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Recording Requested By:  
HALES, HALES & GEORGE, INC.

WHEN RECORDED RETURN TO:  
HALES, HALES & GEORGE, INC.  
19040 Cox Avenue, Suite 3  
Saratoga, California 95070

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA            )  
                                  )  
COUNTY OF DOUGLAS        )

IN RE THE LEWIS LIVING  
TRUST dated January 14, 1985.

NAOMI I. LEWIS, being of legal age and being first  
duly sworn, deposes and says:

(1) That I am the surviving spouse of FLOYD ALPHA  
LEWIS, the decedent mentioned in the attached certified copy  
of Certificate of Death.

(2) That FLOYD ALPHA LEWIS is the same person as  
FLOYD A. LEWIS named as a Co-Trustee with myself in that  
certain Quitclaim Deed dated February 4, 1985 executed by  
decedent and myself, husband and wife, as Joint Tenants to  
decedent and myself as Co-Trustees of THE LEWIS LIVING TRUST  
dated January 14, 1985 which Deed was recorded September 25,  
1995 as Document Number 371095 in the Office of the Recorder  
of the County of DOUGLAS. The property described on said  
Quitclaim Deed is commonly known as Timeshare, Douglas County,

Nevada, APN: 07-130-19-8, and is more fully described as set forth on Exhibit "A" attached hereto and incorporated herein by this reference.

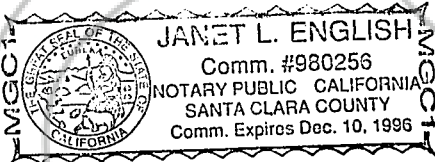
(3) Pursuant to the terms of THE LEWIS LIVING TRUST, upon the death of FLOYD A. LEWIS, I became sole Trustee of THE LEWIS LIVING TRUST and all assets of the trust including the within property are subject to my management and control as trustee.

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

Executed this 28 day of November, 1995 at Saratoga, California.

Naomi I. Lewis  
NAOMI I. LEWIS

Subscribed and sworn (affirmed) before me this 28<sup>th</sup> day of November, 1995.



L.S. Janet L. English

381486



CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH

2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

39543-001207

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES/WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) FLOYD		2. MIDDLE ALPHA		3. LAST (FAMILY) LEWIS			
4. DATE OF BIRTH—MM/DD/CCYY 08/30/1918		5. AGE YRS. 76		6. SEX M		7. DATE OF DEATH—MM/DD/CCYY 02/17/1995	
8. HOUR 0540		9. STATE OF BIRTH INDIANA		10. SOCIAL SECURITY NO. 6670		11. MILITARY SERVICE NONE	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 16		14. RACE CAUCASIAN		15. HISPANIC—SPECIFY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. USUAL EMPLOYER CITY OF SAN JOSE		17. OCCUPATION ENGINEER		18. KIND OF BUSINESS INDUSTRIAL ENGINEERING		19. YEARS IN OCCUPATION 30	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 1244 MANDARIN DRIVE		21. CITY SUNNYVALE		22. COUNTY SANTA CLARA		23. ZIP CODE 94087	
24. YRS. IN COUNTY 37		25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP NAOMI I. LEWIS—WIFE		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1244 MANDARIN DRIVE, SUNNYVALE, CA 94087	
28. NAME OF SURVIVING SPOUSE—FIRST NAOMI		29. MIDDLE I.		30. LAST (MAIDEN NAME) GRADER			
31. NAME OF FATHER—FIRST ALPHA		32. MIDDLE O.		33. LAST LEWIS		34. BIRTH STATE IN	
35. NAME OF MOTHER—FIRST BERTHA		36. MIDDLE A.		37. LAST (MAIDEN) MILLER		38. BIRTH STATE IL	
39. DATE—MM/DD/CCYY 02/21/1995		40. PLACE OF FINAL DISPOSITION SKYLAWN MEMORIAL PARK, SAN MATEO, CA		41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER Dany Ferraro	
43. LICENSE NO. 6384		44. NAME OF FUNERAL DIRECTOR LIMA FAMILY SUNNYVALE		45. LICENSE NO. ED-1169		46. SIGNATURE OF LOCAL REGISTRAR Martin D Fensterherb MD	
47. DATE—MM/DD/CCYY 02/21/1995		101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		103. COUNTY SANTA CLARA	
104. CITY SANTA CLARA		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 900 KIELY BLVD		106. CITY SANTA CLARA		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
IMMEDIATE CAUSE (A) Congestive Heart Failure		TIME INTERVAL BETWEEN ONSET AND DEATH 3 weeks		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		REFERRAL NUMBER	
DUE TO (B) Hypertension		20 years		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Cerebrovascular Disease & Right hemiparesis		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		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: 1980 DECEDENT LAST SEEN ALIVE: 02/16/1995		115. SIGNATURE AND TITLE OF CERTIFIER James L Striebel MD	
116. LICENSE NO. 609513		117. DATE—MM/DD/CCYY 02/17/1995		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP JAMES L. STRIEBEL, M.D. 1333 LAWRENCE EXP. BLDG. 100 SANTA CLARA, CA 95051			
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		CERTIFIED COPY OF VITAL RECORDS		CORONER OR DEPUTY CORONER			

STATE REGISTRAR COUNTY OF SANTA CLARA DATE ISSUED BY DEC 05 1995 Martin D. Fensterherb MD CENSUS TRACT 508401

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  
OF BIRTHS AND DEATHS

381486

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

BK 0296 PG 2901

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**RECORDING REQUESTED BY**

**HALES, HALES & GEORGE**

**WHEN RECORDED MAIL TO**

**NAME** HALES, HALES & GEORGE  
**MAILING ADDRESS** 19040 Cox Ave., Suite 3  
Saratoga, CA 95070  
**CITY, STATE**  
**ZIP CODE**

**SPACE ABOVE THIS LINE RESERVED FOR RECORDER'S USE**

APN: 07-130-19-8

Timeshare  
Douglas Cty, NV

**TITLE(S)**

**AFFIDAVIT OF DEATH OF CO-TRUSTEE**

**(Re: Estate of Floyd A. Lewis)**



REQUESTED BY  
*Hales Hales + George*  
UNOFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'96 FEB 16 P3:54

LINDA SLATER  
RECORDER  
\$10 PAID *ka* DEPUTY

leadpage

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