APN 05-250-05

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

Barbara M. Beery
Attorney at Law
1814 Franklin Street, Suite 630
Oakland, CA 94612
(510) 835-2353

Documentary Transfer Tax\_\_\_\_

AFFIDAVIT -- DEATH OF TRUSTOR, TRUSTEE AND BENEFICIARY

STATE OF CALIFORNIA ) ss.
COUNTY OF ALAMEDA )

JOHN JOSEPH BYRNE, of legal age, being first duly sworn, deposes and says:

AIMEE DOROTHY BYRNE, the decedent mentioned in the attached certified copy of Certificate of Death, named as one of the parties in that certain Grant Deed dated August 24, 1990, executed by AIMEE D. BYRNE, who is the same person as AIMEE DOROTHY BYRNE, to AIMEE DOROTHY BYRNE, Trustee of the AIMEE DOROTHY BYRNE Trust dated August 24, 1990, as well as the Trustor and Beneficiary under said Trust. JOHN JOSEPH BYRNE is the successor Trustee.

Said grant deed is recorded as Instrument No.233231, on August 27, 1990, in Book 890, Page 4167, of the official records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 12, as the same is laid down, delineated and numbered upon a certain map entitled "Amended Plat of Elks Subdivision, Lake Tahoe, Nevada" filed in the office of the County Recorder of said County of Douglas, January 5, 1928.

A.P. #05-250-05

Dated: February 27, 2002

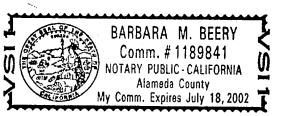
ØMN JOSEPH BYRXE

## **NOTARIZATION**

STATE OF CALIFORNIA	).
	) SS
COUNTY OF ALAMEDA	)

On February 27, 2002, before me, BARBARA M. BEERY, a notary public, personally appeared JOHN JOSEPH BYRNE, 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 he/she executed the same in his/her authorized capacity and that by his/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.



BARBARA M. BEERY

0536573

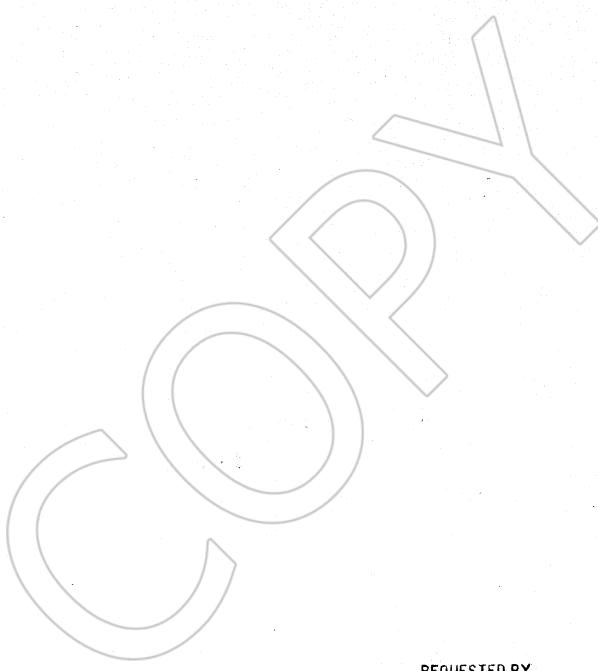
	STATE FILE NUMBER			INK ONLY/NO	ATE OF CALIFORNIA ERASURES: WHI	TEOUTS OR AL		and the second of the second o		STRATION NU	0331,
	1. NAME OF DECEDENT-	-FIRST (GIVEN)		2. MIDDLE				(FAMILY)			
	Aimee	DD/CCV		Dorot				rne			
DECEDENT PERSONAL DATA	11/06/1913 80  9. STATE OF BIRTH 10. SOCIAL SECURITY NO.		MONTHS	IF UNDER 1 YEAR   IF UNDER 24 HOURS   6. 8   MONTHS   DAYS   HOURS   MINUTES   11. MILITARY SERVICE			09/09/1	994		8. HOUR 0903 EARS COMPLETED	
	California		0159	19.	TO 19	X NONE	Wido	W		.4	EARS COMPLETED
	17. OCCUPATION			8. KIND OF BUS	ND OF BUSINESS				19. Y	ARS IN OCCU	PATION
<del>_</del>	Homemaker			At Hom	e				6	0	
	20. RESIDENCE—STREET AND NUMBER OR LOCATION  161 Gramercy Drive										
USUAL RESIDENCE	21. CITY	Drive	22. COL	UNTY		23. ZIP CO	DE	24. YRS IN CO	OUNTY	25. STATE OF	FOREIGN COUNT
	San Mateo		Sa	n Mateo		94402		44		Califo	rnia
NFORMANT	26. NAME, RELATIONSHIP	• • •					•		/ \		TOWN, STATE, Z
-	John Byrne 28. NAME OF SURVIVING S	BOUISE—EIRET	Son	9. MIDDLE	1632		St.,Ber	keley,CA	9470	2	
<b>CDOUGE</b>	_	TOOSE TIRST		9. MIDDLE	•		. LASI (MAIDE:	N NAME,			
SPOUSE	31. NAME OF FATHER-F	RST	3:	2. MIDDLE		3:	33. LAST				34. BIRTH STA
PARENT IFORMATION	Bernard			-	- La (				Clergue		
				6. MIDDLE					1	\	38. BIRTH STA
	Marie  39. date mm/dd/ccyy 40. Place of final dispositi						Wingou	Tat		+	France
HSPOSITION(S)	09/12/1994		•		ery,Colm	a			_	\	
FUNERAL										NO.	
DIRECTOR AND	CR/BU 44. NAME OF FUNERAL DIR	ECTOP		45. LICENS	Not emba		CAL REGISTRAF		A	47. DATE M	M/DD/CCYV
LOCAL REGISTRAR	Sneider & Sul		Mateo	FD23	100		VIADAS	MI	> H	09/	12/199
	101. PLACE OF DEATH	rrvai, bai			AL, SPECIFY ON	The second secon		THAN HOSPITAL:	104. CC		
PLACE	Residence				ER/OP	DOA	CONV. X RI	ES. OTHER	San	Mateo	/ )
DEATH	105. STREET ADDRESS-S	_	OR LOCATION	(			\		106. CI		
	161 Gramercy		NE CAUSE DE	D LINE EOD A	B C AND DI	-		TIME INTERV	<u> </u>	Mateo	TED TO CORONER
•		on the same of the same of		in Line Fon A,	D, U, AID D,			BETWEEN ON AND DEAT	SET .	YES	X No
	IMMEDIATE (A) No										
	CAUSE MYOCARDIAL INTARCTION 5 IILLIS										
	DUE TO (B) Coronary Artery Disease									X No	
CAUSE	DUE TO (C)								110	AUTOPSY PER	
DEATH	DUE TO (C)	-/-			<del></del>		1		111	YES USED IN DETE	X NO
	DUE TO (D)	/ /				1	1			YES	X No
	112. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBU	JTING TO DEAT	H BUT NOT REL	ATED TO CAUSE	GIVEN IN 107	1	/			
	Congestive Heart Failure, Dementia										
	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 TH			5. SIGNATURE	NI TILE OF C	ENTIFIER		116. LICENSE	NO.	117. DATE	MM/DD/CCY
PHYSI- CIAN'S	DEATH OCCURRED AT PLACE STATED FROM 1 DECEDENT ATTENDED SINCE	HE CAUSES STATED	· \\.	1/1		$Z_{\perp}$		G49613		09/09	/1994
TION	DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE MM/DD/CCYY MM/DD/CCYY 118, TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Neal Snyder, M.D.										
-	02/01/1993   09/08/1994   1150 Veterans Blvd., Redwood City, CA 94063										
/	AT THE HOUR, DATE A THE CAUSES STATED.	IND PLACE STATED	FROM		100		, , , , , , , , , , , , , , , , , , , ,				
- /	1 19. MANNER OF DEATH  124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)										
ORONER'S	NATURAL SUICIDE HOMICIDE										
USE ONLY	ACCIDENT PENDING COULD NOT BE DETERMINED DET										
\				7	- <b>-</b> -	*•					
V	126. SIGNATURE OF CORON	ER OR DEPUTY COR	ONER	12	7. DATE MM/DD	/CCYY	128. TYPED N	IAME, TITLE OF C	ORONER (	OR DEPUTY CO	RONER
		•	/_/								
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CAR	N MATEO CO	I INTERV	- T					225 327-	4 2 MA	h A	.
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DEI	PARTMENT O	r neall	ii sek	VICES		•	oan M	ateo, Cal	mvrii	18 7 <del>44</del> 0	
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							-				•

This is to certify that, if bearing the raised department seal, this is a true copy of the document filed in this office.

September 12, 1994

0536573

SCOTT MORROW, M.D. Health Officer and Registrar



Barbara Beery
IN OFFICIAL RECORDS OF
DOUGLAS CO. HEVADA

2002 MAR -8 PM 2: 43

LINDA SLATER
RECORDER

S17 PAID 62 DEPUTY

**Q5**36573 BK0302PG03106