

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

Robert N. Grant
Gray Cary Ware & Freidenrich
A Professional Corporation
400 Hamilton Avenue
Palo Alto, CA 94301-1825

MAIL TAX STATEMENTS TO:

Mr. Robert B. Harrison, Trustee
26965 Orchard Hill Lane
Los Altos Hills, CA 94022

AFFIDAVIT OF DEATH OF TRUSTOR, TRUSTEE, AND BENEFICIARY

I, Robert B. Harrison, hereby declare:

On August 21, 1989, Donald Reniers and Virginia Harper Reniers executed the following grant, bargain, sale deed:

Grantor: Donald Reniers and Virginia Harper Reniers, Co-Trustees of the Donald Reniers and Virginia Harper Reniers Family Trust established May 4, 1983.

Grantee: Robert B. Harrison and Jean E. Harrison, Trustees of The Harrison Family Trust dated January 24, 1985.

Location Of Real Property: County of Douglas, State of Nevada, commonly known as 205 Lakemill Road, Glenbrook, Nevada, and more particularly described in Exhibit A attached hereto and by reference made a part hereof

Recorded On: September 5, 1989

Instrument No.: 210150

Jean E. Harrison and I were the Trustors, Trustees, and Beneficiaries of The Harrison Family Trust dated January 24, 1985, as amended. Jean E. Harrison died on April 14, 1995. A certified copy of the death certificate of Jean E. Harrison is attached hereto and by reference made a part hereof. I am the Surviving Trustee of said trust.

MAIL TAX STATEMENTS AS DIRECTED ABOVE

I am over eighteen (18) years of age.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10-31, 1995 at Los Altos, California.

Robert B. Harrison

Robert B. Harrison
Surviving Trustee of The
Harrison Family Trust dated
January 24, 1985, as amended

State of California }
County of Santa Clara }

On Oct. 31, 1995 before me, Ruth Tubbs, Notary Public, personally appeared Robert B. Harrison, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal.

Ruth Tubbs

Notary Public

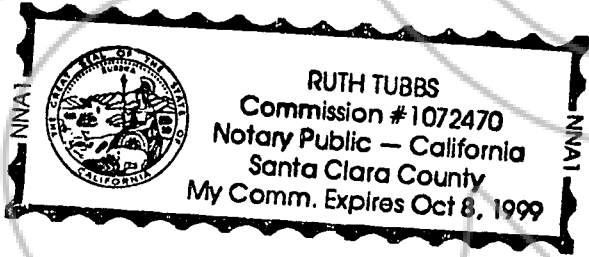


EXHIBIT A

Lot 14, in Block A, as shown on the second AMENDED MAP OF GLENBROOK
SUBDIVISION UNIT 2(A) filed for record in the Office of the County Recorder of
Douglas County, Nevada, on January 30, 1980, in Book 180, Page 1512, as Document
No. 41035, Official Records of Douglas County, Nevada

APN: 01-161-03



CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH

2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
1. NAME OF DECEDENT—FIRST (GIVEN) JEAN		2. MIDDLE ELIZABETH		3. LAST (FAMILY) HARRISON			
4. DATE OF BIRTH MM/DD/CCYY 06/14/1927		5. AGE YRS. 67		6. SEX FE		7. DATE OF DEATH MM/DD/CCYY 04/14/1995	
9. STATE OF BIRTH HI		10. SOCIAL SECURITY NO. 2098		11. MILITARY SERVICE <input checked="" type="checkbox"/> NONE		12. MARITAL STATUS Married	
14. RACE White		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES		16. USUAL EMPLOYER Self		13. EDUCATION—YEARS COMPLETED 17	
17. OCCUPATION Housewife		18. KIND OF BUSINESS Homemaking		19. YEARS IN OCCUPATION 42			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 26965 Orchard Hill Lane							
21. CITY Los Altos Hills		22. COUNTY Santa Clara		23. ZIP CODE 94022		24. YRS IN COUNTY 30	
25. STATE OR FOREIGN COUNTRY California							
26. NAME, RELATIONSHIP Robert B. Harrison Spouse							
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 26965 Orchard Hill Ln, Los Altos Hills, CA 94022							
28. NAME OF SURVIVING SPOUSE—FIRST ROBERT		29. MIDDLE BOND		30. LAST (MAIDEN NAME) HARRISON			
31. NAME OF FATHER—FIRST Lester		32. MIDDLE Winthrop		33. LAST Bryan		34. BIRTH STATE MA	
35. NAME OF MOTHER—FIRST Irma		36. MIDDLE Laura		37. LAST (MAIDEN) Covington		38. BIRTH STATE CA	
39. DATE MM/DD/CCYY 04/20/1995		40. PLACE OF FINAL DISPOSITION @ sea off Half Moon Bay, CA					
41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER Not embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR BYRGAN		45. LICENSE NO. 1279		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D Fensterherb MD</i>		47. DATE MM/DD/CCYY 04/18/1995	
101. PLACE OF DEATH Own Residence		102. IF HOSPITAL SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input checked="" type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY Santa Clara	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 26965 Orchard Hill Lane		106. CITY Los Altos Hills					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH 1 Wk		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
IMMEDIATE CAUSE (A) Respiratory Failure		9 Mon		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) Metastatic Kidney Cancer to Lungs		9 mon		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) Kidney Cancer				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (D)							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Rt Radical Nephrectomy 07/08/1994							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY: 07/25/1994 DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 04/06/1995		115. SIGNATURE AND TITLE OF CERTIFIER <i>Faud S. Freiha</i>		116. LICENSE NO. A 29984		117. DATE MM/DD/CCYY 04/17/1995	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Faud S. Freiha 300 Pasteur Dr, Palo Alto, CA 94305							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR	
123. PLACE OF INJURY							
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
COUNTY OF SANTA CLARA	SS							29311	
DATE ISSUED						MAY 02 1995			

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fensterherb MD
MARTIN D. FENSTERHERB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

375889
BK 1 955664831

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

796016



COPY

REQUESTED BY
Gray Cary et al
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 NOV 28 P3:56

LINDA SLATER
RECORDER
\$ 11.00 PAID KZ DEPUTY

375889
BK 1 195 PG 4832