

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 APN 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 August 16, 1999

Taihei H. Obayashi
Taihei H. Obayashi

STATE OF NEVADA

County of Douglas)
) ss.
)

Mary Jo Murphy
Mary Jo Murphy

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 acknow-
ledged that they executed the
instrument.

MAIL TAX STATEMENT TO:
SAME AS ABOVE

Traci E. Adams

Notary Public

FOR RECORDER'S USE



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STATE OF NEVADA

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

LOCAL FILE NUMBER		STATE FILE NUMBER			
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH		
1. Omer A. BISSONNETTE		2. March 17, 1999	3a. Carson City		
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient (Specify)	SEX	
3b. Carson City		3c. Carson-Tahoe Hospital	3a. Inpatient	4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. Native American	6.	7a. 83	7b.	7c.	8. August 6, 1915
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. Massachusetts	9b. U.S.A.	10. 12	11. Widowed	12.	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
13. 6809	14a. Transportation Coordinator		14b. Transportation		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Minden	15d. 1781 Tulip Ct.	15e. Yes	
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Louis Z. Bissonnette			17. Delia DeBois		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Veva Bissonnette - Daughter			18b. 1328 Charmwood Square, San Jose, Calif. 95117		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. James P. [Signature]		20b. 217	FitzHenry's Carson Valley Funeral Home, 1380 Hwy. 395, Gardnerville, Nevada 89410		
To be Completed by CERTIFYING PHYSICIAN	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.		
	(Signature and Title)	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	(Signature and Title)	
	21b. 3/18/99	21c. 1139		22b. DATE SIGNED (Mo., Day, Yr.)	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			LICENSE NUMBER		
23a. Evan W. Easley, M.D., 1107 Hwy. 395, Gardnerville, Nevada			23b. 7446		
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]	March 19, 1999	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I	(a)	Cardiac artery thrombosis			Interval between onset and death
	(b)	Congestive heart failure			Interval between onset and death
	(c)	Coronary artery disease			Interval between onset and death
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
				26. No	27. Yes
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	28d.		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	28f.	28g.			

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH



STATE REGISTRAR

No. 145713

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

Date Issued 04 74 569 MAR 19 1999

[Signature: Bronne Sylva]

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Mary Jo Murphy
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

1999 AUG 16 PM 12: 02

LINDA SLATER
RECORDER
\$10⁰⁰ PAID ks DEPUTY

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