

DUNLAP
632 EVERETT DR.
DANVILLE, CA.
94526.

RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:

Law Office of Terry J. Ravazzini
2200 Powell Street, Suite 680
Emeryville, California 94608

AFFIDAVIT OF DEATH OF TRUSTEE

I, PAUL DUNLAP, being duly sworn, say:

I am 18 years of age or over; VIRGINIA A. DUNLAP, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as VIRGINIA A. DUNLAP named as a co-trustee of the Dunlap Family Trust under Agreement dated November 18, 1985, which said trust is the owner of record of the real property described below located in the unincorporated area of the County of Douglas, State of Nevada and that the undersigned is the remaining sole trustee.

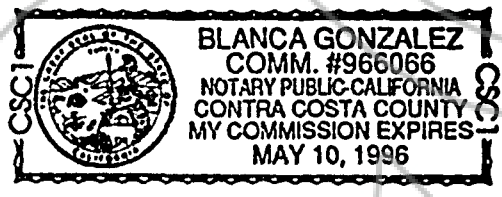
Lot 60 as shown on the map of LAKERIDGE ESTATES NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on July 13, 1957.

APN 3-171-03.

Paul H. Dunlap
PAUL H. DUNLAP, Affiant

State of California)
) s.s.
County of Alameda)

Subscribed and sworn before me on April 19, 1993, ~~1992~~ *Bh*



Blanca Gonzalez
Notary Public for the
State of California



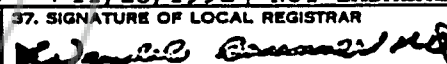
CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST (GIVEN) VIRGINIA		1B. MIDDLE ANNE		1C. LAST (FAMILY) DUNLAP		2A. DATE OF DEATH—MO. DAY, YR. November 24, 1992		2B. HOUR 0700	2C. SEX Female	
	4. RACE Caucasian		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. FEBRUARY 9, 1928		7. AGE IN YEARS 64	8. IF UNDER 1 YEAR MONTHS _____ DAYS _____	9. IF UNDER 24 HOURS HOURS _____ MINUTES _____		
	6. STATE OF BIRTH NB	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER EMIL STORZ			10B. STATE OF BIRTH NB	11A. FULL MAIDEN NAME OF MOTHER MILDRED WALLEN			11B. STATE OF BIRTH NB	
	12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. ██████████ 2686		14. MARITAL STATUS MARRIED		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) PAUL H. DUNLAP				
	16A. USUAL OCCUPATION PBX OPERATOR		16B. USUAL KIND OF BUSINESS OR INDUSTRY MEDICAL		16C. USUAL EMPLOYER JOHN MUIR MEDICAL CENTER		16D. YEARS IN OCCUPATION 25	17. EDUCATION—YEARS COMPLETED 14			
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION 632-EVERETT DRIVE						18B. CITY DANVILLE		18C. ZIP CODE 94526		
	18D. COUNTY CONTRA COSTA		18E. NUMBER OF YEARS IN THIS COUNTY 39	18F. STATE OR FOREIGN COUNTRY CA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT PAUL H. DUNLAP (HUSBAND) 632-EVERETT DRIVE DANVILLE, CALIF. 94526					
PLACE OF DEATH	19A. PLACE OF DEATH Home Residence		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA —	19C. COUNTY Contra Costa							
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 632 Everett Drive			19E. CITY Danville		TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 92-1336 <input type="checkbox"/> NO				
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						23. WAS SHOPEY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IMMEDIATE CAUSE (A) Respiratory failure						4 mo.				
	DUE TO (B) Amyotrophic Lateral Sclerosis.						8 mo				
	DUE TO (C) —										
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 25? IF YES, LIST TYPE OF OPERATION AND DATE. No					
PHYSICIAN'S CERTIFICATION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER 		27C. CERTIFIER'S LICENSE NUMBER C 41438		27D. DATE SIGNED 11/25/92			
	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 4/1/92	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 10/13/92	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS David O'Dell, MD 561 Sycamore Valley Rd. Danville, Ca 94526								
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER 		28B. DATE SIGNED					
	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		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)					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S) CR/RES	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS PAUL H. DUNLAP RESIDENCE 632 EVERETT DRIVE DANVILLE, CA. 94526			34C. DATE MO. DAY, YEAR 11/28/1992	35A. SIGNATURE OF EMBALMER NOT EMBALMED		35B. LICENSE NUMBER NONE			
	35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) HULL'S WALNUT CREEK CHAPEL		35B. LICENSE NO. 250	37. SIGNATURE OF LOCAL REGISTRAR 		38. REGISTRATION DATE NOV 25 1992					
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT				
	<p>VS-11 (REV. 3-91) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS</p>										

Certification Statement This is to certify that the above is a true and correct copy of facts recorded on the death record of the above named decedent as registered in this office

Signature of Certifying official *Wendell Brunner (M)* Official Title
Local Registrar

Place of Certification **Contra Costa County Health Services
Public Health Division
Martinez, California** Date of Certification
NOV 25 1992

State of California, Health Services-Public Health Division, Bureau of Vital Statistics

306132
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1-21-93

4-17-93

COPY

REQUESTED BY
Paul Donker
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

93 MAY -3 AM 1:48

306132

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SUZANNE BEAUDREAU
RECORDER
700 PAID *SD* DEPUTY