

Recording Requested by: )  
)  
Cheryl J. Bliss )  
)  
and when recorded mail to: )  
)  
Cheryl J. Bliss )  
70 Columbia Avenue )  
Redwood City, CA 94063 )

Space above this line for Recorder's use

Mail Tax Statements To:  
(Same as Above)

**AFFIDAVIT-DEATH OF TRUSTOR/TRUSTEE**

STATE OF CALIFORNIA )  
)  
COUNTY OF SAN FRANCISCO )

CHERYL J. BLISS, of legal age, being first duly sworn, deposes and says:

That MARY H. JOHNSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARY H. JOHNSON, named as one of the parties in that certain deed dated July 10, 1995, executed by ROBERT R. JOHNSON and MARY H. JOHNSON (his wife), to ROBERT R. JOHNSON and MARY H. JOHNSON, TRUSTEES, U.D.T., dated July 10, 1995, as to an undivided one-half (1/2) interest, recorded as Instrument No. 367879 on August 8, 1995, in book 0895, page 1178, of Official Records of the County of Douglas, State of Nevada, covering the following described property:

Lot numbered Four in Block "A" of Zephyr Cove Property, as said Lot and Block are delineated and so designated upon that certain map entitled "Zephyr Cove Property," filed and recorded in the office of the County Recorder of Douglas County, State of Nevada.

A.P.N.: 5-081-03

Dated: August 6, 1999

*Cheryl Bliss*  
\_\_\_\_\_  
CHERYL J. BLISS

SUBSCRIBED AND SWORN TO before me

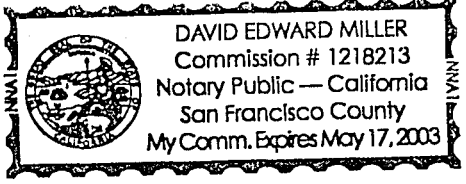
this 6th day of August, 1999.

*David Edward Miller*  
\_\_\_\_\_

Signature

DAVID EDWARD MILLER

\_\_\_\_\_  
Name (Typed or Printed)



0474789  
BK0899PG3407

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

**COUNTY OF SAN MATEO**  
**HEALTH DEPARTMENT**  
**SAN MATEO, CALIFORNIA**

CERTIFICATE OF DEATH **3199941** 002432  
STATE OF CALIFORNIA LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATION VS-11 (REV. 7/97)						LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>MARY</b>			2. MIDDLE <b>H.</b>			3. LAST (FAMILY) <b>JOHNSON</b>			
4. DATE OF BIRTH MM/DD/CCYY <b>03/14/1919</b>		5. AGE YRS. <b>80</b>		6. SEX <b>F</b>		7. DATE OF DEATH MM/DD/CCYY <b>06/16/1999</b>		8. HOUR <b>1700</b>	
9. STATE OF BIRTH <b>VA</b>		10. SOCIAL SECURITY NO. <b>5133</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS <b>WIDOWED</b>		13. EDUCATION—YEARS COMPLETED <b>14</b>	
14. RACE <b>WHITE</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>SELF EMPLOYED</b>					
17. OCCUPATION <b>HOMEMAKER</b>		18. KIND OF BUSINESS <b>OWN HOME</b>			19. YEARS IN OCCUPATION <b>55</b>				
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>135 VALDEFLORES DRIVE</b>									
21. CITY <b>BURLINGAME</b>			22. COUNTY <b>SAN MATEO</b>		23. ZIP CODE <b>94010</b>		24. YRS IN COUNTY <b>78</b>	25. STATE OR FOREIGN COUNTRY <b>CA</b>	
26. NAME, RELATIONSHIP <b>ROBERT G. JOHNSON - SON</b>				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>P.O. BOX 1739, EL GRANADA, CA 94018</b>					
28. NAME OF SURVIVING SPOUSE—FIRST <b>-</b>			29. MIDDLE <b>-</b>			30. LAST (MAIDEN NAME) <b>-</b>			
31. NAME OF FATHER—FIRST <b>GORDON</b>			32. MIDDLE <b>C.</b>			33. LAST <b>HESS</b>		34. BIRTH STATE <b>MD</b>	
35. NAME OF MOTHER—FIRST <b>MARY</b>			36. MIDDLE <b>FRANCES</b>			37. LAST (MAIDEN) <b>CUMMINGS</b>		38. BIRTH STATE <b>VA</b>	
39. DATE MM/DD/CCYY <b>06/18/1999</b>		40. PLACE OF FINAL DISPOSITION <b>AT SEA OFF THE COAST OF SAN MATEO COUNTY</b>							
41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>					43. LICENSE NO. <b>-</b>		
44. NAME OF FUNERAL DIRECTOR <b>CROSBY-N. GRAY &amp; CO.</b>		45. LICENSE NO. <b>FD 96</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Scott Morrow</i>			47. DATE MM/DD/CCYY <b>06/18/1999</b>		
101. PLACE OF DEATH <b>OWN RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>SAN MATEO</b>			
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>135 VALDEFLORES DRIVE</b>						106. CITY <b>BURLINGAME</b>			
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						108. DEATH REPORTED TO CORNER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REGISTRATION NUMBER <b>99-1020-L</b>			
IMMEDIATE CAUSE (A) <b>ACUTE CARDIOPULMONARY FAILURE</b>						TIME INTERVAL BETWEEN ONSET AND DEATH <b>12 HOURS</b>			
DUE TO (B) <b>METASTATIC RECTAL CARCINOMA</b>						109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (C)						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)						111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>PROGRESSIVE ANEMIA WITH GASTROINTESTINAL HEMORRHAGE</b>									
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>LOW ANTERIOR RESECTION AND LIVER BIOPSY ON 09/24/1997</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 DECEASED LAST SEEN ALIVE MM/DD/CCYY <b>11/14/1997 06/03/1999</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Ronald</i>		116. LICENSE NO. <b>A22732</b>		117. DATE MM/DD/CCYY <b>06/17/1999</b>			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>BAIBA ROZKALNS M.D., 1828 EL CAMINO REAL, BURLINGAME, CA 94010</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 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	
STATE REGISTRAR		A		B		C		D	
E		F		G		H		I	
FAX AUTH. # <b>FX41 A07 5432</b>						CENSUS TRACT			

113155

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS  
COUNTY OF SAN MATEO

DATE ISSUED

**06/18/1999**

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.

*Scott Morrow*  
SCOTT MORROW, M.D.  
HEALTH OFFICER AND REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0474789  
BK 0899 PG 3407A



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

**COUNTY OF SAN MATEO**  
**HEALTH DEPARTMENT**  
**SAN MATEO, CALIFORNIA**

CERTIFICATE OF DEATH **3199941** 002432

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>MARY</b>		2. MIDDLE <b>H.</b>		3. LAST (FAMILY) <b>JOHNSON</b>	
4. DATE OF BIRTH MM/DD/CCYY <b>03/14/1919</b>		5. AGE YRS. <b>80</b>		6. SEX <b>F</b>	
7. DATE OF DEATH MM/DD/CCYY <b>06/16/1999</b>		8. HOUR <b>1700</b>			
9. STATE OF BIRTH <b>VA</b>		10. SOCIAL SECURITY NO. <b>5133</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>WIDOWED</b>		13. EDUCATION—YEARS COMPLETED <b>14</b>			
14. RACE <b>WHITE</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>SELF EMPLOYED</b>	
17. OCCUPATION <b>HOMEMAKER</b>		18. KIND OF BUSINESS <b>OWN HOME</b>		19. YEARS IN OCCUPATION <b>55</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>135 VALDEFLORES DRIVE</b>					
21. CITY <b>BURLINGAME</b>		22. COUNTY <b>SAN MATEO</b>		23. ZIP CODE <b>94010</b>	
24. YRS IN COUNTY <b>78</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>			
26. NAME, RELATIONSHIP <b>ROBERT G. JOHNSON - SON</b>			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>P.O. BOX 1739, EL GRANADA, CA 94018</b>		
28. NAME OF SURVIVING SPOUSE—FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>-</b>	
31. NAME OF FATHER—FIRST <b>GORDON</b>		32. MIDDLE <b>C.</b>		33. LAST <b>HESS</b>	
34. BIRTH STATE <b>MD</b>		35. NAME OF MOTHER—FIRST <b>MARY</b>		36. MIDDLE <b>FRANCES</b>	
37. LAST (MAIDEN) <b>CUMMINGS</b>		38. BIRTH STATE <b>VA</b>			
39. DATE MM/DD/CCYY <b>06/18/1999</b>		40. PLACE OF FINAL DISPOSITION <b>AT SEA OFF THE COAST OF SAN MATEO COUNTY</b>			
41. TYPE OF DISPOSITION(S) <b>CR/SEA</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NO. <b>-</b>	
44. NAME OF FUNERAL DIRECTOR <b>CROSBY-N. GRAY &amp; CO.</b>		45. LICENSE NO. <b>FD 96</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE MM/DD/CCYY <b>06/18/1999</b>					
101. PLACE OF DEATH <b>OWN RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL <b>SAN MATEO</b>	
104. COUNTY <b>SAN MATEO</b>		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>135 VALDEFLORES DRIVE</b>			
106. CITY <b>BURLINGAME</b>					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO RECEIVAL NUMBER <b>99-1020-L</b>	
IMMEDIATE CAUSE (A) <b>ACUTE CARDIOPULMONARY FAILURE</b>		<b>12 HOURS</b>		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (B) <b>METASTATIC RECTAL CARCINOMA</b>		<b>2 YEARS</b>		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)				111. USED IN DETERMINING CAUSE <input 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 <b>PROGRESSIVE ANEMIA WITH GASTROINTESTINAL HEMORRHAGE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>LOW ANTERIOR RESECTION AND LIVER BIOPSY ON 09/24/1997</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 MM/DD/CCYY <b>11/14/1997</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. <b>A22732</b>	
DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>06/03/1999</b>		117. DATE MM/DD/CCYY <b>06/17/1999</b>			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>BAIBA ROZKALNS M.D., 1828 EL CAMINO REAL, BURLINGAME, CA 94010</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 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)	
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126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # <b>FX41 A07 5432</b>	
				CENSUS TRACT	

113155

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SAN MATEO } SS

DATE ISSUED

**06/18/1999**

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.

*[Signature]*  
**SCOTT MORROW, M.D.**  
HEALTH OFFICER AND REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

0474789  
BK 0899 PG 3408

REQUESTED BY  
Robert Johnson  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

1999 AUG 18 PM 3: 06

LINDA SLATER  
RECORDER

\$ 900 PAID Bh DEPUTY

0474789

BK0899PG3408