

✓ **Recording Requested By and
When Recorded Return To:**

Sheldon H. Wolfe, Esq.
Steeffel, Levitt & Weiss
One Embarcadero Center
30th Floor
San Francisco, CA 9411

Mail Tax Statements to:
Robert S. Greenwood, Trustee
220 Mountain Avenue
Piedmont, CA 94611

(space above for recorder's use)

**AFFIDAVIT RE DEATH OF TRUSTEE
OF THE PATRICIA G. GREENWOOD
1998 IRREVOCABLE PERSONAL RESIDENCE TRUST NO. 2
DATED MARCH 17, 1998**

STATE OF CALIFORNIA)
 : ss.
COUNTY OF ALAMEDA)

I, ROBERT S. GREENWOOD, being first duly sworn, depose and say:

- 1. By instrument dated March 17, 1998, PATRICIA G. GREENWOOD, as Settlor, executed the PATRICIA G. GREENWOOD 1998 IRREVOCABLE PERSONAL RESIDENCE TRUST NO. 2 (the "Trust Agreement"). PATRICIA G. GREENWOOD was the original Grantor and Trustee of the Trust.
- 2. Said Trust Agreement appoints me to serve as sole trustee in the event Patricia G. Greenwood is unable or ceases to act as Trustee.
- 3. PATRICIA G. GREENWOOD died on July 17, 2001. Attached hereto is a certified copy of the Certificate of Death of Patricia Griffin Greenwood.
- 4. Said Trust holds title to the following described real property:

An undivided one-half interest in that certain real property commonly known as 165 The Back Road, Glenbrook, Douglas County, State of Nevada, APN 1-040-11, and more particularly described in that Deed dated March 17, 1998, recorded as Instrument No. 0436603, Book 0498, Page 0755, Douglas County Records.

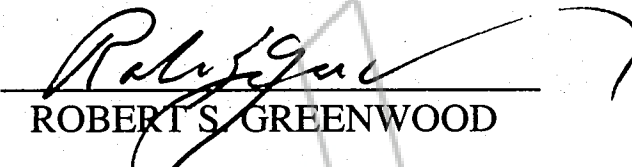
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5. Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee with respect to the Trust's interest in the above-described real property.

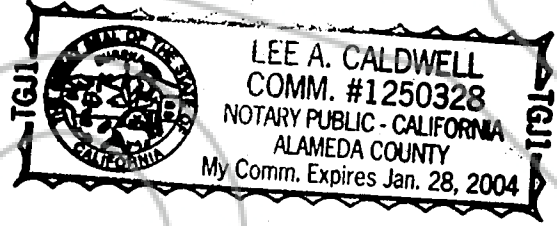
6. No other person has a right to the interest of the trust in the described property.

Dated: 12/20/01


ROBERT S. GREENWOOD

Subscribed and sworn to
before me on DEC 12th 2001


NOTARY PUBLIC



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200101005104

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) PATRICIA		2. MIDDLE GRIFFIN		3. LAST (FAMILY) GREENWOOD			
4. DATE OF BIRTH M/M/DD/CYY 04/24/1926		5. AGE YRS. 75		6. SEX F		7. DATE OF DEATH M/M/DD/CYY 07/17/2001	
8. HOUR 1725		9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. ██████████9946		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 16		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER Self Employed		17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		19. YEARS IN OCCUPATION 53	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 220 Mountain Avenue							
21. CITY Piedmont		22. COUNTY Alameda		23. ZIP CODE 94611		24. YRS IN COUNTY 75	
25. STATE OR FOREIGN COUNTRY California		26. NAME, RELATIONSHIP Robert Greenwood (HUSBAND)					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 220 Mountain Avenue, Piedmont, California 94611							
28. NAME OF SURVIVING SPOUSE—FIRST Robert		29. MIDDLE Stratton		30. LAST (MAIDEN NAME) Greenwood			
31. NAME OF FATHER—FIRST Charles		32. MIDDLE Williard		33. LAST Griffin, Jr.		34. BIRTH STATE CA	
35. NAME OF MOTHER—FIRST Elizabeth		36. MIDDLE 		37. LAST (MAIDEN) Bruner		38. BIRTH STATE HI	
39. DATE M/M/DD/CYY 07/20/2001		40. PLACE OF FINAL DISPOSITION Mountain View Cemetery, 5000 Piedmont Avenue, Oakland, California 94611					
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR Chapel of the Chimes		45. LICENSE NO. FD1254		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE M/M/DD/CYY 07/20/2001 JK	
101. PLACE OF DEATH Summit Medical Center		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 Alameda	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 350 Hawthorne Avenue		106. CITY Oakland					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (A) Pulmonary Hemorrhage						TIME INTERVAL BETWEEN ONSET AND DEATH 1 week	
DUE TO (B) Severe Thrombocytopenia						109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C) Chronic Lymphocytic Leukemia						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 Pneumocystis Carinii Pneumonia							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE Lung Biopsy 06/07/2001							
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/CYY 03/22/1999		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. C36088		117. DATE M/M/DD/CYY 07/19/2001	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP W. Irving Johnson, MD, 418 30th Street, Oakland, CA 94609							
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 M/M/DD/CYY		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/CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
		D		E		F	
		G		H		FAX AUTH. #	
						77163	
						CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: **07/26/2001**

[Signature]
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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



COPY

REQUESTED BY
Sheldon H Wolfe Esq
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2002 JAN 18 PM 12:45

LINDA SLATER
RECORDER

\$17⁰⁰ PAID K2 DEPUTY

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