

Recording requested by
D. K. MacDonald, Esq.
Nelson, Boyd, MacDonald, Mitchell, Mason & Hedin
1000 Fourth Street, Suite 375
San Rafael, CA 94901

When recorded mail to
and mail tax statements to:
Phyllis L. Shuck
666 Bird Court
Novato, CA 94947

Assessor's Parcel No. 07-130-19
Douglas County, Nevada

**AFFIDAVIT OF SURVIVING TRUSTEE
UNDER INTER VIVOS DECLARATION OF TRUST**

STATE OF CALIFORNIA)
)ss.
COUNTY OF MARIN)

I, Phyllis L. Shuck, being sworn say:

I am a Settlor and one of the original Trustees under The Richard Y. Shuck and Phyllis L. Shuck Family Trust dated November 18, 1983. Richard Y. Shuck, a Settlor and one of the original Trustees under said declaration of trust, is the one and the same as Richard Yee Shuck, who died on June 26, 1991, and who is referred to on the Certificate of Death, a certified copy of which is attached hereto and incorporated herein; and I further declare that by reason of the death of the said Richard Y. Shuck, the Declarant is the sole surviving Trustee entitled to act under said declaration of trust.

Dated: 9/15/92.

Phyllis L. Shuck,
Phyllis L. Shuck

Subscribed and sworn to before
me on Sept. 15, 1992.

D. K. MacDonald
D. K. MacDonald, Notary Public
My commission expires January 22, 1996.



RECEIVED
OCT 13 1992

CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

301-21-000845

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN) Richard			1B. MIDDLE Yee		1C. LAST (FAMILY) Shuck		2A. DATE OF DEATH—MO. DAY, YR. June 26, 1991		2B. HOUR 2003		3. SEX M					
4. RACE Chinese			5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			6. DATE OF BIRTH—MO. DAY, YR. July 1, 1930		7. AGE IN YEARS 60		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES				
8. STATE OF BIRTH MI		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER Yee Wing Shuck			10B. STATE OF BIRTH China		11A. FULL MAIDEN NAME OF MOTHER Margaret NG		11B. STATE OF BIRTH China					
12. MILITARY SERVICE? 19 56 TO 19 57 <input type="checkbox"/> NONE			13. SOCIAL SECURITY NO. 7639			14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Phyllis Lum								
16A. USUAL OCCUPATION Accountant			16B. USUAL KIND OF BUSINESS OR INDUSTRY Accounting			16C. USUAL EMPLOYER State of California		16D. YEARS IN OCCUPATION 20		17. EDUCATION—YEARS COMPLETED 16						
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 666 Bird Ct.								18B. CITY Novato		18C. ZIP CODE 94947						
18D. COUNTY Marin			18E. NUMBER OF YEARS IN THIS COUNTY 33		18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Phyllis Shuck (Wife) 666 Bird Ct. Novato, CA. 94947									
19A. PLACE OF DEATH Kaiser Hospital			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP		19C. COUNTY Marin		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) PENDING DUE TO (B) 1 OF 2 DUE TO (C)		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 91133 <input type="checkbox"/> NO		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input 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 23? IF YES, LIST TYPE OF OPERATION AND DATE.								
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR			27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR			27C. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27D. CERTIFIER'S LICENSE NUMBER		27E. DATE SIGNED						
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR			27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR			27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS										
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Deputy Coroner			28B. DATE SIGNED 7/1/91			29. MANNER OF DEATH—(Specify one: natural, accident, homicide, suicide, undetermined, or other)			30A. PLACE OF INJURY PENDING INVESTIGATION		30B. INJURY AT WORK <input type="checkbox"/> YES <input 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(S) CR/BU			34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Olivet Memorial Park, Colma, CA.			34C. DATE MO. DAY, YEAR July 5, 1991		35A. SIGNATURE OF EMBALMER Not Embalmed		35B. LICENSE NUMBER None						
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Keaton's Redwood Chapel of Marin			36B. LICENSE NO. F-1137		37. SIGNATURE OF LOCAL REGISTRAR			38. REGISTRATION DATE JUL 01 1991								
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT									

5-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

29464

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF MARIN }

DATE ISSUED

AUG 12 1991

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

290618

BOOK 1092 PAGE 2069

Andre D. Heath

HEALTH OFFICER
MARIN COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA—DEATH

2

3 91 21 000845

STATE FEE NUMBER _____ USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUT, OR OTHER ALTERATIONS LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME—FIRST (GIVEN) RICHARD	1B. MIDDLE YEE	1C. LAST (FAMILY) SHUCK	2. SEX M
3. DATE OF EVENT—MONTH, DAY, YEAR JUNE 26, 1991	4A. CITY OF OCCURRENCE SAN RAFAEL	4B. COUNTY OF OCCURRENCE MARIN	5. DATE ORIGINAL FILED—MONTH, DAY, YEAR JULY 1, 1991

INCORRECT INFORMATION ON ORIGINAL CERTIFICATE

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) PENDING	22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 91133
DUE TO (B)	23. WASopsy PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUE TO (C)	24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 or 24? IF YES, LIST TYPE OF OPERATION AND DATE	29. MANNER OF DEATH—SPECIFY ONE, NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION OR COULD NOT BE DETERMINED PENDING INVESTIGATION
30A. PLACE OF INJURY	30B. INJURY AT WORK? <input type="checkbox"/> YES <input 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)

INFORMATION AS IT SHOULD BE STATED

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) CARDIO-RESPIRATORY ARREST	22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 91133
DUE TO (B) CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH ASTHMA	23. WASopsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (C)	24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 or 24? IF YES, LIST TYPE OF OPERATION AND DATE	29. MANNER OF DEATH—SPECIFY ONE, NATURAL, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION OR COULD NOT BE DETERMINED NATURAL
30A. PLACE OF INJURY	30B. INJURY AT WORK? <input type="checkbox"/> YES <input 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)

6. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	7A. SIGNATURE OF PHYSICIAN OR CORONER <i>Ervin J. Jindrlich</i>	7B. DATE SIGNED 7/16/91
	8A. NAME OF PHYSICIAN OR CORONER (TYPE OR PRINT) ERVIN J. JINDRICH, M.D.	8B. DEGREE OR TITLE CORONER
	8C. ADDRESS—STREET AND NUMBER OR LOCATION, CITY AND STATE CIVIC CENTER - SAN RAFAEL, CA	

9A. SIGNATURE OF STATE OR LOCAL REGISTRAR Office of State Registrar of Vital Statistics	9B. DATE ACCEPTED FOR REGISTRATION JUL 26 1991
---	--

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

SEAL

30994

STATE OF CALIFORNIA }
COUNTY OF MARIN }

DATE ISSUED

AUG 1 2 1991

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

290618
BOOK 1092 PAGE 2070

Sharon D. Heath

HEALTH OFFICER
MARIN COUNTY, CALIFORNIA

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



COPY

REQUESTED BY

Debra Boyd et al.

IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, ARIZONA

90:01 V L1 91V 260A

92 OCT 13 P4:09

SUZANNE BEAUDREAU
RECORDER

290618
BOOK 1092 PAGE 2071

\$ 8.00 PAID LS DEPUTY