

DOUGLAS COUNTY

WHEN RECORDED, MAIL TO:

Marilyn J. Forde  
93 Crest Road  
Novato, CA 94945

APN 05-123-13

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This frontispiece is attached to an AFFIDAVIT-DEATH OF TRUSTEE for the sole purpose of providing the requisite space at the end of the document for the recording information of the Douglas County Recorder's Office.

COPY

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DOUGLAS COUNTY

WHEN RECORDED, PLEASE RETURN  
TO: Marilyn J. Forde  
93 Crest Road  
Novato, CA 94945

APN 05-123-13  
Mail tax statements to above address.

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA)  
COUNTY OF MARIN ) ss.

MARILYN FORDE also known as MARILYN J. FORDE, a successor trustee of the JEANNE M. FORDE TESTAMENTARY TRUST established August 16, 1993, of legal age, being first duly sworn, depose and declare that WILLIAM R. FORDE also known as W.R. Forde, who died on April 10, 1997, in Marin County, California, as set forth in the attached Certified Copy of Certificate of Death is the same person as WILLIAM R. FORDE who served as a Trustee of the JEANNE M. FORDE TESTAMENTARY TRUST established August 16, 1993.

All right, title and interest that the Decedent Trustee of the JEANNE M. FORDE TESTAMENTARY TRUST established August 16, 1993, held in real property as more particularly described hereinbelow, was transferred to the surviving Trustees MARILYN FORDE and KEVIN W. FORDE pursuant to the terms of that certain JUDGEMENT OF FINAL DISTRIBUTION recorded as instrument number 95-007341 on February 10, 1995 in the Official Records of the County of Marin, California.

Real Property Description

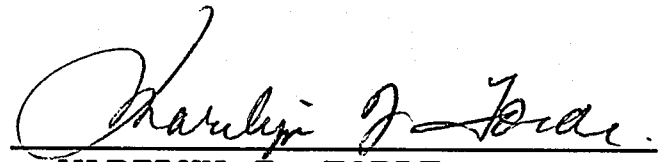
All that real property in the County of Douglas, State of Nevada, being Assessor Parcel Number 05-123-13, more specifically described as:

Lots 6, 7 and 8 in Block G, as delineated on that certain map entitled AMENDED MAP OF SUBDIVISION NO. 2 ZEPHYR COVE PROPERTIES, INC., filed for record on August 5, 1929, in the Office of the County Recorder of Douglas County, Nevada (said map being an Amended Map of Subdivision No. 2 Zephyr Cove Properties, Inc. filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on July 5, 1927, Document No. 92, Douglas County, Nevada, records.

(Continued)

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: September 16, 1999

  
MARILYN J. FORDE

California Notary Attached.

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CERTIFICATION OF VITAL RECORD

COUNTY OF MARIN

SAN RAFAEL, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

3 1997 21-000621

STATE FILE NUMBER

USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) William		2. MIDDLE Robert		3. LAST (FAMILY) Forde	
	4. DATE OF BIRTH M/M/DD/CCYY 08/11/1921		5. AGE YRS. 75		7. DATE OF DEATH M/M/D/CCYY 04/10/1997	
	9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 7577		12. MARITAL STATUS Widowed	
	14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER W.R. Forde Associates	
17. OCCUPATION Owner		18. KIND OF BUSINESS Engineering Construction		19. YEARS IN OCCUPATION 60		
20. RESIDENCE—STREET AND NUMBER OR LOCATION 211 El Prado						
21. CITY San Rafael		22. COUNTY Marin		23. ZIP CODE 94903		25. STATE OR FOREIGN COUNTRY California
26. NAME, RELATIONSHIP Kevin Forde (Son)			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 26 Corillo Drive, San Rafael, CA 94903			
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -		
31. NAME OF FATHER—FIRST Edward		32. MIDDLE A.		33. LAST Forde		34. BIRTH STATE CA
35. NAME OF MOTHER—FIRST Lucille		36. MIDDLE E.		37. LAST (MAIDEN) Whelan		38. BIRTH STATE MI
39. DATE M/M/DD/CCYY 04/16/1997		40. PLACE OF FINAL DISPOSITION Mt. Olivet Cemetery, San Rafael, California				
41. TYPE OF DISPOSITION(S) Burial		42. SIGNATURE OF EMBALMER <i>Jeff Ardelotte</i>		43. LICENSE NO. 8345		
44. NAME OF FUNERAL DIRECTOR Keaton's Mortuary		45. LICENSE NO. FD-6		46. SIGNATURE OF LOCAL REGISTRAR <i>Fred S. Schwartz, M.D.</i>		47. DATE M/M/DD/CCYY 04/14/1997
101. PLACE OF DEATH Marin General Hospital		102. IF HOSPITAL, SPECIFY ONE: <input checked="" 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 Marin
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 250 Bon Air Road					106. CITY Greenbrae	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D).						
IMMEDIATE CAUSE (A)		Cardiac Arrhythmia		TIME INTERVAL BETWEEN ONSET AND DEATH 3mins.	108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B)		Arteriosclerotic Heart Disease		10yrs.	109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)		Generalized Atherosclerosis		15yrs.	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 COPD, Diabetes Mellitus, Hypothyroidism, Parkinson's Disease						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No						
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 M/M/DD/CCYY 06/11/1983		DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 04/10/1997		115. SIGNATURE AND TITLE OF CERTIFIER <i>Anthony J. Model</i>		116. LICENSE NO. A18217
117. DATE M/M/DD/CCYY 04/14/1997		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP David Costanza, MD, 1300 S. Eliseo Dr., Greenbrae, CA 94904				
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 M/M/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 M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		
STATE REGISTRAR						

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF MARIN } SS

DATE ISSUED APR 15 1997

SEAL

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Marin County Public Health Department.

*Fred S. Schwartz, M.D.*

HEALTH OFFICER  
MARIN COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



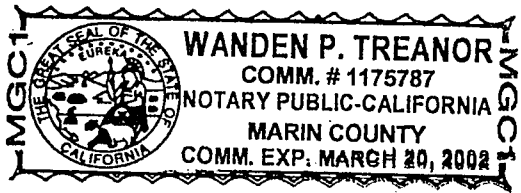
**CALIFORNIA NOTARY ACKNOWLEDGMENT**

State of California  
County of Marin

On 9-16-99 before me, Wanden P. Treanor,  
(Date)

personally appeared MARILYN J. FORDE

personally known to me -OR- \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon the behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Wanden P. Treanor  
Wanden P. Treanor, Notary

**OPTIONAL**

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

**CAPACITY CLAIMED BY SIGNER:**

**DESCRIPTION OF ATTACHED DOCUMENT:**

\_\_\_ INDIVIDUAL

\_\_\_ CORPORATE OFFICER

\_\_\_\_\_  
TITLE OR TYPE OF DOCUMENT

TITLE(S)

\_\_\_ PARTNER(S)

\_\_\_ LIMITED

\_\_\_ NO. OF PAGES

\_\_\_ GENERAL

\_\_\_ DATE OF DOCUMENT

\_\_\_ ATTORNEY-IN-FACT

\_\_\_\_\_  
(SIGNER(S) OTHER THAN NAMED ABOVE)

\_\_\_ TRUSTEE(S)

\_\_\_ GUARDIAN/CONSERVATOR

\_\_\_ OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING: \_\_\_\_\_  
(NAME OF PERSON(S) OR ENTITY(IES))

0491569

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COPY

REQUESTED BY  
W.P. Treanor  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 MAY -8 PM 1:49

LINDA SLATER  
RECORDER

\$ 11.00 PAID gls DEPUTY

0491569

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