

Recording requested by and  
when recorded mail to:

✓ Michael Curtis, Esq.  
THOITS, LOVE, HERSHBERGER & McLEAN  
245 Lytton Avenue, Suite 300  
Palo Alto, CA 94301

MAIL TAX STATEMENTS TO:

Margaret S. Lowe, Trustee  
14 Alverno Court  
Redwood City, CA 94061

APN: 01-161-110  
2045 Pray Meadow Road, Glenbrook, NV

[space above line for Recorder's use]

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF SANTA CLARA )

The undersigned, Margaret S. Lowe, of legal age, being first duly sworn, deposes and says:

1. On May 23, 1985, William L. Lowe and Margaret S. Lowe, as Settlers, and William L. Lowe and Margaret S. Lowe, as Trustees, executed a Trust Agreement entitled the William and Margaret Lowe Family Trust dated March 23, 1985 (the "Trust").

2. Pursuant to Section 15.02 of the Trust, if either of the initial Trustees fails or ceases to so act, the other one of them shall serve as the sole Trustee.

3. William L. Lowe died on January 28, 2000. A certified copy of his death certificate is attached as Exhibit "A" and made a part hereof.

4. The decedent named in the attached certified copy of Certificate of Death is the same person as William L. Lowe named as an initial Trustee of the Trust and is the same person as one of the parties in that certain Deed dated May 23, 1985, executed by William L. Lowe and Margaret S. Lowe, husband and wife as joint tenants, to William L. Lowe and Margaret S. Lowe, as Trustees of the William and Margaret Lowe Family Trust under Trust Agreement dated May 23, 1985, recorded on June 3, 1985 as Instrument No. 118091 in Book 685 Page 005 in the Official Records of Douglas County, Nevada, covering the real property commonly known as 2045 Pray Meadow Road, Glenbrook Douglas County, Nevada and described as follows:

Lot 22 in Block A, as shown on the map of GLENBROOK UNIT NO. 2, filed in the office of the Recorder of Douglas County, Nevada, on May 26, 1978.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

SUBJECT, HOWEVER to the rights of persons entitled thereto to use said parcel for such uses as may be provided by said map, and subject further to the Supplemental Declaration of Annexation of the Covenants, Conditions and Restrictions contained in document filed in the office of the Recorder of Douglas County, Nevada, on May 26, 1978, in Book 578 of Official Records, at page 2320, under Document No. 21219; and subject further to the Declaration of Cottage Covenants, Conditions and Restrictions--Glenbrook recorded on May 26, 1978, in Book 578 of Official Records, at page 2291, under Document No. 21218.

5. This Affidavit - Death of Trustee is recorded to establish that the sole Trustee of the Trust is Margaret S. Lowe by reason of the provisions of the Trust.

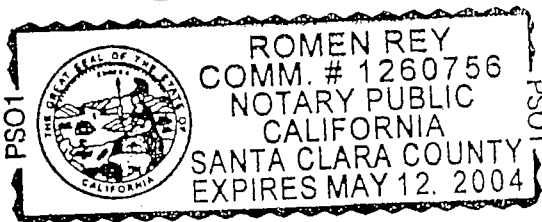
*Margaret S. Lowe*  
Margaret S. Lowe, Trustee

STATE OF CALIFORNIA

COUNTY OF SANTA CLARA

} ss.  
}

On February 1, 2001, before me, *Romen Rey*, a Notary Public in and for said County and State, personally appeared Margaret S. Lowe, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.



WITNESS my hand and official seal

Signature *Romen Rey*

(This area for official notarial seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH

2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>WILLIAM</b>		2. MIDDLE <b>LEON</b>	
3. LAST (FAMILY) <b>LOWE</b>		4. DATE OF BIRTH M/M/DD/CCYY <b>03/06/1915</b>	
5. AGE—YRS. <b>84</b>		6. SEX <b>M</b>	
7. DATE OF DEATH M/M/DD/CCYY <b>01/28/2000</b>		8. HOUR <b>2312</b>	
9. STATE OF BIRTH <b>CA</b>		10. SOCIAL SECURITY NO. <b>4205</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>18</b>		14. RACE <b>WHITE</b>	
15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>STANFORD UNIVERSITY</b>	
17. OCCUPATION <b>ASST DEAN, GRAD SCH BUS</b>		18. KIND OF BUSINESS <b>EDUCATION</b>	
19. YEARS IN OCCUPATION <b>22</b>		20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>14 ALVERNO COURT</b>	
21. CITY <b>REDWOOD CITY</b>		22. COUNTY <b>SAN MATEO</b>	
23. ZIP CODE <b>94061</b>		24. YRS IN COUNTY <b>60</b>	
25. STATE OR FOREIGN COUNTRY <b>CA</b>		26. NAME, RELATIONSHIP <b>MARGARET LOWE (WIFE)</b>	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>14 ALVERNO COURT, REDWOOD CITY, CA 94061</b>		28. NAME OF SURVIVING SPOUSE—FIRST <b>MARGARET</b>	
29. MIDDLE <b>EDITH</b>		30. LAST (MAIDEN NAME) <b>SLOSS</b>	
31. NAME OF FATHER—FIRST <b>WILLIAM</b>		32. MIDDLE <b>H</b>	
33. LAST <b>LOWE</b>		34. BIRTH STATE <b>IN</b>	
35. NAME OF MOTHER—FIRST <b>SAIDEE</b>		36. MIDDLE <b>-</b>	
37. LAST (MAIDEN) <b>KAUFFMAN</b>		38. BIRTH STATE <b>CA</b>	
39. DATE M/M/DD/CCYY <b>02/13/2000</b>		40. PLACE OF FINAL DISPOSITION <b>RESIDENCE: MARGARET LOWE (WIFE) 14 ALVERNO COURT, REDWOOD CITY, CA 94061</b>	
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NO. <b>-</b>		44. NAME OF FUNERAL DIRECTOR <b>NEPTUNE SOCIETY OF NO CALIF.</b>	
45. LICENSE NO. <b>FD1327</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D Fensterseh MD</i>	
47. DATE M/M/DD/CCYY <b>02/10/2000cs</b>		101. PLACE OF DEATH <b>STANFORD UNIVERSITY HOSPITAL</b>	
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 <b>SANTA CLARA</b>		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>300 PASTEUR DRIVE</b>	
106. CITY <b>PALO ALTO</b>		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
IMMEDIATE CAUSE <b>(A) ACUTE RENAL FAILURE</b>		TIME INTERVAL BETWEEN ONSET AND DEATH <b>5 DAYS</b>	
DUE TO <b>(B) BACTERIAL ENDOCARDITIS</b>		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>00482</b>	
DUE TO <b>(C) UNKNOWN CAUSE</b>		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO <b>(D)</b>		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>CONGESTIVE HEART FAILURE, MYELODYSPLASTIC SYNDROME</b>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		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 <b>02/26/1996</b>	
115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. <b>G22804</b>	
117. DATE M/M/DD/CCYY <b>02/02/2000</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>F. MCDOWELL, M.D. 1300 CRANE STREET, MENLO PARK, CA 94025</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 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		FAX AUTH. # <b>01433</b>	
CENSUS TRACT		CENSUS TRACT	

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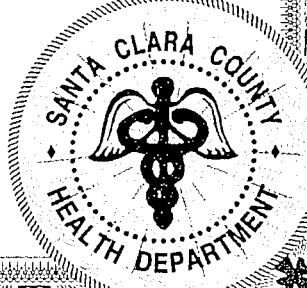
CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED **02/18/2000**  
COUNTY OF SANTA CLARA } By

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. Fensterseh MD*  
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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY  
Michael Curtis Ess  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 MAR 19 AM 10:09

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID KJ DEPUTY

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