AND WHEN RECORDED MAIL TO

F. William Dorband, Attorney at Law 3182 Old Tunnel Road, Suite C Lafayette, CA 94549

Assignment of Deed of Trust

For Value Received, the undersigned hereby grants, assigns and transfers to CLIFFORD U. BERGMAN all beneficial interest under that certain Deed of Trust dated July 24, 1992, executed by ROBERT C. PARK, Trustor, to STEWART TITLE OF DOUGLAS COUNTY, Trustee, and recorded as Instrument No. 284731 on July 30, 1992 in book 792, page 5491, of Official Records in the County Recorder's office of Douglas County, Nevada, describing land therein as:

Lot 46, Block 'B', as shown on the official 'Amended Map of LAKE VILLAGE UNIT NO. 1' filed for record in the Office of the County Recorder of Douglas County, Nevada, on June 29, 1970, file No. 48573

Assessment Parcel No. 07-062-46

Together with the note or notes therein described or referred to, the money due and to become due thereon with interest, and all rights accrued or to accrue under said Deed of Trust.

JEANNE L. BERGMAN

STATE OF CALIFORNIA

COUNTY OF CONTRA COSTA

On <u>\$-28-97</u> before me, the undersigned Notary, personally appeared JEANNE L. BERGMAN 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 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. I declare under penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

WITNESS my hand and official seal.

F. W. DORBAND
Comm. #1019385
NOTARY PUBLIC - CALIFORNIA
CONTRA COSTA COUNTY
Comm. Expires March 16, 1993

MOTARY Duband

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ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

			CE	RTIFICA	TE O	F. DEA	TH	319	9701005	564	
ST	ATE FILE NUMBER		USE BLACK IN	K ONLY/NO ERA	BURES, WH	TEOUTS OR	ALTERATIO	LOCAL	REGISTRATIO	NUMBER	
	1. NAME OF DECEDENT—PIRET IGIVEN)							ART (PAMILY)			
DECEDENT PERSONAL DATA	William			Dieter				Bergman			
	4. DATE OF BIRTH MM/DD/CCYY 5. AGE Y			S. IF UNDER ! YEAR IF UNDER 24 HOURS &.							
	07/03/1920		77				M 08/20/1			1740	
	9. STATE OF BIRTH	10. SOCIAL	SECURITY NO.	11. MIL	ITARY SERV	ICE		IARITAL STATUS	13. EDUCATI	N-YEARS COMPLETED	
	Germany		6541	X] ٧2.	No.		Divorced	20	\ \	
	14. RACE		15, HISPANIC-S		J 789 L			JAL EMPLOYER			
	White	S	- 🔲 vee		ſ	X	Se	1f	The Person Name and Post Of the Person Name and Person Name an	. \ \	
	17. OCCUPATION			, KIND OF BUS	INESS				19. YEARS IN	OCCUPATION	
	Doctor		1	Private Medical Practice				The second name of the second	35	. \	
USUAL RESIDENCE	20. RESIDENCE—STREET AND NUMBER OF LOCATION										
	'22673 Wildwood St.										
	21. CITY		22. CO	JNTY	1	23. ZIP 0	CODE	24. YRS IN CO	UNTY 25. STAT	OR FOREIGN COUNTR	
	Haywara		l A:	Lameda	1	945	41	37	CA	N	
	25. NAME, PELATIONEN	ir			27. MAILIN			NUMBER OR RUHAL RO	UTE NUMBER, CIT	OR TOWN, STATE, ZIP	
INFORMANT	Jeanne Berg	man	daı	ghter	40	E. 9th	St. #9	G. New Y	ork. NY	10003	
	28. NAME OF SURVIVIN	G SPOUSE-FI	787 29	MIDDLE	7		30. LAST (A	ANDEN NAME:			
SPOUSE AND PARENT INFORMATION				1	1	į.		\ \	_		
	31. NAME OF FATHER-FIRST			32. MIDDLE 33. LAST				34. BIRTH B			
	Ernest			- Ber				gmann Germany			
	35, NAME OF MOTHER—FIRST			36. MIDDLE 37. LAST				(MAIDEN) 38. BIRTH S			
	Gertrude							isberg		Germany	
DISPOSITION(S)	39. DATE M M / D D / C C		CE OF FINAL DIS		No.	362		///////////////////////////////////////			
	08/27/1997	<u>Je</u>	anne Berg	man RES	@ 40 E	. 9th	St.#9-0	, New Yor	c, NY 1	0003	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITIO	ON(E)		42. SIGNAT	URE OF EMI	SALMER	w.		43. U	CENSE NO.	
	CR/TR/RES				Embalm		()	1	N	one	
				45. UCENER	NO. 40. SI	ATURE	17	SAN A	47. D	126 /1007 CCY	
	Neptune Socie	ty of No		1397		700-		THER THAN HOSPITAL:		/26/1997 ~ "	
PLACE OF DEATH			The state of the s	"	%. <u> </u>	1 -	CONV.	RES.	104. COUNTY		
	Eden Hospital X IP ER/OP DOA HOSP. CARE OTHER Alameda										
	20130 Lake Chabot Rd. Castro Valle									o Volley	
	107. DEATH WAS CAUSE			E PER LINE FO	R A. B. C.	AND DI		TIME INTERV	L 108, DEATH	REPORTED TO CORONER	
CAUBE OF DEATH	/ /					N.		SETWEEN ONE	ET !	_	
	IMMEDIATE								YES X NO		
	CAUSE (A) Ventricular Tachycardia 45 min								s		
	L L.							109. BIOPEY PERFORMED			
	DUE TO (B) Co	ronary .	Artery Di	sease				l year			
	DUE TO: (C)							ļ	110. AU101	EY PERFORMED	
	DUE 10: (C)									X NO	
	DUE TO (D)	k in in				ger i		.	111.00	DETERMINING CAUSE	
		T CONDITIONS	CONTRIBUTING	TO DEATH BUT	HOT PELAT	ED TO CAU	F GIVEN IN	107	<u> </u>	No	
_	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107										
	Emphysematous Lung Disease with Respiratory Insufficiency 113, was operation performed for any condition in item 107 or 1121 if yes, list type of operation and date.										
	No		The State of the S			/				4	
	114. I CERTIFY THAT TO	THE BEST OF M	Y KNOWL- 11	S. BINATURE	AND TITLE	P CERTIFIE	R	116, LICENSE	NO. 117.	ATE H H / D D / C C Y Y	
PHYSI- CIAN'S CERTIFICA- TION	EDGE PEATH OCCUR AND PLACE STATED DECEDENT ATTENDED SINCE	SEO AT THE HO	UR. DATE	PISS	01/1		uch M	0 4 00261	1 ^	8/26/97	
	M M /D D/C C Y Y	DECEDENT LAS	T BEEN ALIVE	B TYPE ATTEN	DING PHYSH			00241			
	08/20/1997	08/20	100	chard Te				ake Chabot	307 Da Cae	CA 94546	
	I CERTIFY THAT IN	MY OPINION D	EATH 12			JURY DATE N	M/DD/CC	YY 122. HOUR 1	B. PLACE OF I	DURY	
CORONER'S USE ONLY	OCCURRED AT THE	HOUR, DATE / CAUSES STATE	IND PLACE] YES N	.		•				
	119, MANNER OF DEATH 124, DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN I										
	NATURAL SUICIDE HOMICIDE										
	ACCIDENT PENDING COULD NOT BE DETERMINED										
	L2 LOCATION (STREET AND NUMBER OF LOCATION AND CITY, ZIP)										
•											
Ī	126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE MM/DD/CCYY 128. TYPED NAME, TITLE OF CORONER OR								ORONER OR DE	PUTY CORONER	
1	<u> </u>						<u>L</u>				
STATE	A	C	D	E F	G	H	·	AX AUTH.	/	CENSUS TRACT	
REGISTRAR								17354		<u> </u>	
		(ERTIFIE	COPY	OF VIT	AL RE	CORDS	3			

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STATE OF CALIFORNIA COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

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HEALTH OFFICER AND LOCAL REGISTRAR ALAMEDA COUNTY, CALIFORNIA



