

RECORDING REQUESTED BY:  
DONALD A. BARNETT

AND WHEN RECORDED MAIL TO:

DONALD A. BARNETT  
1871 The Alameda, Suite 333  
San Jose, CA 95126

AFFIDAVIT - DEATH OF CO-TRUSTEE

STATE OF CALIFORNIA )  
 ) ss  
COUNTY OF SANTA CLARA )

JUANITA CARLES, of legal age, being first duly sworn, deposes and says:

That LOUIS J. CARLES, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LOUIS J. CARLES named as one of the Trustees in that certain Grant Deed dated April 13, 1994, executed by LOUIS J. CARLES and JUANITA CARLES, Grantors, and transferring title to LOUIS J. CARLES and JUANITA CARLES, Trustees of the LOUIS J. CARLES and JUANITA CARLES Trust dated April 13, 1994, recorded as Instrument Number 337102 on May 10, 1994, in Book 0594, Page 1416, of Official Records of Douglas County, Nevada, covering the following described real property situated in the County of Douglas, State of Nevada, described as :

Lot #8 - Block "C" - Amended map of Zephyr Cove Properties.  
Amended August 5, 1929.

Subject to restrictions, easements, conditions and covenants of record.

APN: 5-083-14

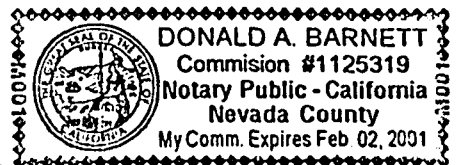
That JUANITA CARLES is named in said Trust Agreement dated April 13, 1994, as surviving sole Trustee, to serve in the case of the death, resignation, disability or incapacity of the decedent, LOUIS J. CARLES with all the powers, immunities and discretion given therein to the original Trustees.

Dated: 5-6-99

Juanita Carles  
JUANITA CARLES

Subscribed and sworn to before me this 6<sup>th</sup> day of MAY, 1999.

Donald Barnett  
NOTARY PUBLIC



0468046

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**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY of SANTA CLARA**  
**PUBLIC HEALTH**  
2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/87)						LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>LOUIS</b>			2. MIDDLE <b>JOSEPH</b>			3. LAST (FAMILY) <b>CARLES</b>			
4. DATE OF BIRTH MM/DD/CCYY <b>09/01/1915</b>		5. AGE YRS. <b>83</b>		6. SEX <b>M</b>		7. DATE OF DEATH MM/DD/CCYY <b>03/20/1999</b>		8. HOUR <b>1250</b>	
9. STATE OF BIRTH <b>CA</b>	10. SOCIAL SECURITY NO. <b>████████ 2152</b>		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>		
14. RACE <b>CAUC</b>			15. USUAL EMPLOYER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>SELF EMPLOYED</b>			16. USUAL EMPLOYER <b>SELF EMPLOYED</b>			
17. OCCUPATION <b>OWNER</b>			18. KIND OF BUSINESS <b>HOTEL</b>			19. YEARS IN OCCUPATION <b>27</b>			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>284 N. 3RD STREET #1</b>									
21. CITY <b>SAN JOSE</b>		22. COUNTY <b>SANTA CLARA</b>		23. ZIP CODE <b>95112</b>		24. YRS IN COUNTY <b>80</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>	
26. NAME, RELATIONSHIP <b>JUANITA CARLES - SPOUSE</b>				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>284 N. 3RD STREET #1 SAN JOSE, CA 95112</b>					
28. NAME OF SURVIVING SPOUSE—FIRST <b>JUANITA</b>			29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>CHERNOFF</b>				
31. NAME OF FATHER—FIRST <b>ALFRED</b>		32. MIDDLE <b>-</b>		33. LAST <b>CARLES</b>		34. BIRTH STATE <b>FRANCE</b>			
35. NAME OF MOTHER—FIRST <b>ANAIS</b>		36. MIDDLE <b>-</b>		37. LAST (MAIDEN) <b>DUSSERE</b>		38. BIRTH STATE <b>FRANCE</b>			
39. DATE MM/DD/CCYY <b>03/25/1999</b>		40. PLACE OF FINAL DISPOSITION <b>RES JUANITA CARLES 284 N. 3RD #1 SAN JOSE, CA</b>							
41. TYPE OF DISPOSITION <b>CR/ RES</b>			42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>			43. LICENSE NO. <b>-</b>			
44. NAME OF FUNERAL DIRECTOR <b>OAK HILL FUNERAL HOME</b>			45. LICENSE NO. <b>FD 991</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D. Fenstersheib</i>		47. DATE MM/DD/CCYY <b>03/22/1999</b>		
101. PLACE OF DEATH <b>SAN JOSE MEDICAL CENTER</b>		102. IF HOSPITAL SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OR <input type="checkbox"/> DDA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY <b>SANTA CLARA</b>			
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>675 E. SANTA CLARA STREET</b>		106. CITY <b>SAN JOSE</b>							
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)							TIME INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b>	108. DEATH REPORTED TO CORNER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
IMMEDIATE CAUSE (A) <b>pancreatic cancer</b>								109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (B)								110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)								111. USED IN DETERMINING CAUSE <input checked="" 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									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>Cholecystectomy &amp; biopsy 3-12-99 Splenectomy &amp; liver biopsy 3-18-99</b>									
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 DECEDENT LAST BEEN ALIVE MM/DD/CCYY <b>3-18-96 3-19-99</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>S. Choslovsky MD</i>		116. LICENSE NO. <b>G-28868</b>		117. DATE MM/DD/CCYY <b>3-22-99</b>			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>SYDNEY CHOSLOVSKY MD 65 N. 14TH ST SAN JOSE, CA 95112</b>									
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, ZIP)									
126. SIGNATURE OF CORONER OR DEPUTY CORONER			127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER				

H 1078419

STATE OF CALIFORNIA } **CERTIFIED COPY OF VITAL RECORDS** } FAX AUTH. # 02244 } CENSUS TRACT  
COUNTY OF SANTA CLARA } SS DATE ISSUED **03/24/1999** }  
By *Martin D. Fenstersheib MD*

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. FENSTERSHEIB**  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

**0468046**

**BK0599PG2768**



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REQUESTED BY  
Donald A. Barnett  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'99 MAY 14 P1:11

LINDA SLATER  
RECORDER

\$ 9.00 PAID AL DEPUTY

0468046

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