

APN 3-180-08

When Recorded, Mail to:  
Dunham B. Sherer, Esq.  
Hopkins & Carley  
150 Almaden Blvd., #1500  
San Jose, CA 95113-2089

**TRUSTEE'S CERTIFICATE OF INCUMBENCY**

The undersigned hereby certifies to the following:

1. That WILLIAM GEORGE HOOVER and IDA MARY HOOVER as Grantors and as Co-Trustees created the revocable living trust called the HOOVER LIVING TRUST AGREEMENT dated August 3, 1977.

2. That IDA MARY HOOVER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as IDA MARY HOOVER, named as one of the parties in the following Deed:

Quitclaim Deed dated October 31, 1977, executed by WILLIAM G. HOOVER and IDA MARY HOOVER, husband and wife as their community property, to WILLIAM G. HOOVER and IDA MARY HOOVER, Trustees of the HOOVER LIVING TRUST AGREEMENT dated August 3, 1977 recorded as Instrument No. 15013 on November 14, 1977 in Book 1177, Page 893 in the Official Records of Douglas County, Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Lot 8 as shown on the map of LAKERIDGE ESTATES NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on February 23, 1959.

3. That IDA MARY HOOVER died on June 13, 1995, in the County of Santa Clara, State of California.

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4. That WILLIAM GEORGE HOOVER died on August 1, 1993, in the County of Santa Clara, State of California.

5. That the HOOVER LIVING TRUST AGREEMENT dated August 3, 1977, provides that in the event both IDA MARY HOOVER and WILLIAM GEORGE HOOVER shall fail or cease to act as Trustee, CHRISTINE HOOVER SORENSEN and SIDNEY HARRY HOOVER shall act as Co-Trustees of the Hoover Living Trust Agreement, dated August 3, 1977.

6. That CHRISTINE HOOVER SORENSEN and SIDNEY HARRY HOOVER consent to serve as Co-Trustees.

Dated this 29 day of November, 1995.

Christine Hoover Sorensen  
CHRISTINE HOOVER SORENSEN

Sidney Harry Hoover  
SIDNEY HARRY HOOVER

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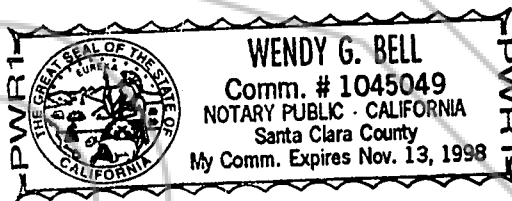
STATE OF CALIFORNIA )  
 ) ss:  
COUNTY OF SANTA CLARA )

On November 29, 1995, before me, WENDY G. BELL Notary Public, personally appeared CHRISTINE HOOVER SORENSEN, Co-Trustee, 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 she executed the same in her authorized capacity, and that by her 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.

Wendy Bell  
Notary Public

My Commission Expires: 11-13-98



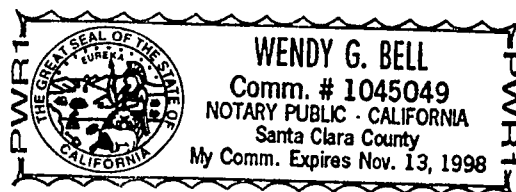
STATE OF CALIFORNIA )  
SANTA CLARA ) ss:  
COUNTY OF SAN FRANCISCO )

On November 29 1995, before me, WENDY G. BELL Notary Public, personally appeared SIDNEY HARRY HOOVER, Co-Trustee, 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.

Wendy Bell  
Notary Public

My Commission Expires: 11-13-98



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CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH

2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

39543-004245

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS:11 (REV. 7/95)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Ida		2. MIDDLE Mary		3. LAST (FAMILY) Hoover			
4. DATE OF BIRTH MM/DD/CCYY 10/02/1909		5. AGE YRS 85		6. SEX F		7. DATE OF DEATH MM/DD/CCYY 06/13/1995	
8. HOUR 0947		9. STATE OF BIRTH NV		10. SOCIAL SECURITY NO. 6454		11. MILITARY SERVICE NONE	
12. MARITAL STATUS Widowed		13. EDUCATION—YEARS COMPLETED 18		14. RACE White		15. HISPANIC SPECIFY YES	
16. USUAL EMPLOYER Self		17. OCCUPATION Community Volunteer		18. KIND OF BUSINESS Service		19. YEARS IN OCCUPATION 60	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 13820 La Paloma Road							
21. CITY Los Altos Hills		22. COUNTY Santa Clara		23. ZIP CODE 94022		24. YRS IN COUNTY 60	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Christine Hoover Sorensen Daughter					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 122 Merritt Ct., Los Altos, CA 94022						28. NAME OF SURVIVING SPOUSE—FIRST William	
29. MIDDLE Francis		30. LAST (MAIDEN NAME) Robinson		31. NAME OF FATHER—FIRST Ida		32. MIDDLE Christina	
33. LAST (MAIDEN) Beck		34. BIRTH STATE North Ireland		35. NAME OF MOTHER—FIRST Ida		36. MIDDLE Christina	
37. LAST (MAIDEN) Beck		38. BIRTH STATE NV		39. DATE MM/DD/CCYY 06/16/1995		40. PLACE OF FINAL DISPOSITION Alta Mesa Memorial Park, Palo Alto, CA	
41. TYPE OF DISPOSITION Burial		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NO. ----		44. NAME OF FUNERAL DIRECTOR Spangler Mortuaries LA	
45. LICENSE NO. F-927		46. SIGNATURE OF LOCAL REGISTRAR Martin D Fensterherb MD		47. DATE MM/DD/CCYY 06/15/1995		101. PLACE OF DEATH El Camino Hospital	
102. IF HOSPITAL SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONY/HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY Santa Clara		105. CITY Mountain View	
106. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2500 Grant Road		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Cardiac Arrest (B) Congestive Heart Failure (C) Hypertension (D)		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 164-002		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO		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. No	
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 06/05/1995		115. SIGNATURE AND TITLE OF CERTIFIER Joel P. Friedman MD		116. LICENSE NO. G 16582		117. DATE MM/DD/CCYY 06/15/1995	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Joel P. Friedman MD 300 Homer Ave., Palo Alto, CA 94301		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 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			

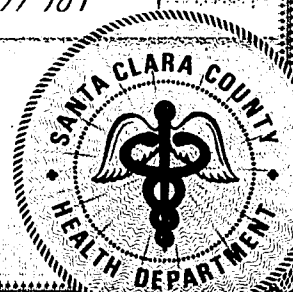
CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA } SS D E F G H FAX AUTH. # CENSUS TRACT  
COUNTY OF SANTA CLARA } DATE ISSUED BY SEP 07 1995 511701

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  
HEALTH OFFICER AND LOCAL REGISTRAR  
378925

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

BK 0196 PG 2357

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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COPY

REQUESTED BY  
Dunham B. Sherer  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'96 JAN 16 A9:44

LINDA SLATER  
RECORDER

\$11.00 PAID KO DEPUTY

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