

17-

APN 1420-07-117-026

DOC # 0658557
10/24/2005 10:41 AM Deputy: KLJ

OFFICIAL RECORD

Requested By:

BRAY & BRAY

WHEN RECORDED MAIL TO:

✓ BRAY & BRAY
736 Ferry Street
Martinez, CA 94553
(925) 228-2550

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-1005 PG-10349 RPTT: 0.00



MAIL TAX STATEMENTS TO:

KATHLEEN M. PATTERSON
P.O. BOX 935
DIABLO, CA 94583

AFFIDAVIT - DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

STATE OF CALIFORNIA)
) ss
COUNTY OF CONTRA COSTA)

KATHLEEN M. PATTERSON, of legal age, being first duly sworn, deposes and says:

That **HENRY NELSON PATTERSON** and **MARY ROSE PATTERSON** the decedents mentioned in the attached certified Death Certificates, are the same persons as **HENRY NELSON PATTERSON** and **MARY ROSE PATTERSON** named as two of the parties in that certain Grant Deed dated August 12, 2002, executed by **KATHLEEN M. PATTERSON, HENRY PATTERSON** and **MARY PATTERSON**, wherein the decedents were Settlers and a Trustees of the Henry & Mary Patterson - 1999 Trust, dated September 17, 1999; it being further acknowledged that **KATHLEEN M. PATTERSON** is the Successor Trustee of said Trust. The original Grant Deed aforementioned is recorded as Instrument No. 0549905 on August 20, 2002, in book 0802 at page 05992, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada, more particularly described as follows:

Lot G12, as shown on the Final Map #97-1007-6 of VALLEY VISTA ESTATES, PHASE 5 recorded in the office of the Douglas County Recorder, State of Nevada, on September 24, 2001, in Book 0901, at Page 5362, as Document No. 523333, Official Records.

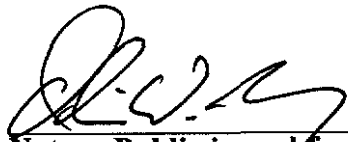
APN 1420-07-117-026

The above described property is now vested in title as follows: **KATHLEEN M. PATTERSON**, Trustee of the Henry & Mary Patterson - 1999 Trust, dated September 17, 1999

Dated: October 18, 2005.


KATHLEEN M. PATTERSON

Subscribed and sworn to (or affirmed) before me on this 18th day of October, 2005, by **KATHLEEN M. PATTERSON**, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.


Notary Public in and for the
County of Contra Costa, State of California



My commission expires: 12-25-08



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

| | | | | | |
|---|--|--|--|---|--|
| STATE FILE NUMBER | | USE BLACK INK ONLY - NO ERASURES, WATERMARKS OR ALTERATIONS | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) | | 3. MIDDLE | | A. LAST (Family) | |
| HENRY | | NELSON | | PATERSON | |
| AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) | | DATE OF BIRTH | | 8. AGE Yrs | |
| | | 08/30/1919 | | 83 | |
| 9. BIRTH STATE/FOREIGN COUNTRY | | 10. SOCIAL SECURITY NUMBER | | 11. EVER IN U.S. ARMED FORCE? | |
| PHILIPPINES | | -6037 | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 12. EDUCATION - Highest Level Degree (See worksheet on back) | | 14. WAS DECEDENT SPANISH/SPANIC/LATINO? (If yes, see worksheet on back) | | 16. DECEDENT RACE - Up to 3 races may be listed (see worksheet on back) | |
| 3 | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | FILIPINO | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED | | 19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) | | 18. YEARS IN OCCUPATION | |
| MAINTANANCE TECHNICIAN | | UTILITY | | 30 | |
| 20. DECEDENT'S RESIDENCE (Street and number or location) | | 21. CITY | | 22. COUNTY/PROVINCE | |
| 1275 YGNACIO VALLEY RD. | | WALNUT CREEK | | CONTRA COSTA | |
| 23. DECEASED'S NAME, RELATIONSHIP | | 24. ZIP CODE | | 25. STATE/FOREIGN COUNTRY | |
| KATHLEEN PATERSON - DAUGHTER | | 94598 | | CA | |
| 27. DECEASED'S MAILING ADDRESS (Street and number or street number, city or town, state, ZIP) | | 28. NAME OF SPOUSE - FIRST | | 29. MIDDLE | |
| 315 REFLECTION CIR #12, SAN RAMON, CA 94583 | | MARY | | ROSE | |
| 30. NAME OF FATHER - FIRST | | 31. MIDDLE | | 32. LAST | |
| WILLIAM | | NELSON | | PATERSON | |
| 33. NAME OF MOTHER - FIRST | | 34. MIDDLE | | 35. LAST | |
| BASILYO | | | | DAYAN | |
| 36. DISPOSITION DATE | | 37. PLACE OF FINAL DISPOSITION | | 38. LICENSE NUMBER | |
| 04/25/2003 | | HOLY CROSS CEMETERY, COLMA, CA 94014 | | 8345 | |
| 39. TYPE OF DISPOSITION | | 40. SIGNATURE OF PHYSICIAN | | 41. DATE | |
| BURIAL | | <i>[Signature]</i> | | 04/23/2003 | |
| 42. NAME OF FUNERAL ESTABLISHMENT | | 43. SIGNATURE OF LOCAL REGISTRAR | | 44. DATE | |
| OAK PARK HILLS CHAPEL | | YD 1073 | | 04/23/2003 | |
| 101. PLACE OF DEATH | | 102. IF HOSPITAL, SPECIFY ONE | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE | |
| OAK PARK CONVALESCENT HOSPITAL | | <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Outpatient | | <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Deceased at Home <input type="checkbox"/> Other | |
| 104. COUNTY | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) | | 106. CITY | |
| CONTRA COSTA | | 1625 OAK PARK BLVD. | | PLEASANT HILL | |
| 107. CAUSE OF DEATH | | 108. DEATH REPORTED TO CORONER? | | 109. DEATH REPORTED TO CORONER? | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| RESPIRATORY FAILURE | | MINS | | 110. SCOPY PERFORMED? | |
| Sequentially list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | | MOS. | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| AORTIC STENOSIS | | MOS. | | 111. AUTOPSY PERFORMED? | |
| CONGESTIVE HEART FAILURE | | MOS. | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 | | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) | | 114. IF FEMALE, PREGNANT IN LAST YEAR? | |
| | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. | | 116. SIGNATURE AND TITLE OF CERTIFIER | | 117. LICENSE NUMBER | |
| Decedent Attended Since: (A) mm/dd/yyyy (B) mm/dd/yyyy | | <i>[Signature]</i> | | 664187 | |
| 06/10/2002 04/11/2003 | | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE | | 119. DATE | |
| | | MONICA RUIZ-DURANT, MD, 3356 WESTPORT CT., WALNUT CREEK, CA 94598 | | 04/22/2003 | |
| 120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. | | 121. INJURED AT WORK? | | 122. HARRY DATE | |
| MANNER OF DEATH: <input type="checkbox"/> Sudden <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause Indeterminate | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | | |
| 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | 125. SIGNATURE OF DONOR / DEPUTY DONOR | |
| | | | | <i>[Signature]</i> | |
| 126. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) | | 127. DATE | | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | |
| | | | | 8406PC | |

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA

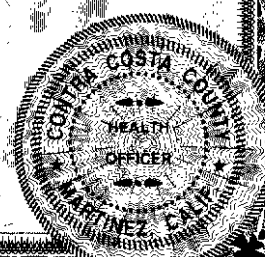
DATE ISSUED

APR 24 2003

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

[Signature]
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer



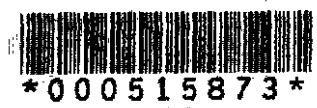
STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

| | | | |
|--|---|--|---|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Name) | | 2. MIDDLE | |
| MARY | | ROSE | |
| 3. LAST (Family) | | PATTERSON | |
| AKA, ALSO KNOWN AS --- (Include full AKA (FIRST, MIDDLE, LAST)) | | 4. DATE OF BIRTH mm/dd/yyyy | |
| | | 02/13/1925 | |
| 5. AGE Yrs. | | 6. SEX | |
| 79 | | F | |
| 9. BIRTH STATE/FOREIGN COUNTRY | | 10. SOCIAL SECURITY NUMBER | |
| PI | | -6995 | |
| 11. EVER IN U.S. ARMED FORCES? | | 12. MARITAL STATUS (at Time of Death) | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | WIDOWED | |
| 13. EDUCATION - Highest Level/degree (see worksheet on back) | | 7. DATE OF DEATH mm/dd/yyyy | |
| 6 | | 12/04/2004 | |
| 14. WAS DECEDENT SPANISH/SPANIOLATINO? (if yes, see worksheet on back) | | 8. HOUR (24 Hours) | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 2300 | |
| 15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED | | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) | |
| NURSES AIDE | | FILIPINO/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.) | |
| NURSES AIDE | | MEDICAL | |
| 19. YEARS IN OCCUPATION | | | |
| 15 | | | |
| 20. DECEDENT'S RESIDENCE (Street and number or location) | | | |
| 2380 WARREN RD. | | | |
| 21. CITY | | 22. COUNTY/PROVINCE | |
| WALNUT CREEK | | CONTRA COSTA | |
| 23. ZIP CODE | | 24. YEARS IN COUNTY | |
| 94595 | | 2 | |
| 25. STATE/FOREIGN COUNTRY | | | |
| CA | | | |
| 26. INFORMANT'S NAME, RELATIONSHIP | | | |
| KATHLEEN PATTERSON - DAUGHTER | | | |
| 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) | | | |
| P.O. BOX 935, DIABLO, CA 94528 | | | |
| 28. NAME OF SURVIVING SPOUSE - FIRST | | 29. MIDDLE | |
| | | | |
| 30. LAST (Maiden Name) | | | |
| | | | |
| 31. NAME OF FATHER - FIRST | | 32. MIDDLE | |
| PATRICK | | | |
| 33. LAST | | 34. BIRTH STATE | |
| O'TOOLE | | IRELAND | |
| 35. NAME OF MOTHER - FIRST | | 36. MIDDLE | |
| SEVERINA | | | |
| 37. LAST (Maiden) | | 38. BIRTH STATE | |
| FUENTES | | PI | |
| 39. DISPOSITION DATE mm/dd/yyyy | | 40. PLACE OF FINAL DISPOSITION | |
| 12/20/2004 | | HOLY CROSS CEMETERY, COLMA, CA 94014 | |
| 41. TYPE OF DISPOSITION(S) | | 42. SIGNATURE OF EXAMINER | |
| BURIAL | | <i>[Signature]</i> | |
| 43. LICENSE NUMBER | | 44. SIGNATURE OF LOCAL REGISTRAR | |
| 8345 | | <i>[Signature]</i> | |
| 45. NAME OF FUNERAL ESTABLISHMENT | | 46. LICENSE NUMBER | |
| OAK PARK HILLS CHAPEL | | FD 1073 | |
| 47. DATE mm/dd/yyyy | | 48. SIGNATURE OF LOCAL REGISTRAR | |
| 12/10/2004 | | <i>[Signature]</i> | |
| 101. PLACE OF DEATH | | 102. IF HOSPITAL, SPECIFY ONE | |
| THE CARNELIAN | | <input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other | |
| 103. COUNTY | | 104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) | |
| CONTRA COSTA | | 2380 WARREN RD. | |
| 105. CITY | | 106. CITY | |
| WALNUT CREEK | | WALNUT CREEK | |
| 107. CAUSE OF DEATH | | 108. DEATH REPORTED TO CORONER | |
| Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE. | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| IMMEDIATE CAUSE (A) | | 109. DEATH REPORTED TO CORONER | |
| CARDIOPULMONARY ARREST | | 3 MIN | |
| (B) | | 110. PROSBY PERFORMED? | |
| ARRHYTHMIA | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| (C) | | 111. ALTOBPSY PERFORMED? | |
| | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| (D) | | 112. USED IN DETERMINING CAUSE? | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 | | | |
| 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 THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES LISTED. | | 115. SIGNATURE AND TITLE OF CERTIFIER | |
| Devorah Ben Zeev, MD | | <i>[Signature]</i> | |
| 116. LICENSE NUMBER | | 117. DATE mm/dd/yyyy | |
| G075386 | | 12/09/2004 | |
| 118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES LISTED. | | 119. TYPE AND ADDRESS OF PHYSICIAN'S OFFICE, MAILING ADDRESS, ZIP CODE | |
| | | DEVORAH BEN ZEEV, MD | |
| 120. MANNER OF DEATH | | 121. INJURY DATE mm/dd/yyyy | |
| <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | 123. HOUR (24 Hours) | |
| | | | |
| 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 | |
| <i>[Signature]</i> | | | |
| 128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER | | | |
| | | | |
| STATE REGISTRAR | A | B | C |
| | D | E | |
| FAX AUTH. # | | CENSUS TRACT | |
| 0378 TM | | | |

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 BK- 1005
 PG-10352



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED DEC 14 2004
 COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendell Brunner (M)
 CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE