

Recording Requested by:)
Mrs. Grace K. Driver)
and when recorded mail to:)
Mrs. Grace K. Driver)
415 Pacific Avenue)
Piedmont, CA 94611)

Space above this line for Recorder's use

Mail Tax Statements To:
(Same as Above)

AFFIDAVIT-DEATH OF TRUSTOR/TRUSTEE
oo0oo

STATE OF ~~CALIFORNIA~~ ^{NEVADA})
COUNTY OF Douglas)

ss.

GRACE K. DRIVER, of legal age, being first duly sworn, deposes and says:

That MAYNARD D. DRIVER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MAYNARD D. DRIVER named as one of the parties in that certain deed dated August 3, 1988, executed by MAYNARD D. DRIVER and GRACE V. DRIVER (his wife), to MAYNARD D. DRIVER and GRACE K. DRIVER, TRUSTEES, U.D.T., dated August 3, 1988. recorded as Instrument No. 184217 on August 15, 1988, of Official Records of the City of Zephyr Knolls and County of Douglas, State of California, covering the following described property:

Lot 20, as shown on the Amended Plat of Zephyr Knolls Unit No.2, filed in the office of the County Recorder of Douglas County, Nevada, on July 5, 1957, ans Document No. 12415.
A.P.N. 05-132-06

Dated: Feb. 2, 19~~88~~⁹⁰

Grace K. Driver
GRACE K. DRIVER

SUBSCRIBED AND SWORN TO before me

this 14 day of Feb, 19~~90~~⁹⁰.

Donald B Marcus
Signature

Donald B Marcus
Name (Typed or Printed)

223500

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3-99-01

00286

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER								
1A. NAME OF DECEDENT—First (Given) MAYNARD		1B. MIDDLE D.		1C. LAST (FAMILY) DRIVER		2A. DATE OF DEATH—MONTH, DAY, YEAR January 9, 1989		2B. HOUR 3. SEX 2345 M			
4. RACE Black		5. SPANISH/HISPANIC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MONTH, DAY, YEAR April 27, 1931		7. AGE IN YEARS 57		IF UNDER 1 YEAR MONTHS _____ DAYS _____ IF UNDER 24 HOURS HOURS _____ MINUTES _____			
DECEDENT PERSONAL DATA	8. STATE OF BIRTH N.Y.		9. CITIZEN OF WHAT COUNTRY U.S.A.		10A. FULL NAME OF FATHER Elijah M. Driver		10B. STATE OF BIRTH VA		11A. FULL MAIDEN NAME OF MOTHER Julia Carter		11B. STATE OF BIRTH VA
12. MILITARY SERVICE? 19 53 TO 19 55 <input type="checkbox"/> NONE			13. SOCIAL SECURITY NUMBER 5230		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Grace Kellu				
18A. USUAL OCCUPATION Gunecology			18B. USUAL KIND OF BUSINESS OR INDUSTRY Medicine		18C. USUAL EMPLOYER Self-Employed		18D. YEARS IN USUAL OCCUPATION 25		17. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17*) 20		
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 415 Pacific Avenue						18B. CITY Piedmont		18C. ZIP CODE 94611			
18D. COUNTY Alameda			18E. NUMBER OF YEARS IN THIS COUNTY 20		18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Mrs. Grace Driver- Wife 415 Pacific Avenue Piedmont, California 94611				
19A. PLACE OF DEATH Merritt Hospital			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP		19C. COUNTY Alameda		22. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER _____				
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 34th St. & Hawthorne Ave.			19E. CITY Oakland			TIME INTERVAL BETWEEN ONSET AND DEATH		23. WAS SHOPPY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE, PER LINE FOR A, B, AND C—TYPE ON PRINT)						23. WAS SHOPPY PERFORMED?				
IMMEDIATE CAUSE	(A) Primary brain tumor						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DUE TO	(B) Primary Metastases						24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DUE TO	(C) Metastatic Prostatic Cancer						24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 2B? MONTH, DAY, YEAR 10-6-87 TYPE metastatic lymph node metastasis					
1 CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27A. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Dr. John F. Simmons MD			27C. PHYSICIAN'S LICENSE NUMBER 618694			27D. DATE SIGNED 1/10/89		
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 8-17-88			DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 1-9-89			27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Oakland, Ca. Dr. John F. Simmons, 3100 Telegraph Ave.					
1 CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28A. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]						28B. DATE SIGNED		
CORONER'S USE ONLY	29. MANNER OF DEATH—Specify one: natural, homicide, suicide, homicide, pending investigation or could not be determined			30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)						33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
34A. DISPOSITION Entombment			34B. PLACE OF FINAL DISPOSITION Alameda Cty. (OAKLAND) CHAPEL OF THE CHIMES			34C. DATE OF DISPOSITION MONTH, DAY, YEAR Jan. 17, 1989		35A. SIGNATURE OF EMPLOYER Bruce Williams		35B. LICENSE NUMBER 7139	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Fouche's Hudson Funeral Home			36B. LICENSE NO. 1783-443		37. SIGNATURE OF LOCAL REGISTRAR [Signature]			38. REGISTRATION DATE JAN 17 1989			
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT				

VS-11 (REV. 1-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

SEAL

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: **[Signature]** DEPUTY

DATE: **MAY 05 1989** - **223500**

BOOK 490 PAGE 939

COPY

REQUESTED BY
Grace Kelly - Driver
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'90 APR -9 A11 :05

SUZANNE BEAUDREAU 223500
RECORDER

\$ 7.00 PAID K10 DEPUTY
BOOK 490 PAGE 940