

OFFICIAL RECORD

Requested By:

THOITS LOVE HERSHBERGER &
MCLEAN

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00

BK-0605 PG- 1593 RPTT: 0.00



Recording requested by and
WHEN RECORDED MAIL TO:

Miki Valente Kokka, Esq.
THOITS, LOVE, HERSHBERGER & McLEAN
245 Lytton Avenue, Suite 300
Palo Alto, CA 94301

MAIL TAX STATEMENTS TO:

Elinore L. Kinczel, Trustee
11015 Broadway Terrace
Oakland, CA 94611

APN 1418-10-710-013
2045 Pray Meadow Road, Glenbrook, Nevada

[space above line for Recorder's use]

AFFIDAVIT - DEATH OF TRUSTEE

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

The undersigned, Elinore L. Kinczel, of legal age, being first duly sworn, deposes and says:

1. On May 23, 1985 and William L. Lowe and Margaret S. Lowe, as Settlor, and William L. Lowe and Margaret S. Lowe, as Trustees, executed a trust agreement establishing the William and Margaret Lowe Family Trust dated May 23, 1985 (the "Trust").

2. Following the death of William L. Lowe on January 28, 2000, Margaret S. Lowe, as the Surviving Trustee of the Trust, transferred to Margaret S. Lowe, Trustee of the Lowe Non-Exempt Marital Trust under Trust Agreement dated May 23, 1985, all of her right, title and interest in and to the real property commonly known as 2045 Pray Meadow Road, situated in the County of Douglas, State of 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.

3. Pursuant to the terms of the Trust, if Margaret S. Lowe ceases to act as Trustee of the Lowe Non-Exempt Marital Trust under Trust Agreement dated May 23, 1985, then Elinore L. Kinzel shall serve as successor Trustee.

4. Margaret S. Lowe died on June 26, 2004. A certified copy of her death certificate is attached as Exhibit "A" and made a part hereof.

5. The decedent named in the attached certified copy of Certificate of Death is the same person as Margaret S. Lowe named as Trustee of the of the Lowe Non-Exempt Marital Trust under Trust Agreement dated May 23, 1985 and is the same person as one of the parties in that certain Quitclaim Deed dated February 1, 2001, executed by Margaret S. Lowe, Trustee of the Trust, to Margaret S. Lowe, Trustee of the Lowe Non-Exempt Marital Trust under Trust Agreement dated May 23, 1985, recorded as Instrument No. 0510614 in Official Records of Douglas County, Nevada, covering the real property commonly known as 2045 Pray Meadow Road, situated in the County of Douglas, State of 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.

6. This Affidavit - Death of Trustee is recorded to establish that the Trustee of the Lowe Non-Exempt Marital Trust under Trust Agreement dated May 23, 1985 is Elinore L. Kinzel by reason of the provisions of the Trust.

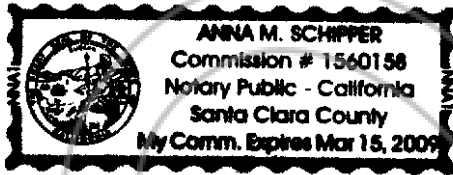
Elinore L. Kinczel declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Elinore L. Kinczel, Trustee
Elinore L. Kinczel, Trustee

State of California)
) ss
County of Santa Clara)

Subscribed and ~~sworn to~~ (or affirmed) before me on this 26th day of May, 2005, by Elinore L. Kinczel, ~~personally known to me~~ or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

[seal]



Anna M. Schipper
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT
EXHIBIT "A"

CERTIFICATE OF DEATH

3200401004167

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/02)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Margaret		Sloss		Lowe	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
		11/29/1919		84	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		3864		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. EDUCATION - Highest Level/Degree (See worksheet on back)		13. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back)		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
Some College		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		White	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
Homemaker		Own Home		50	
20. DECEDENT'S RESIDENCE (Street and number or location)					
501 Portola Rd					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
Portola Valley		San Mateo		94028	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
60		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
Elinore Lowe Kinzel, Daughter			10015 Broadway Terrace, Oakland CA 94611		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
Louis				Sloss	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
CA		Margaret		Koshland	
37. LAST MIDDLE		38. BIRTH STATE			
		CA			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
06/30/2004		Res: Elinore Lowe Kinzel, 10015 Broadway Terrace, Oakland CA 94611			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		Not Embalmed			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
Neptune Society of No. Ca.		FD 1325		L.B.M.O. Jew	
				06/30/2004	
101. PLACE OF DEATH					
Summit Medical Center					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Convalescent Home <input type="checkbox"/> Other					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION (Where found - Street and number or location)		106. CITY	
Alameda		350 Hawthorne Ave		Oakland	
107. CAUSE OF DEATH					
Enter the chain of events - starting from the immediate cause and ending with the underlying cause. DO NOT leave blank spaces. DO NOT abbreviate. Use ICD-10 codes. Do not use "natural causes" or "old age".					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		48 Hrs		108. DEATH REPORTED TO CORONER? (AT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Sepsis					
109. BIOPSY PERFORMED? (BT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		48 Hrs		110. AUTOPSY PERFORMED? (CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Acute Renal Failure					
111. USED IN DETERMINING CAUSE? (DT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		48 Hrs		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
Multiple Abominal Abscesses					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Removal of Abscesses & Ostomy 06/09/2004				Susan Lu MD	
116. LICENSE NUMBER		117. DATE mm/dd/yyyy			
A 77344		06/29/2004			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
Susan Lu MD, 350 30th St #320, Oakland, CA 94609					
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
120. INJURED AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>					
121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
127. DATE mm/dd/yyyy					
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
06616819					

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06/06/2005
0646045

CERTIFIED COPY OF VITAL RECORDS

STATE REGISTRAR }
STATE OF CALIFORNIA }
COUNTY OF ALAMEDA }

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

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

DATE ISSUED: **07/01/2004**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

