**, was the marriage or registered domestic partnership terminated by: ☐ Death ☐ Divorce/Termination of partnership
4. If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchase or transfer? ☐ Yes ☐ No
5. If in-law relationship is involved, was the child-in-law still married to or in a registered domestic partnership with the child on the date of purchase or transfer? ☐ Yes ☐ No
6. If **NO**, was the marriage or registered domestic partnership terminated by: ☐ Death ☐ Divorce/Termination of partnership
7. If terminated by death, had the surviving child-in-law remarried or entered into a registered domestic partnership as of the date of purchase or transfer? ☐ Yes ☐ No

### D. TRANSFEREE(S)/BUYER(S) (additional transferees, please complete Section F on Page 3)

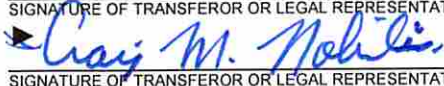

Print full name(s) of transferee(s)	Name Craig M. Nobili	Name
Family relationship(s) to transferor(s)	Relationship Son	Relationship

1. Is this property the transferee's family farm? ☐ Yes ☒ No
2. Is this property currently the transferee's principal residence? ☐ Yes ☒ No  
If yes, complete sections a, b, c, d, e, and f below:  
If no, date the transferee intends to occupy the property as the principal residence: No intention
  - a. Is this property a multi-unit property? ☐ Yes ☐ No If yes, which unit is the transferee's principal residence: \_\_\_\_\_
  - b. Has the transferee applied for a Homeowners' or Disabled Veterans' Exemption? ☐ Yes ☐ No  
If yes, complete sections c, d, e, and f.  
If no, to be eligible for the exclusion, the transferee must file and be eligible for one of the exemptions within one year of the transfer date. Contact the Assessor's Office for information.
  - c. Name of transferee who filed exemption claim: \_\_\_\_\_
  - d. Type of Exemption: ☐ Homeowners' Exemption ☐ Disabled Veterans' Exemption
  - e. Date the transferee occupied this property as a principal residence: \_\_\_\_\_ (month/day/year)
  - f. Does the transferee own another property that is or was their principal residence in California? ☐ Yes ☐ No  
If yes, please provide the address below and the move-out date.

ADDRESS	COUNTY	ASSESSOR'S PARCEL/ID NUMBER
CITY, STATE, ZIP		MOVE-OUT DATE (month/day/year)

### 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 that I am the parent or child (or transferee's legal representative) of the transferors listed in Section B.

SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE 	PRINTED NAME Craig M. Nobili	DATE 3-6-2023
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATIVE 	PRINTED NAME	DATE
MAILING ADDRESS 44 Alta Cascata Place		DAYTIME PHONE NUMBER (925) 323-3583
CITY, STATE, ZIP Henderson, Nevada 89011		EMAIL ADDRESS craig_Nobili@yahoo.com

**Note: The Assessor may contact you for additional information.**



E. ADDITIONAL TRANSFEROR(S)/SELLER(S)		
PRINT NAME	SIGNATURE	RELATIONSHIP TO TRANSFEREE

F. ADDITIONAL TRANSFEREE(S)/BUYER(S)	
PRINT NAME	RELATIONSHIP TO TRANSFEROR





**CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD  
OCCURRING ON OR AFTER FEBRUARY 16, 2021  
Revenue and Taxation Code Section 63.2**

For transfers occurring on or after February 16, 2021, section 2.1(c) of article XIII A of the California Constitution, implemented by Revenue and Taxation Code section 63.2, provides that the terms "purchase" or "change in ownership" do not include the purchase or transfer of a family home or family farm between parents and their children.

For purposes of this exclusion, a "child" means any of the following:

- A child born of the parent, except a child who has been adopted by another person.
- A stepchild, while the relationship of stepparent and stepchild exists.
- An in-law child, while the in-law relationship exists.
- A child adopted by the parent pursuant to statute, other than an individual adopted after reaching 18 years of age.
- A foster child of a state-licensed foster parent.

A family home must have been the principal residence of the transferor and must continue or become the principal residence of the transferee. **For a family home, the transferee must file for the homeowners' or disabled veterans' exemption within one year of the date of transfer or change in ownership.** For real property that is sold or gifted, the date of recording of the deed is presumed to be the date of transfer or change in ownership. For real property that is inherited via trust, will, or intestate succession, date of death is the date of change in ownership.

A family farm is any real property that is under cultivation or being used for pasture or grazing, or that is used to produce any agricultural commodity. "Agricultural commodity" means any and all plant and animal products produced in this state for commercial purposes, including, but not limited to, plant products used for producing biofuels, and cultivated industrial hemp (Government Code section 51201).

If the assessed value of the family home or each legal parcel of a family farm on the date of transfer exceeds the sum of the factored base year value plus \$1 million, the amount in excess of this sum will be added to the factored base year value.

This claim form is for transfers occurring on or after February 16, 2021. This claim form must be completed, signed by the transferor(s) and the transferee, and filed with the Assessor. A claim form is timely if it is filed within three years after the date of purchase or transfer, or prior to the transfer of the real property to a third party, whichever is earlier. If a claim form has not been filed by the date specified in the preceding sentence, it will be timely if filed within six months after the date of mailing of a notice of supplemental or escape assessment issued as a result of the purchase or transfer for which this claim is filed. If a claim is not timely filed, the exclusion will be granted beginning with the calendar year in which the claim is filed.

**For transfers occurring on or before February 15, 2021, please file claim form BOE-58-AH, *Claim for Reassessment Exclusion for Transfer Between Parent and Child*.**

**NOTE:** A county board of supervisors may authorize a one-time processing fee of not more than \$175 to recover costs incurred by the County Assessor due to the failure of an eligible transferee to file a claim for the parent-child change in ownership exclusion after two written requests have been sent to an eligible transferee by the County Assessor.



**Gus Kramer****County Assessor**

2530 Arnold Drive, Suite 100

Martinez, CA 94553-4359

FAX: (925) 313-7488

Telephone: (925) 313-7400

http://www.cccounty.us/assessor

# **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)

Craig M. Nobili, Trustee  
The Nobili Trust, Dated May 24, 1995  
44 Alta Cascata Place  
Henderson, Nevada 89011

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 Roland Nobili	DATE OF DEATH January 24, 2023
-----------------------------------	-----------------------------------

☒ 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 133 Mountaire Parkway	CITY Clayton	ZIP CODE 94517	ASSESSOR'S PARCEL NUMBER (APN)* 119-372-006-5
--	-----------------	-------------------	--

\*If more than 1 parcel, attach separate sheet.

## **DESCRIPTIVE INFORMATION** ☒ (IF APN UNKNOWN)

- ☐ Copy of deed by which decedent acquired title is attached.  
☐ Copy of decedent's most recent tax bill is attached.  
☐ Deed or tax bill is not available; legal description is attached.

## **DISPOSITION OF REAL PROPERTY** ☒

- ☐ Succession without a will  
☐ Probate Code 13650 distribution  
☐ Affidavit  
☐ Decree of distribution pursuant to will  
☒ Action of trustee pursuant to terms of a trust

## **TRANSFER 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
- ☐ 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
- ☐ 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 Criag M. Nobili	ADDRESS OF TRUSTEE 44 Alta Cascata Place, Henderson, Nevada 89011
------------------------------------	--

List names and percentage of ownership of all beneficiaries or heirs:

NAME OF BENEFICIARY OR HEIRS	RELATIONSHIP TO DECEDENT	PERCENT OF OWNERSHIP RECEIVED
Craig M. Nobili	Son	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.

**THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION**



EF-502-D-R13-0521-07000003



☐ 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
----------------------------------	---

☐ 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 Craig M. Nobili			
ADDRESS 44 Alta Cascata Place	CITY Henderson	STATE NV	ZIP CODE 89011

#### 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 Craig M. Nobili
TITLE	DATE 3-6-2023
EMAIL ADDRESS craig_nobili@yahoo.com	DAYTIME TELEPHONE (925) 323-3583

#### 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:

- 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.
- 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:
  - Are not applicable because the decedent owned no real property in California at the time of death
  - 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."

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



EF-502-D-R13-0521-07000003