

DOC # 0698113
03/29/2007 02:56 PM Deputy: GB
OFFICIAL RECORD
Requested By:
WESTERN TITLE COMPANY INC

APN#: 1418-27-712-003

Recording Requested By:
Western Title Company, Inc.
Escrow No.: 009415-SLG

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 5 Fee: 18.00
BK-0307 PG- 9955 RPTT: 0.00



When Recorded Mail To:
Joyce Hargreaves
6214 Flowering Plum Rd
San Jose, CA
95120

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.
(Per NRS 239B.030)

Signature

Sharon Goodwin

Escrow Officer

Affidavit of Death of Trustee

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

APN: 1418-27-712-003

RECORDING REQUESTED BY:
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name JOYCE HARGREAVES
Street 6214 FLOWERING PLUM RD
Address
City,State SAN JOSE, CA 95120
Zip

Order No. 009415-SLG

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, JOYCE HARGREAVES, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated APRIL 24, 2001, and all amendments thereto, PATRICIA LEE BRENNAN executed the PATRICIA BRENNAN TRUST("Trust").

(2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of PATRICIA LEE BRENNAN.

(3) PATRICIA LEE BRENNAN died on 01/23/07, a resident of SANTA CLARA, California. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said PATRICIA LEE BRENNAN.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.

(5) The following described real property is part of the trust estate:

LOT 147 IN BLOCK B OF CAVE ROCK ESTATES UNIT NO. 3, AS SHOWN ON THE OFFICIAL MAP THEREOF, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JULY 13, 1978 IN BOOK 778, PAGE 627, AS DOCUMENT NO. 22934

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.

(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

Executed on 3/24/07 at San Jose California.

Joyce Hargreaves, Successor Trustee
JOYCE HARGREAVES, Successor Trustee

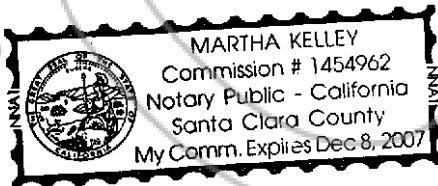
STATE OF CALIFORNIA

COUNTY OF SANTA CLARA } SS

This instrument was acknowledged before me
on MARCH 24, 2007.

by JOYCE HARGREAVES, SUCCESSOR
TRUSTEE

Martha Kelley
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION
645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

3200743000524

| | | | |
|---|--|--|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT - FIRST (Given) PATRICIA | | 3. LAST (Family) BRENNAN | |
| 2. MIDDLE - | | 4. DATE OF BIRTH mm/dd/yyyy 03/28/1941 | |
| 5. AGE Yrs. 65 | | 6. SEX F | |
| 7. NUMBER ONE YEAR Months Days | | 8. NUMBER IN HOURS Hours Minutes | |
| 9. BIRTH STATE/FOREIGN COUNTRY CA | | 10. SOCIAL SECURITY NUMBER 2180 | |
| 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | 12. MARITAL STATUS (at Time of Death) DIVORCED | |
| 13. EDUCATION - Highest Level/Degree (See Worksheet on back) BACHELOR | | 14. WAS DECEDENT HISPANIC/LATINO (SPANISH)? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 15. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) CAUCASIAN | | 16. DATE OF DEATH mm/dd/yyyy 01/23/2007 | |
| 17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED | | 18. HOURS (24 Hours) 1120 | |
| 19. YEARS IN OCCUPATION 14 | | 20. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION | |
| 21. DECEDENT'S RESIDENCE (Street and number or location) 6214 FLOWERING PLUM RD. | | | |
| 22. CITY SAN JOSE | | 23. COUNTY/PROVINCE SANTA CLARA | |
| 24. ZIP CODE 95120 | | 25. YEARS IN COUNTY 65 | |
| 26. STATE/FOREIGN COUNTRY CA | | 27. STATE/FOREIGN COUNTRY CA | |
| 28. INFORMANT'S NAME, RELATIONSHIP JOYCE ANN HARGREAVES, FRIEND | | | |
| 29. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 6214 FLOWERING PLUM RD., SAN JOSE, CA 95120 | | | |
| 30. NAME OF SURVIVING SPOUSE - FIRST - | | 31. MIDDLE - | |
| 32. LAST (Maiden Name) - | | 33. LAST (Maiden Name) BRENNAN | |
| 34. NAME OF FATHER - FIRST ROLAND | | 35. MIDDLE DUDLEY | |
| 36. LAST BRENNAN | | 37. BIRTH STATE CA | |
| 38. NAME OF MOTHER - FIRST OLIVIA | | 39. MIDDLE GIRABALDI | |
| 40. LAST (Maiden) GIRABALDI | | 41. BIRTH STATE CA | |
| 42. DISPOSITION DATE mm/dd/yyyy 01/26/2007 | | | |
| 43. PLACE OF FINAL DISPOSITION LOS GATOS MEMORIAL PARK 2255 LOS GATOS-ALMADEN RD., SAN JOSE, CA 95124 | | | |
| 44. TYPE OF DISPOSITIONS BU | | | |
| 45. SIGNATURE OF EMBALMER NOT EMBALMED | | | |
| 46. LICENSE NUMBER FD 940 | | | |
| 47. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD | | | |
| 48. LICENSE NUMBER 50 | | | |
| 49. SIGNATURE OF LOCAL REGISTRAR 01/24/2007 | | | |
| 50. PLACE OF DEATH RESIDENCE | | | |
| 51. COUNTY SANTA CLARA | | | |
| 52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 6214 FLOWERING PLUM RD. | | | |
| 53. CITY SAN JOSE | | | |
| 54. CAUSE OF DEATH Enter the chain of events - disease, injury, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or respiratory cessation without listing the etiology. DO NOT ABBREVIATE. AMENDED 1 OF 2 PANCREATIC CANCER | | | |
| 55. DEATH REPORTED TO CORONER? Check and Date <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 56. YRS 07-00337 | | | |
| 57. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 58. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 59. USED IN DET. BRNNGG CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN #107 | | | |
| 61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of operation and date.) NO | | | |
| 62. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | | |
| 63. 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 Decedent Last Seen Alive | | 64. SIGNATURE AND TITLE OF CERTIFIER ANNE RIEKO UYEI M.D. | |
| 65. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANNE RIEKO UYEI M.D. 50 E. HAMILTON AVE. CAMPBELL, CA 95008 | | 66. LICENSE NUMBER A77860 | |
| 67. DATE 11/17/2005 | | 68. DATE 12/07/2006 | |
| 69. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. | | | |
| 70. MANNER OF DEATH <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 | | 71. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 72. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) | | | |
| 73. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) | | | |
| 74. LOCATION OF INJURY (Street and number, or location, and city, and ZIP) | | | |
| 75. SIGNATURE OF CORONER / DEPUTY CORONER | | 76. DATE mm/dd/yyyy | |
| 77. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | | 78. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | |
| STATE REGISTRAR | | FAX AUTH. # | |
| A B C D E | | CENSUS TRACT | |

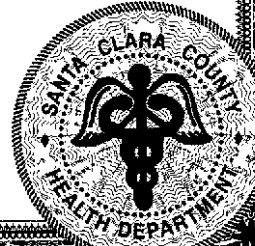
CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED **JAN 31 2007**
COUNTY OF SANTA CLARA } By **Martin D. Fenstersheib MD**
H02089091

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS

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



BK- 0307
PG- 9958
0698113 Page: 4 of 5 03/29/2007

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION
645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

AFFIDAVIT TO AMEND A RECORD
DEATHS AFTER 1-1994
NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS
1.1

3200743000524
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

| | | | |
|---|---|---|-----------------------|
| NAME AS IT APPEARS ON RECORD | 1. NAME—FIRST (GIVEN) | 2. MIDDLE | 3. LAST (FAMILY) |
| | PATRICIA | - | BRENNAN |
| ADDITIONAL INFORMATION TO LOCATE RECORD | 4. SEX | 5. DATE OF EVENT—MM/DD/CCYY | 6. CITY OF OCCURRENCE |
| | F | 01/23/2007 | SAN JOSE |
| | 7. COUNTY OF OCCURRENCE | | SANTA CLARA |
| | 8. FATHER'S/PARENT'S NAME AS STATED ON ORIGINAL | 9. MOTHER'S/PARENT'S NAME AS STATED ON ORIGINAL | |
| | ROLAND DUDLEY BRENNAN | OLIVIA - GIRABALDI | |

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

| LIST ONE ITEM PER LINE | 10. CERTIFICATE ITEM NUMBER | 11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD | 12. INFORMATION AS IT SHOULD APPEAR |
|------------------------|-----------------------------|--|-------------------------------------|
| | | 20 | 6214 FLOWERING PLUM RD. |
| | 21 | SAN JOSE | ZEPHYR COVE |
| | 22 | SANTA CLARA | DOUGLAS |
| | 23 | 95120 | 89448 |
| | 24 | 65 | 25 |
| | 25 | CA | NV |

REASON FOR CORRECTION
13. TO CORRECT THE RECORD

AFFIDAVITS AND SIGNATURES
We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

| | | |
|---|---|----------------------------|
| 14. SIGNATURE OF FIRST PERSON | 15. TITLE/RELATIONSHIP TO PERSON IN PART I | 16. DATE SIGNED—MM/DD/CCYY |
| JAMES AARON | FUNERAL HOME | 01/24/2007 |
| 17. AGE | 18. ADDRESS (STREET, CITY, STATE, ZIP) | |
| ADULT | 615 N. SANTA CRUZ AVE., LOS GATOS, CA 95030 | |
| 19. SIGNATURE OF SECOND PERSON | 20. TITLE/RELATIONSHIP TO PERSON IN PART I | 21. DATE SIGNED—MM/DD/CCYY |
| NADINE SAVINO | FUNERAL HOME | 01/25/2007 |
| 22. AGE | 23. ADDRESS (STREET, CITY, STATE, ZIP) | |
| ADULT | 615 N. SANTA CRUZ AVENUE, LOS GATOS, CA 95030 | |
| 24. SIGNATURE OF STATE OR LOCAL REGISTRAR | 25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY | |
| MARTIN D FENSTERSHEIB, MD | 01/25/2007 | |

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS VS 2416 (REV 1/05)

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

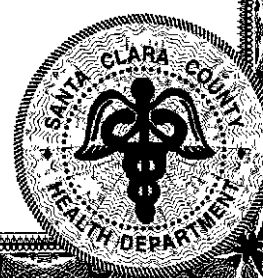
SS DATE ISSUED **JAN 31 2007**
By

022007000029032 1.1
H02089090

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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



BK- 0307
PG- 9959
Page: 5 of 5 03/29/2007
0698113