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Santa Rosa, CA 95402-1498

(P-34599-A/R1)

APN 05-212-45

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**AFFIDAVIT – DEATH OF GRANTOR AND TRUSTEE**

STATE OF CALIFORNIA )

   ) ss.

COUNTY OF SUTTER )

ANNIE J. McGUIRE, of legal age, being first duly sworn, deposes and  
says:

That she is the surviving trustee named under ARTICLE XIV,  
Subparagraph A, of **THE HERSCHEL A. McGUIRE AND ANNIE J.  
McGUIRE 1990 TRUST DATED AUGUST 3, 1990, AS AMENDED AND  
RESTATED IN ITS ENTIRETY ON JUNE 10, 1999.**

That HERSCHEL ALEXANDER McGUIRE, the decedent mentioned in  
the attached certified copy of Certificate of Death, is the same person who  
executed that certain Grant Deed dated September 19, 1990, from HERSCHEL  
A. McGUIRE and ANNIE J. McGUIRE, husband and wife as joint tenants, to  
HERSCHEL A. McGUIRE and ANNIE J. McGUIRE, as Trustees under that  
certain Trust created on the 3<sup>rd</sup> day of August, 1990, and known as THE  
HERSCHEL A. AND ANNIE J. McGUIRE 1990 TRUST, recorded on  
September 24, 1990, in Book No. 990, at pages 3324 and 3325, Instrument No.  
235150, Official Records of Douglas County, Nevada.

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That under THE HERSCHEL A. McGUIRE AND ANNIE J. McGUIRE 1990 TRUST DATED AUGUST 3, 1990, AS AMENDED AND RESTATED IN ITS ENTIRETY ON JUNE 10, 1990, upon the death of one of the grantors, the real property described below shall be held in the name of ANNIE J. McGUIRE, AS SURVIVING TRUSTEE OF THE EXEMPTION TRUST UNDER THE HERSCHEL A. McGUIRE AND ANNIE J. McGUIRE 1990 TRUST, AS AMENDED AND RESTATED IN ITS ENTIRETY ON JUNE 10, 1999, F/B/O ANNIE J. McGUIRE.

The trust's interest in the real property affected by the death of one of the grantors is more particularly described as follows:

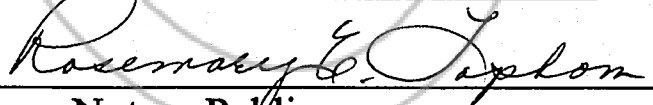
All the real property situated in the County of Douglas, State of Nevada, more particularly described in EXHIBIT "A", attached hereto and by this reference made a part hereof.

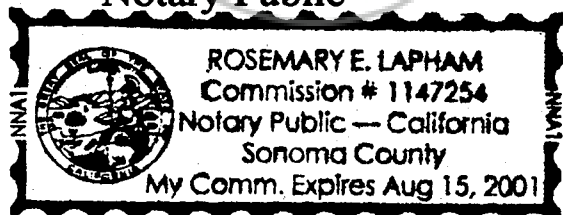
A.P. No. 05-212-45

Address: 191 Lakeshore Boulevard, Unit 96  
Zephyr Cove, Nevada

  
\_\_\_\_\_  
Annie J. McGuire, Trustee

SUBSCRIBED AND SWORN to before  
me this 30th day of MARCH, 2001

  
\_\_\_\_\_  
Notary Public



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EXHIBIT "A"

All that certain lot, piece or parcel of land situate in the County of Douglas, State of California, described as follows:

**PARCEL NO. 1**

Unit 96, as shown on the Official Plat of PINEWILD UNIT NO. 2, A CONDOMINIUM, filed for record in the office of the County Recorder, Douglas County, Nevada on October 23, 1973 in Book 1073, Page 1058, as Document No. 69660.

**PARCEL NO. 2**

The exclusive right to the use and possession of those certain patio areas adjacent to said unit designated as "Restricted Common Area" on the Subdivision Map referred to in Parcel No. 1. above.

**PARCEL NO. 3**

An undivided interest as tenants in common as such interest is set forth in Book 377, Page 417, of the real property described on the Subdivision Map referred to in Parcel No. 1 above, defined in the Amended Declaration of Covenants, Conditions and Restrictions of PINEWILD, A CONDOMINIUM project, recorded March 11, 1974, in Book 374 of Official Records at Page 193, and Supplemental to Amended Declaration of Covenants, Conditions and Restrictions PINEWILD, A CONDOMINIUM project, recorded March 9, 1977 in Book 377 of Official Records at page 411, as Limited Common Area and thereby allocated to the unit described in Parcel No. 1 above, and excepting non-exclusive covenants for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas as defined and set forth in said Declaration of Covenants, Conditions and Restrictions.

**PARCEL NO. 4**

Non-exclusive easements appurtenant to Parcel No. 1. above, for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas defined and set forth in the Declaration of Covenants, Conditions and Restrictions of Pinewild, more particularly described in the description of Parcel No. 3 above.

A.P. No. 05-212-45

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA  
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-2000-49-000453

STATE FILE NUMBER \_\_\_\_\_ USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS LOCAL REGISTRATION NUMBER \_\_\_\_\_  
VE-11 (REV. 1/00)

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Herschel		2. MIDDLE Alexander		3. LAST (FAMILY) McGuire	
	4. DATE OF BIRTH M/M/DD/CCYY 07/30/1920		5. AGE YRS. 79		6. SEX M	
	9. STATE OF BIRTH MO		10. SOCIAL SECURITY NO. [REDACTED] 3610		11. MILITARY SERVICE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK	
	14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. USUAL EMPLOYER Self Employed	
USUAL RESIDENCE	17. OCCUPATION Insurance Agency Owner		18. KIND OF BUSINESS Insurance Agency		19. YEARS IN OCCUPATION 29	
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 7595 Foothill Ranch Rd.					
	21. CITY Santa Rosa		22. COUNTY Sonoma		23. ZIP CODE 95404	
INFORMANT	26. NAME, RELATIONSHIP Annie J. McGuire—Wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 7595 Foothill Ranch Rd. Santa Rosa, CA 95404			
	28. NAME OF SURVIVING SPOUSE—FIRST Annie		29. MIDDLE Josephine		30. LAST (MAIDEN NAME) Weir	
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST Ora		32. MIDDLE Leland		33. LAST McGuire	
	35. NAME OF MOTHER—FIRST Katharine		36. MIDDLE Mary		37. LAST (MAIDEN) Walsh	
	39. DATE M/M/DD/CCYY 02/07/2000		40. PLACE OF FINAL DISPOSITION Calvary Catholic Cemetery 2930 Bennett Valley Rd. Santa Rosa, CA			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NO. -	
	44. NAME OF FUNERAL DIRECTOR Lafferty & Smith Colonial Chapel		45. LICENSE NO. FD 356		46. SIGNATURE OF LOCAL REGISTRAR <i>Mary Maddux-Gonzalez</i>	
PLACE OF DEATH	101. PLACE OF DEATH Santa Rosa Memorial Hospt		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 checked="" type="checkbox"/> OTHER	
	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1165 Montgomery Drive		104. COUNTY Sonoma			
	106. CITY Santa Rosa		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
CAUSE OF DEATH	IMMEDIATE CAUSE (A) Acute Heart Failure		TIME INTERVAL BETWEEN ONSET AND DEATH 4 Hours		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 00-0206	
	DUE TO (B) Cardiomyopathy		Years		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO (C) Coronary Disease		Years		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 Chronic Obstructive Lung Disease						
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.						
PHYSICIAN'S CERTIFICATION	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 04/16/1989		115. SIGNATURE AND TITLE OF CERTIFIER <i>Scott Peterson MD</i>		116. LICENSE NO. G49194	
	DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 01/04/2000		117. DATE M/M/DD/CCYY 02/04/2000			
CORONER'S USE ONLY	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Scott Peterson, M.D. 500 Doyle Park Dr Suite 304 Santa Rosa, CA 95405		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY	
	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		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	

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STATE REGISTRAR A B C D E F G H FAX AUTH. # CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

04/03/2001  
DATE ISSUED

STATE OF CALIFORNIA }  
COUNTY OF SONOMA } SS

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

*Mary Maddux-Gonzalez*  
LOCAL REGISTRAR  
SONOMA COUNTY, CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY  
Anderson Zeigler et al  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2001 APR 13 PM 2:49

LINDA SLATER  
RECORDER

\$ 11.00 PAID KD DEPUTY

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