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RECORDING REQUESTED BY:

DREHER, GARFINKLE & WATSON

✓ When recorded mail to:

Edward J. Watson, Esq.
DREHER, GARFINKLE & WATSON
88 Kearny Street, Ste. 1500
San Francisco, CA 94108

DECLARATION RE FACT OF DEATH OF TRUSTEE

Tina Tealdi Rapagnani, of legal age, hereby declares:

1. On June 11, 1990, Maria G. Neilsen as Trustor and Trustee made and entered into a Trust Agreement more commonly known and designated as the Marie G. Neilsen Family Trust.

2. The said Trust Agreement is now in full force and effect and has not been amended since that date.

3. Marie G. Neilsen died on May 20, 1997, and, accordingly, is no longer able to serve as Trustee of said trust.

4. Pursuant to the provisions of Article VIII of the Marie G. Neilsen Family Trust u/a/d 6/11/90, the undersigned, Tina Tealdi Rapagnani, is the Successor Trustee of said trust.

5. Marie G. Neilsen, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marie

Mail tax statements to:

Tina Tealdi Rapagnani
500 Almer Road, #306
Burlingame, CA 94010

0421028

BK0997PG1016

G. Neilsen, named as one of the parties in the following described deeds:

PARCEL ONE:

Grant Deed executed by Marie G. Neilsen to Marie G. Neilsen, as Trustee of the Marie G. Neilsen Family Trust u/a/d 6/11/90, recorded in the Official Records of the County of Douglas, State of Nevada, on June 29, 1990, as Instrument No. 229209.

The real property referred to in the Deed above described is all that certain real property situated in the County of Douglas, State of Nevada, more particularly described as follows:

Lot No. 14, as shown on the Amended Plat of Kingsbury Village Unit No. 2, recorded in the Office of the County Recorder on July 10, 1963, in Book of Maps, Document No. 22953, Douglas County Records. (Said Lot 14 replaces Lot 73 on the original Map.)

Commonly known as 419 Barrett Drive,
Stateline, Nevada 89449.

APN: 11-152-14

PARCEL TWO:

Grant Deed executed by Marie G. Neilsen to Marie G. Neilsen, as Trustee of the Marie G. Neilsen Family Trust u/a/d 6/11/90, recorded in the Official Records of the County of Douglas, State of Nevada on June 29, 1990, as Instrument No. 229208.

The real property referred to in the Deed above described is all that certain real property situated in the County of Douglas, State of Nevada, more particularly described as follows:

Lot #63, as shown on the map of Kingsbury Village Unit No. 1, filed in the Office of the County Recorder of Douglas County, State of Nevada, on December 29, 1961.

Commonly known as 389 Andria Drive, Stateline, Nevada, 89449.

APN: 11-142-11

PARCEL THREE:

Grant Deed executed by Marie G. Neilsen to Marie G. Neilsen, as Trustee of the Marie G. Neilsen Family Trust u/a/d 6/11/90, recorded in the Official Records of the County of Douglas, State of Nevada, on June 29, 1990, as Instrument No. 229207.

The real property referred to in the Deed above described is all that certain real property situated in the County of Douglas, State of Nevada, more particularly described as follows.

Lot #62, as shown on the map of Kingsbury Village Unit No. 1, filed in the Office of the County Recorder of Douglas County, State of Nevada, on December 29, 1961.

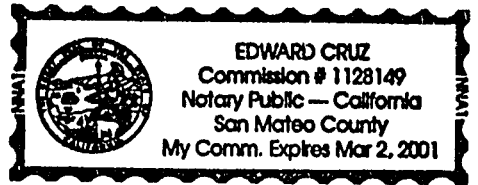
Commonly known as 393 Andria Drive, Stateline, Nevada, 89449.

APN: 11-142-10

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

Executed at Burlingame, California, this 11 day of August, 1997.


Tina Tealdi Rapagnani



State of California

County of

On August 11, 1997, before me, EDWARD CRUZ,
Notary Public, personally appeared TINA TEALDI RAPAGNANI 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 she/he executed the same in her/his
authorized capacity, and that by her/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.



Notary Public

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH DEPARTMENT
SAN MATEO, CALIFORNIA

CERTIFICATE OF DEATH

3199741 002042

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITE OUTS OR ALTERATIONS VB-11 (REV. 11/90)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)			
Marie		Grace		Neilsen			
4. DATE OF BIRTH M/M/DD/C/YY		5. AGE YRS.		6. SEX		7. DATE OF DEATH M/M/DD/C/YY	
12/04/1906		90		F		05/20/1997	
8. HOUR		9. SOCIAL SECURITY NO.		10. MILITARY SERVICE		11. MARITAL STATUS	
2045		3510		No		Widowed	
12. EDUCATION—YEARS COMPLETED		13. RACE		14. USUAL EMPLOYER		15. OCCUPATION	
12		White		Self-employed		Owner	
16. USUAL EMPLOYER		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION		19. YEARS IN OCCUPATION	
Clothing Store		Clothing Store		60		60	
20. RESIDENCE—STREET AND NUMBER OR LOCATION							
500 Almer Road, #306							
21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	
Burlingame		San Mateo		94010		5	
25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
CA		Tina Rapagnani (daughter)		500 Almer Road, #306, Burlingame, CA 94010			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)			
-		-		-			
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
Joseph		-		Carini		Italy	
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE	
Tina		-		Balistrieri		Italy	
39. DATE M/M/DD/C/YY		40. PLACE OF FINAL DISPOSITION					
05/23/1997		Cypress Lawn Memorial Park, Colma, CA					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NO.			
BU		<i>Crystal A. Clancy</i>		6156			
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/C/YY	
Patterson & O'Connell		FD 948		<i>Monroe M.D.</i>		05/22/1997	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY	
Peninsula Hospital		<input checked="" type="checkbox"/> IF <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER				San Mateo	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
1783 El Camino Real		Burlingame					
IMMEDIATE CAUSE		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REFERRED TO CORONER			
(A) CARDIAC ARREST		5 MIN		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) SEVERE CORONARY ARTERY DISEASE		5 YR		109. BIOPSY PERFORMED			
DUE TO (C) ATHEROSCLEROSIS		7 YR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)				110. AUTOPSY PERFORMED			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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							
ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE							
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 M/M/DD/C/YY		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/DD/C/YY	
03 15 91 05 20 97		<i>Samuel M.D.</i>		G 84 854		05:197	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE M/M/DD/C/YY	
SAMUEL CHAN 159 2 ND AVE, SAN MATEO, CALIF. 94401		<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO			
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, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/C/YY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
		D		E		F	
		G		H		I	
		J		K		L	
		M		N		O	
		P		Q		R	
		S		T		U	
		V		W		X	
		Y		Z			
				FAX AUTH. #		CENSUS TRACT	

009777

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SAN MATEO }

SS

DATE ISSUED

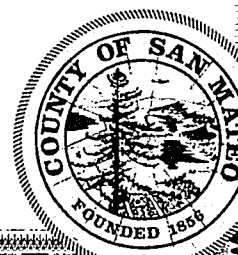
MAY 22 1997

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH DEPARTMENT.

0421028

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This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.



Monroe M.D.
SCOTT MORROW, M.D.
HEALTH OFFICER AND REGISTRAR

COPY

REQUESTED BY
Edward J Watson Esq
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 SEP -5 A11:02

0421028

BK0997PG1021

LINDA SLATER
RECORDER
\$12.00 PAID *ks* DEPUTY