

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



CONTRA COSTA Co Recorder Office
KRISTIN B. CONNELLY, Clerk-Recorder

DOC - 2023-0022016

Thursday, Mar 9, 2023 10:27

SB2 Fee: \$75.00



Total Paid: \$104.00

Receipt#: 202300019427

0000 - Public

211 / WINDOW 1 / 1-5

AFFIDAVIT OF DEATH OF TRUSTEE

State of California)
County of Contra Costa) ss.

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
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 6th 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

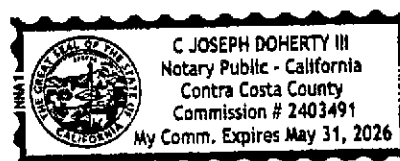


Exhibit A

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:

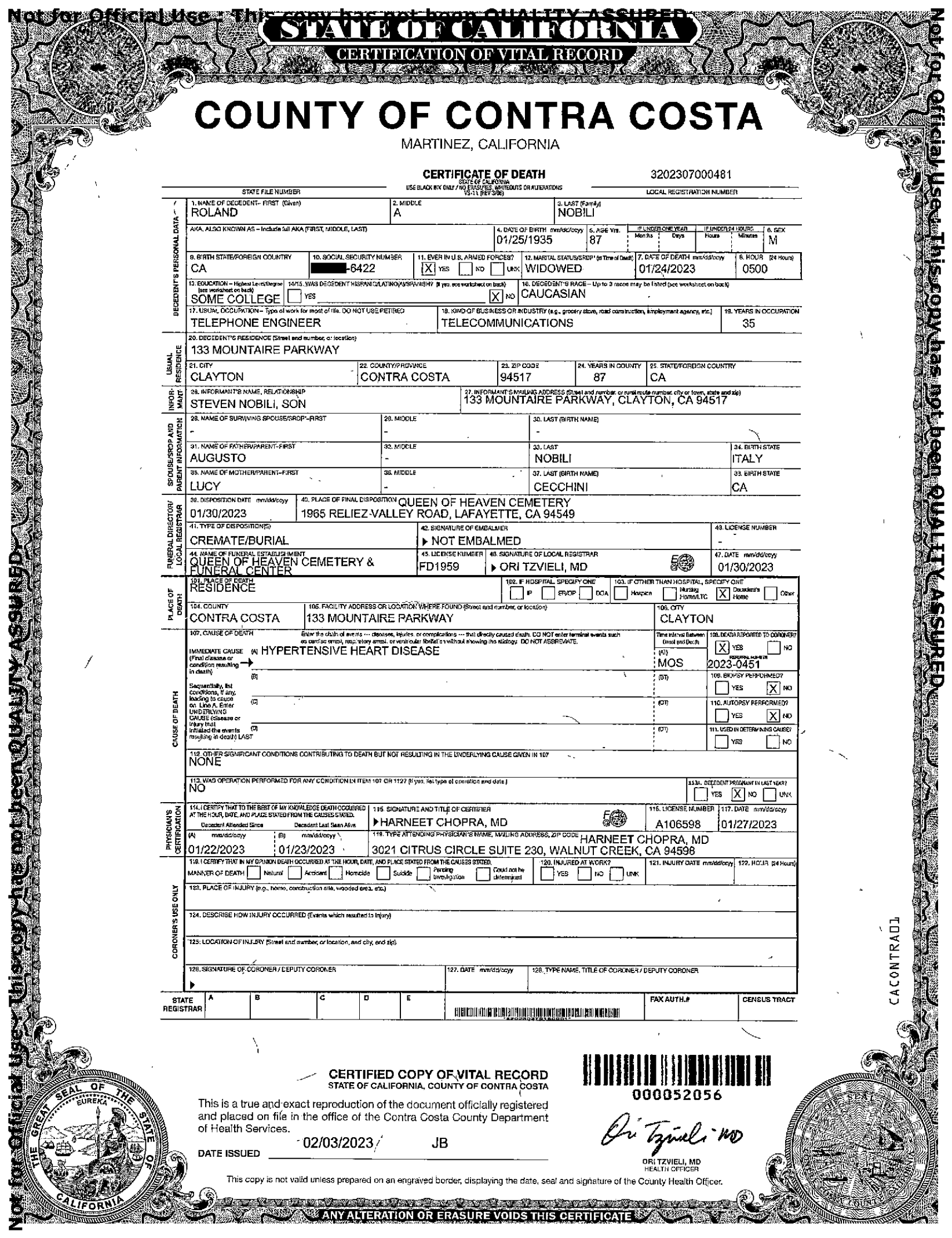
(A) DEED FROM GEORGE A. MURCHIO, ET AL, RECORDED SEPTEMBER 16, 1964, BOOK 4703, OFFICIAL RECORDS, PAGE 568;

(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	
7. DATE OF DEATH mm/dd/yyyy 01/24/2023		8. HOUR (24 Hours) 0500	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER -6422	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input 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) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/AMERICAN INDIAN? <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		16. 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 TELEPHONE ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TELECOMMUNICATIONS	
19. YEARS IN OCCUPATION 35		20. DECEDENT'S RESIDENCE (Street and number, or location) 133 MOUNTAIRE PARKWAY	
21. CITY CLAYTON		22. COUNTY/PROVINCE CONTRA COSTA	
23. ZIP CODE 94517		24. YEARS IN COUNTY 87	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP STEVEN NOBILI, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 133 MOUNTAIRE PARKWAY, CLAYTON, CA 94517		28. NAME OF SURVIVING SPOUSE/SDP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST AUGUSTO		32. MIDDLE -	
33. NAME OF MOTHER/PARENT - FIRST LUCY		34. MIDDLE -	
35. LAST (BIRTH NAME) CECCHINI		36. LAST (BIRTH NAME) CECCHINI	
37. BIRTH STATE ITALY		38. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 01/30/2023		40. PLACE OF FINAL DISPOSITION QUEEN OF HEAVEN CEMETERY 1965 RELIEZ-VALLEY ROAD, LAFAYETTE, CA 94549	
41. TYPE OF DISPOSITION CREMATE/BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT QUEEN OF HEAVEN CEMETERY & FUNERAL CENTER		44. LICENSE NUMBER FD1959	
45. SIGNATURE OF LOCAL REGISTRAR ORI TZVIELI, MD		46. DATE mm/dd/yyyy 01/30/2023	
47. PLACE OF DEATH RESIDENCE		48. IF HOSPITAL SPECIFY ONE, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
49. COUNTY CONTRA COSTA		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 133 MOUNTAIRE PARKWAY	
51. CITY CLAYTON		52. 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 (First disease or condition resulting in death) HYPERTENSIVE HEART DISEASE (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NN) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XX) (XY) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YX) (YY) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)	

CERTIFIED COPY OF VITAL RECORD

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

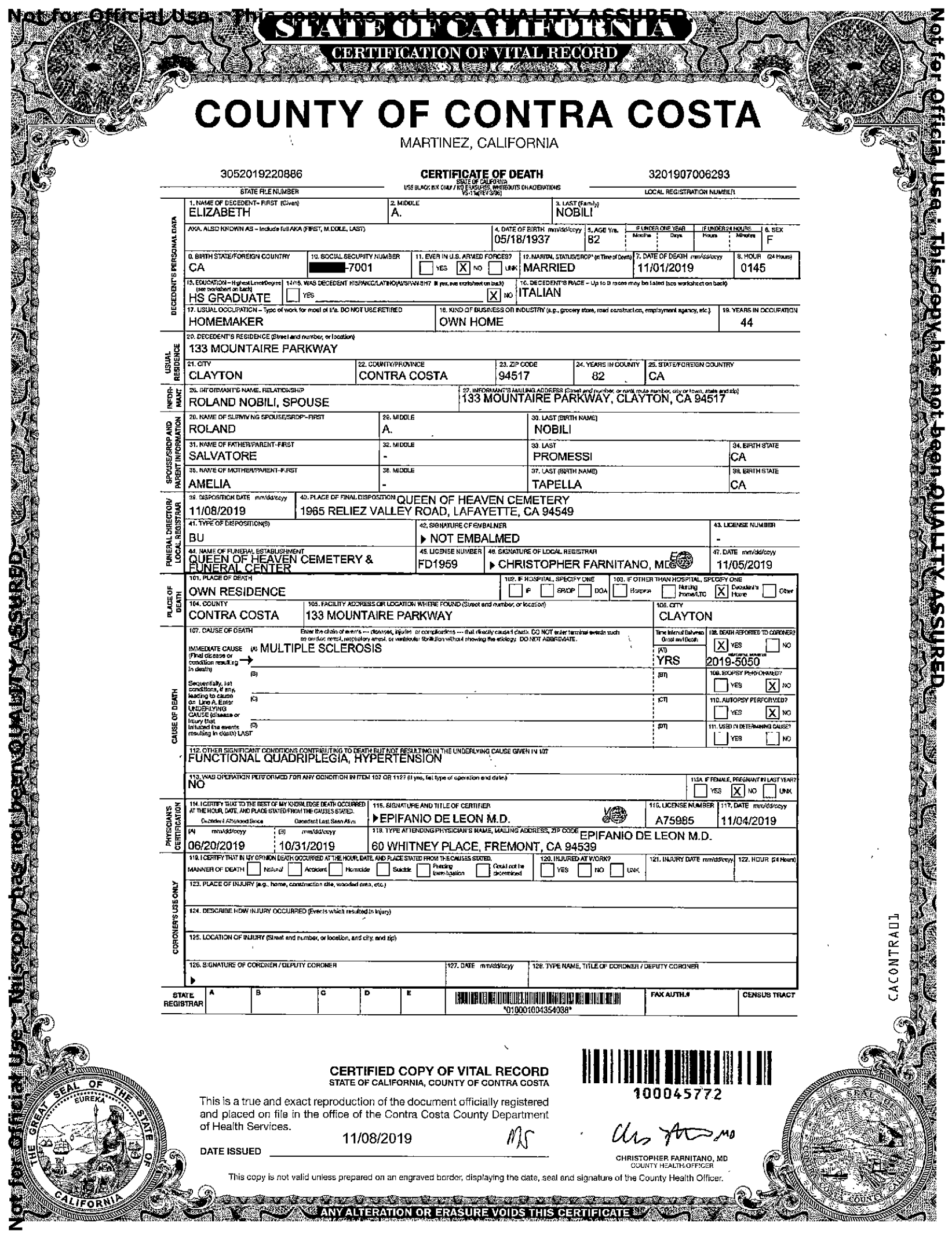
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

000052056

Dr. Tzvieli MD

ORI TZVIELI, MD
HEALTH OFFICER



COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052019220886

CERTIFICATE OF DEATH

3201907006293

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ELIZABETH		3. LAST (Family) NOBILI	
4. DATE OF BIRTH mm/dd/yyyy 05/18/1937		5. AGE Yrs. Mths. Ds. 82	
6. SEX F		7. DATE OF DEATH mm/dd/yyyy 11/01/2019	
8. HOURS (24 Hours) 0145		9. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) ITALIAN	
10. SOCIAL SECURITY NUMBER 7001		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) MARRIED		13. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) ITALIAN	
14. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME	
16. YEARS IN OCCUPATION 44		17. DECEASED'S RESIDENCE (Street and number, or location) 133 MOUNTAINE PARKWAY	
18. CITY CLAYTON		19. COUNTY/PROVINCE CONTRA COSTA	
20. ZIP CODE 94517		21. YEARS IN COUNTRY 82	
22. STATE/FOREIGN COUNTRY CA		23. INFORMANT'S NAME, RELATIONSHIP ROLAND NOBILI, SPOUSE	
24. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST ROLAND		25. LAST (BIRTH NAME) NOBILI	
26. NAME OF FATHER/PARENT-FIRST SALVATORE		27. LAST PROMESSI	
28. NAME OF MOTHER/PARENT-FIRST AMELIA		29. LAST (BIRTH NAME) TAPELLA	
30. DISPOSITION DATE mm/dd/yyyy 11/08/2019		31. PLACE OF FINAL DISPOSITION QUEEN OF HEAVEN CEMETERY	
32. TYPE OF DISPOSITION BU		33. SIGNATURE OF EMBALMER NOT EMBALMED	
34. NAME OF FUNERAL ESTABLISHMENT QUEEN OF HEAVEN CEMETERY & FUNERAL CENTER		35. LICENSE NUMBER FD1959	
36. PLACE OF DEATH OWN RESIDENCE		37. SIGNATURE OF LOCAL REGISTRAR CHRISTOPHER FARNITANO, M.D.	
38. COUNTY CONTRA COSTA		39. CITY CLAYTON	
40. CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) MULTIPLE SCLEROSIS		41. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
42. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST FUNCTIONAL QUADRIPLEGIA, HYPERTENSION		43. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
44. SIGNATURE AND TITLE OF CERTIFIER EPIFANIO DE LEON M.D.		45. LICENSE NUMBER A75985	
46. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE EPIFANIO DE LEON M.D. 60 WHITNEY PLACE, FREMONT, CA 94539		47. DATE 11/04/2019	
48. 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		49. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
50. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		51. INJURY DATE mm/dd/yyyy	
52. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		53. HOURS (24 Hours)	
54. LOCATION OF INJURY (Street and number, or location, and city, and zip)		55. SIGNATURE OF CORONER / DEPUTY CORONER	
56. DATE mm/dd/yyyy		57. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
58. STATE REGISTRAR		59. FAX AUTH.#	
60. CENSUS TRACT		61. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	

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.

11/08/2019

DATE ISSUED



CHRISTOPHER FARNITANO, MD
COUNTY HEALTH OFFICER

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

