WHEN RECORDED MAIL TO:

MARY JO MURPHY 675 MARINERS IS BLVD #107 SAN MATEO CA 94404

## AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA	}	
COUNTY OF DOUGLAS	}	SS
	}	

WE, TAIHEI H. OBAYASHI AND MARY JO MURPHY, CO-SUCCESSOR TRUSTEES, of legal age, being first duly sworn, depose and say:
That OMER BISSONNETTE AND DOROTHY BISSONNETTE, the decedents mentioned in the attached certified copies of Certificates of Death are the same persons as OMER BISSONNETTE AND DOROTHY BISSONNETTE, named as one of the parties in that certain INDIVIDUAL GRANT DEED dated 10/21/94 executed by BRUCE A ROMALIA AND MARY M. ROMALIA to OMER BISSONNETTE AND DOROTHY BISSONNETTE as Trustee(s) of the Bissonnette 1990 Trust recorded as Instrument No. 349696 on 10/28/94 in 1094/5236 in Official Records of Douglas County, Nevada,

all that real property in the County of DOUGLAS, State of Nevada, being Assessor's Parcel Number 25-664-12\*, specifically described at: Lot 23, as shown on Official Map of WINHAVEN UNIT No. 2, PHASE B, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 14, 1990, in Book 990, Page 1935, as Document No. 234655.

\* NEW APP 1320-29214008

TOGETHER WITH an undivided 1/8 interest in and to the common area as set forth on the hereinabove referenced map.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated <u>August 16, 1999</u>

STATE OF NEVADA

County of Douglas

) )SS.

On

before me, a notary public, personally appeared Taihei H. Obayashi & Mary Jo Murphy

personally known or proved to me to be the person(s) whose name(s) are subscribed to the above instrument who ackknowledged that they executed the instrument.

Notary Public

TRACI E. ADAMS

Notary Public - State of Nevada

Appointment Recorded in County of Douglas

My Appointment Expires Jan. 15, 2003

MAIL TAX STATEMENT TO: SAME AS ABOVE

Obayash

FOR RECORDER'S USE

Taihei H.

Mary Jo/ Murphy

Vaan

0474569

## **DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH**

**VITAL STATISTICS** STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH -- SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

l		1	CENTIFICATE OF DI	EATH	99 000304		
TYPE /	LOCAL FILE NUMBER DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER I COUNTY OF DEATH		
OR PRINT IN	1. Dorothy	M.	BISSONNETTE	2. January 11, 19	1 1		
PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF DEATH		INSTITUTION—Name (If not either, give s		odicate DOA, OP/Emer. SEX		
DECEDENT	3b. Carson City	3c. Carson	-Tahoe Hospital	3e. Inpatient (Sp	tient / 4 Female		
DECEDENT	RACE-(e.g., White, Black, American Indian, etc.) (Specify)	Vas Decedent of Hispanic Orig	in? Specify ☐ yesX no If yes, AGE—La Rican, etc. Birthday	st UNDER 1 YEAR UNDER (Years) MOS DAYS HOURS	1 DAY DATE OF BIRTH (Mo., Day, Yr.)		
	5. White 6	<u>.                                    </u>	7a. 88		8. March 31, 1910		
IF DEATH OCCURRED IN	STATE OF BIRTH (II not U.S.A., name country)	CITIZEN OF WHAT COUN-	Decedent's Education. Specify highes grade completed.	WIDOWED, DIVORCED	SURVIVING SPOUSE (II wife, give maiden name)		
INSTITUTION SEE HANDBOOK	9a. Nevada	9b. U.S.A.	10. 12	(Specify) Married	Omer A. 12. Bissonnette		
REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER	Working Life, Even if Refired	e Kind of Work Done During Most of 9	14 961 O- TI-			
RESIDENCE ITEMS	13. RESIDENCE—STATE COUNT	<u> </u>	CITY, TOWN, OR LOCATION	14b. Own Home	LINSIDE CITY LIMITS		
L>		ouglas	Man dam	15d 1781 Tul	(Specify Yes or No)		
	FATHER—NAME First	Middle	Last MOTHER—MAII	The state of the s	Middle Last		
PARENTS	16. Ferdinand	Ві	dleman 17.	Mable	Pitt		
Ì	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or T	75.		
	18a. Omer Bissonnett	e - Husband	18b 1781 Tulip	Court, Minden, No	evada 89423		
1	BURIAL, CREMATION, REMOVAL, OTHER	(Specify) CEMETER	Y OR CREMATORY—NAME	LOCATION	City or Town State		
DICROCITION	19a. Cremation		'itzHenry's Cremato	ory <sub>19c.</sub> Car	son City, Nevada		
DISPOSITION	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL LICENSE N	DIRECTOR NAME AND ADDRESS OF	FACILITY FitzHenry's	Carson Valley Funeral rville, Nevada 89410		
Ĺ	20a. Smes //	20b 2	7   20c. Home, 1380	O Hwy 395, Gardne:			
(	Z 212 To the best of my knowledge, do due to the cause(s) stated.	eath occurred at the confidate	and place and	22a. On the basis of examination and/o at the time, date and place and du	r investigation, in my opinion death occurred to the cause(s) and manner stated.		
	(Signature and Title)	200 K	THE THE PARTY OF T	(Signature and Title)			
	due to the best of my knowledge, do due to the cause(s) stated.  (Signature and Title)  DATE SIGNED (Mo. dy, Yr.)  DATE SIGNED (Mo. dy, Yr.)	HOUR OF DE	545	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH		
CERTIFIER	NAME OF ATTENDING PHYSIC	- G / _   -   -   -   -   -   -   -   -   -		PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)		
	21d.	JAN II STILLIT TIJAN GEITH	P.				
		RTIFIER (PHYSICIAN, ATTEND	DING PHYSICIAN, MEDICAL EXAMINER, C	22d. ON DR CORONER). (Type or Print.)	22e. AT LICENSE NUMBER		
Į	23a Todd Pitts	м.д., 1000	N. Division St.,	Carson City, Neva	la 23b. 8280		
CONDITIONS	REGISTRAR			GISTRAR (Mo., Day, Yr.) DEATH DUE			
IF ANY WHICH GAVE	24a. (Signature)	Mysus.	Les menery	13.1999 24c. YES	⊒ ом 🗹		
RISE TO IMMEDIATE CAUSE	25. IMMEDIATE CAUSE (ENTER ON	LY ONE CAUSE PER LINE FO	OR (a), (b), AND (4)		Interval between onset and death		
STATING THE UNDERLYING CAUSE LAST	BETHE PART (a) Intry - abdoming Henrycheau how						
CAUSE LAST	DUE TO, OR AS A CONSE	QUENCE OF:	/ /		Interval between onset and death		
اجا	(b)		//	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
/	DUE TO, OR AS A CONSE	QUENCE OF:			Interval between onset and death		
CAUSE OF	(c)	IONS Conditions contribution	to death but not resulting in the underlying	cause given in Part 1. AUTOPSY	(Specify   WAS CASE REFERRED TO		
DEATH	14.			26. NO	(Specify WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		
\ \	OR PENDING INVEST.	F INJURY (Mo., Day, Yr.) HOU	R OF INJURY DESCRIBE HOW II	NJURY OCCURRED			
\ I	(Specify) 28a. 28b.	OF INJURY As been down	M 28d.	CTREET OR RED No.	0774 07 7044		
1	(Specity Yes or No)	OF INJURY—At home, farm, building, etc. (Spe	city)	STREET OR R.F.D. No.	CITY OR TOWN STATE		
1	28e. 28i.	/_/-	28g.	- <del></del>			
•		STATE DE	CICTOAD		No. 140424		
		STATE RE	GIO I NAN				
	m I mirix wa						

This is to certify that the above is a true and correct copy from Sylvanic of the certificate on file in this office. Date Issued:

JUL 0 1 1999 0474569 State Registrar

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## STATE OF NEVAD DEPARTMENT OF HUMAN RESOUR

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ſ	<del></del>				(	CERTIFIC	ATE OF D	EATH			1	
'	LOC	CAL FILE NUMBE	R	'							STATE FILE N	NUMBER
TYPE OR PRINT	DECEASED-A			Middle		Li	ast	DATE OF I	DEATH (Month, Da	ay, Year)	COUNT	Y OF DEATH
IN PERMANENT	1.	Ome		Α.		BISSONNI			ch 17, 1			rson City
BLACK INK	CITY, TOWN O	CITY, TOWN OR LOCATION OF DEATH					(If not either, give	street and numi	Rm. Inpa	1 1 2 1	DOA, OP/Emer.	SEX
DECEDENT		on City Vhite, Black, Ameri	one I Was F			oe Hospi		aet I UN	3e. I	npatie UNDER 1 DA		4. Male
	5. Nativ	ekc.) <i>(Specily)</i> 'e Americ	ean 6.			ecify ☐ yes (X) no n, etc.	7a. 8	(Years) MC 7b.	DS DAYS	HOURS MI	8. Augus	t 6, 1915
IF DEATH OCCURRED IN INSTITUTION	STATE OF BIR (If not U.S.A., n 9a. Mass		TF	TIZEÑ OF WHAT IY . U.S.A.		ade completed.	on. Specify highe	WIDOWE	D, NEVER MARRIED, DIVORCED Widowed	The state of the s	12.	(If wife, give maiden name)
SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECUR	1 Wa			SUAL OCCUPATION (Give Kind of Work Done During Most of orking Life, Even if Retired)  a. Transporation Coordinator  14b. Transportation							
l I	RESIDENCE—		COUNTY	IIunop		Y, TOWN, OR LC		100	STREET AND NU		INSID	DE CITY LIMITS
-	l 15a. Nev	ada	15b. Dou	ıglas	15c	Mind		The second secon	15d. 1781	Tulip	Ct. Spec	Yes or No)
PARENTS	FATHER-NAM	4E First		Middle		Last	MOTHER-MA	7%	First	, , , , ,	Middle	Last
PAREITIO	16.	Louis		<u>.</u> B	issonn		17.		Delia		DeBo	is
	18a. Veva	NAME (Type or Pr . Bissoni	ette -		er	MAILING ADD	No.			an Jose	e, Calif.	95117
	·	ATION, REMOVA	., OTHER (Spe	•		CREMATORY-N	74.		LOCATI		City or Town	State
DISPOSITION	19a. Cren		105	195	Fitz	Henry's	Cremato	ry	19c. C	arson	City, Nev	vada
ejer eeritek	20a.	CTOR—SIGNATU ng as Such)	The transfer of the second	20b	. 217	20c. HC	ome, 138	O Hwy.	395,Gar	dnervi.	lle,Nevad	
	N 234 To II	he best of my kno- to the cause(s) standard and Jille)		ocurred at the tin	ne, date and p	lace and	A A		basis of examination me, date and place and Title)	on and/or investe and due to the	stigation, in my opinion ne cause(s) and man	on death occurred iner stated.
	DAT	E SIGNED (Mo., I			OF DEATH		To be completed by	DATE SIGNE	ED (Mo., Day, Yr.)	ŀ	OUR OF DEATH	
CERTIFIER	SI SIP. NAM	ME OF ATTENDING	PHYSICIAN	21c. IF OTHER THAN		Type or Print)		PRONOUNG	ED DEAD (Mo., D	1	RONOUNCED DEAD	D (Hour)
			1	•				22d. ON		22	2e. AT	
	i i	AE AND ADDRESS	1 1	•			\ \			•	LICENSE N	
	23a. REGISTRAR	Evan W.	Easle	y, M.D.	, 1107	Hwy.39	95, Gardn	erville	Nevada,	H DUE TO CO	23b. 742	
CONDITIONS IF ANY WHICH GAVE	24a. (Signature)	Lui,		Jang	hu)	23/	neh!	9 /9	24c.		NO[X]	3702
RISE TO IMMEDIATE	25. IMMEDIATE		NTER ONLY O	NE CAUSE CER	LINE FOR (a).	(b), A (c).)	\\				• Interval betwe	en onset and death
CAUSE STATING THE UNDERLYING	PART (a)		not	in	8	ally.	the	men			:	
CAUSE LAST		DUE TO, OR AS A	CONSEQUEN	ICE OF:		LI	L.k/	1 à	٠. ا	<b>~</b> @	Interval betwe	een onset and death
7	\ \( \frac{(b)}{1} \)	DUE TO, OR AS A	CONSEQUE	ICE OF:		<del>-0-</del>	0		<del></del>		Interval betwe	en onset and death
CAUSE OF	(c)	IER SIGNIFICANT		-Conditions/confi	Nouting to dea	th but not resulting	Ain the underlying	cause given in	Part 1. AUTOPS	Y (Spec	WAS CASE RE	EFERRED TO pecify Yes or No)
DEATH-	PART OTH			K	y <b>y</b>		9	•	<sup>26.</sup> No	Yes or N	CORONER (S) 27. Yes	
\	I OR PENDING I	, HOM., UNDET., NVEST.	DATE OF INJ	JRY (Mo., Day, Yr.)	HOUR OF I	NJURY	DESCRIBE HOW	INJURY OCCU	RRED			
_ /	(Specify) 28a UURY AT WO	IDV	28b.	NJURY-At home	28c.	M :	28d. LOCATION.	STREET	Γ OR R.F.D. No.	CIT	Y OR TOWN	STATE
1	(Specify Yes or		28f.	building, e	tc. (Specity)		28g.	JIIICE1		J.,		
	1 SEC									N	o. 14	5713
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3	Minerals								1		~ ~	ía
	T Dieser		and the second second						<i>[ ]</i>		\ //	/

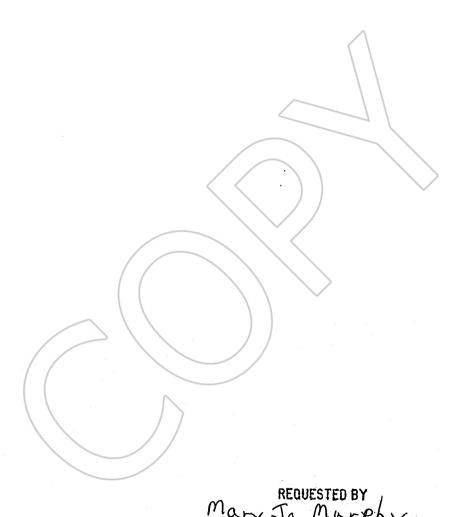
This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issue 474569

MAR 1 9 1999

State Registrar

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LINDA SLATER RECORDER