

1 C. Keith Greer, Esq. (State Bar No. 135537)
GREER & ASSOCIATES, A.P.C.
 2 17150 Via Del Campo, Suite 100
 San Diego, California 92127
 3 Telephone: (858) 613-6677
 Facsimile: (858) 613-6680
 4

(SPACE BELOW FOR FILING STAMP ONLY)

5 Frederick Gaston Esq. (State Bar No. 231179)
GASTON & GASTON, A.P.L.C.
 1010 Second Avenue, 24th Floor
 6 San Diego, CA 92101
 Telephone: (619) 398-1882
 7 Facsimile: (619) 398-1887
 8

9 Attorneys for Plaintiffs,
 ESTATE OF REBECCA ZAHAU,
 ESTATE OF ROBERT ZAHAU,
 10 MARY ZAHAU-LOEHNER,
 and PARI Z. ZAHAU.
 11

12 **UNITED STATES DISTRICT COURT**
 13 **SOUTHERN DISTRICT OF CALIFORNIA**
 14

15 ESTATE OF REBECCA ZAHAU, deceased,
 and ESTATE OF ROBERT ZAHAU,
 deceased, both represented by MARY
 16 ZAHAU-LOEHNER, an individual and PARI
 Z. ZAHAU, an individual and successor in
 17 interests,

) Case No. **'13CV1624 W NLS**

) **DECLARATION OF PLAINTIFF PARI**
Z. ZAHAU PURSUANT TO
CALIFORNIA CODE OF CIVIL
PROCEDURE § 377.32

18 Plaintiffs,

19 vs.

20 ADAM SHACKNAI, an individual; DINA
 SHACKNAI, an individual; and NINA
 21 ROMANO, an individual; and DOES 1 through
 50, inclusive,
 22

23 Defendants.

24 I, PARI Z. ZAHAU, hereby declare as follows:

25 1. The decedents names are Rebecca Zahau and Robert Zahau.

26 2. Decedent Rebecca Zahau died on or about July 13, 2011 in the City of
 27 Coronado, County of San Diego, and Decedent Robert Zahau died on July 9, 2013, in
 28 Buchanan County, St. Joseph, Missouri.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

3. No proceeding is now pending in California for administration of either of the decedents' estates.

5. I am the sole surviving parent of Decedent Rebecca Zahau, who died intestate, without a spouse or descendants. Thus, I am her successor in interest as defined in Section 377.11 of the California Code of Civil Procedure and succeed to the decedent's interest in the action or proceeding.

6. I am the surviving spouse of Decedent Robert Zahau, who died intestate, and thus I am a successor in interest as defined in Section 377.11 of the California Code of Civil Procedure and succeed to the decedent's interest in the action or proceeding.

7. No other person has a superior right to commence the action or proceeding or to be substituted for either decedent in the pending action.

7. A certified copy of the Decedent Rebecca Zahau's death certificate is attached hereto. Due to the recent death of Robert Zahau, no death certificate is available. I will file such certificate with the court once it is available.

I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this 10th day of July 2013, in Buchanan County, St. Joseph, Missouri.



Pari Z. Zahau

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

3052011129577

CERTIFICATE OF DEATH

3201137011052

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) REBECCA		5. LAST (Family) ZAHAU	
2. MIDDLE MAWII		3. DATE OF BIRTH mm/dd/yyyy 03/15/1979	
AKA, ALSO KNOWN AS - Include full AKA FIRST, MIDDLE, LAST REBECCA MAWII NALEPA		4. AGE Yrs. 32	
9. BIRTH STATE/FOREIGN COUNTRY BURMA		10. SOCIAL SECURITY NUMBER 062-92-7758	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (SDRP at Time of Death) DIVORCED	
13. EDUCATION - Highest Level/Degree (See worksheet on back) ASSOCIATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SURGICAL TECHNICIAN		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) ASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OPHTHAMOLOGY		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
19. YEARS IN OCCUPATION 8		20. DECEDENT'S RESIDENCE (Street and number, or location) 7620 N. FOOTHILL DRIVE S.	
21. CITY PARADISE VALLEY		22. COUNTY/PROVINCE MARICOPA	
23. ZIP CODE 85253		24. YEARS IN COUNTY 3	
25. STATE/FOREIGN COUNTRY AZ		26. INFORMANT'S NAME, RELATIONSHIP MARY S. ZAHAU, SISTER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 14157 MILLSTONE BLVD., ST. JOSEPH, MO 64505		28. NAME OF SURVIVING SPOUSE/SDRP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST ROBERT		32. MIDDLE KHAW HNIN THANG	
33. LAST ZAHAU		34. BIRTH STATE BURMA	
35. NAME OF MOTHER/PARENT - FIRST PARI		36. MIDDLE ZUNG TIN	
37. LAST (BIRTH NAME) TUALAWT		38. BIRTH STATE BURMA	
39. DISPOSITION DATE mm/dd/yyyy 07/18/2011		40. PLACE OF FINAL DISPOSITION ST. JOSEPH MEMORIAL PARK 5005 FREDERICK BLVD. ST. JOSEPH, MO 64506	
41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EMBALMER VICTOR SAVINO	
43. LICENSE NUMBER EMB6658		44. NAME OF FUNERAL ESTABLISHMENT LEGACY FUNERAL & CREMATION CARE	
45. LICENSE NUMBER FD 2009		46. SIGNATURE OF LOCAL REGISTRAR WILMA WOOTEN, MD	
47. DATE mm/dd/yyyy 07/18/2011		101. PLACE OF DEATH FOUND, HOME	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/CP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/CP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN DIEGO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1043 OCEAN BOULEVARD	
106. CITY CORONADO		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 aneurysm laceration without showing the etiology. DO NOT ABBREVIATE. PENDING	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. DEATH PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 -		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. -	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: Attended Since (A) mm/dd/yyyy Decedent Last Seen Alive (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER -	
116. LICENSE NUMBER -		117. DATE mm/dd/yyyy -	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE -		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"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" 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 JONATHAN LUCAS		127. DATE mm/dd/yyyy 07/18/2011	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JONATHAN LUCAS, MD, DME		STATE REGISTRAR	



* A 0 0 2 2 9 7 2 7 0 *

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: July 21, 2011

Wilma J. Wooten, M.D.
WILMA J. WOOTEN, MD
REGISTRAR OF VITAL RECORDS
County of San Diego

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

