APN: 1022-16-022-054 RECORDING REQUESTED BY AND MAIL TAX STAEMENTS TO:

PATRICIA J. COLE

AND WHEN RECORDED MAIL TO

PATRICIA J. COLE 787 SYLVANER DRIVE PLEASANTON, CA 94566 DOC # 0710420 10/02/2007 09:46 AM Deputy: SD OFFICIAL RECORD Requested By: PATRICIA J. COLE

Douglas County - NV Werner Christen - Recorder

2 Fee: Οf Page: PG- 0502 RPTT: BK-1007

15.00



Title Order No. Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Trustee/Trustor

STATE OF CALIFORNIA APN: 1022-16-002-054
COUNTY OF ALAMEDA
PATRICIA J. COLE , of legal age, being first duly sworn, deposes and says
That CHARLES WILLIAM SIMON , the decedent mentioned in the attached certified
copy of Certificate of Death, is the same person as CHARLES W. SIMON
named as one of the parties in that certain GRANT DEED dated DECEMBER 27, 2004
executed by CHARLES W. SIMON, A WIDOWER
to CHARLES W. SIMON, TRUSTEE, THE CHARLES W. SIMON REVOCABLE TRUST DATED
12/27/2004, recorded as Instrument No. <u>0646456</u> on <u>JUNE 09, 2005</u> in
Book <u>0605</u> , Page <u>3784</u> , of Official Records of <u>DOUGLAS</u> County
California, covering the following described property situated in the <u>UNINCORPORATED</u> AREA
, County of DOUGLAS , State of California:
LOT 13, BLOCK H, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 04, FILED
IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON NOVEMBER 16,
1970, IN BOOK 01 OF MAPS, PAGE 224, DOCUMENT NO. 50212.
Dated SEPTEMBER 27, 2007
STATE OF CALIFORNIA
COUNTY OF ALAMEDA
OCCUPATION ADAMSDA
Intricia to Cala
Subscribed and swom to (or affirmed) before me on PATRICIA J. COLE
Capesined and Swith to (of animied) before the off
this <u>27TH</u> day of <u>SEPTEMBER</u> , <u>2007</u> ,
by PATRICIA J. COLE
personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared WILLIAM C. HAYMAN COMM. # 1763505
HOTARY PURIC, CALIFORNIA VI
COUNTY OF ALAMEDA MY COMM. EXP. AUG. 25, 2011
(seal) Signature
WILLIAM C. HAYMAN, NOTARY PUBLIC (This area for official notarial seal)

STATE OF NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2007005636

YPE OR	The state of the s					ATE FILE NUMBER
PRINT IN	1a. DECEASED-NAME FIRS	16. MIDDLE	7 1c. LAS	ST	2. DATE OF DEATH (Mo/Day/Ye	ar) 3a. COUNTY OF DEATH
PERMANENT	· Charles	William	SIMON	r ' ' · ·	August 12, 2007	Douglas
BLACK INK	3b. CITY, TOWN, OR LOCAT			N -Name(If not either, g	ive street 3e.ff Hosp. or Inst. ind	cate DOA, OP/Emer, Rm. 4, SEX
<u>.</u>	Wellington	and number) 1521 Opal	Court	inpatient(Specify)	Male
DECEDENT	5. RACE-(e.g., White, Black,		nic Origin? No	7a. AGE-Last	17b. UNDER 1 YEAR 17c. UNDER	1 DAY 8. DATE OF BIRTH (Mo/Day/Yr)
·	American Indian) (Specify) White	- "Jπ yes, specify Mexican; Cu	ban, Puerto Rican, etc.	7a. AGE-Last birthday (Years) 81 -	MOS DAYS HOURS	MINS September 25, 1925
	9a STATE OF BIRTH /If pat I	SA ION CITIZEN OF M	n-hispanic		EVER MARRIED, WIDOWED,	12. SURVIVING SPOUSE (if wife, give
IF DEATH OCCURRED IN	name country) Minnesota	SULL STATE OF A	į	DIVORCED (Spe	cify) Widowed	måiden name)
NSTITUTION SEE HANDBOOK	Ninnesota 13. SOCIAL SECURITY NUME	United		d. D D dan Manh of H	A THE PARTY OF THE	ECC OD INDUSTRY
REGARDING COMPLETION OF	13. SOCIAL SECURIT INUME	Life, Even If Retire	UPATION (Give Kind of World)	To the	Volking, 140, Kinyo OF Bosis	
RESIDENCE	AL DESIDENCE STATE	to the second of the second		elder	a production of the state of th	Rohr Industries
ITEMS	15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR		STREET AND NUMBER	LIMITS (Specify Yes or No) Yes
	Nevada	Douglas	Welling	722	1 Opal Court 🏯 👚	
DADENTO	16. FATHER - NAME (First, M	titi kan marangan dan kalangan beranggan beranggan beranggan beranggan beranggan beranggan beranggan beranggan	A STATE OF THE PARTY OF THE PAR	17 MOTHER	NAME (First Middle Last Suffi	
PARENTS		Charles Morrise SIM			Agnes Ovidia	
	18a. INFORMANT- NAME (Ty	and the second second			F.D. No. City or Town, State, Zip)	
***		icia COLE	A Property of the Control of the Con		ner Drive Pleasanton, Calif	
	19a. BURIAL, CREMATION, R	EMOVAL, OTHER (Specify)	196. CEMETERY OR CREM	ATORY NAME	A 19 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATION City or Town State
E RSPOSITION	Crema			henry's Crematory	へ (74.3年間) マード (2.3年) (4.17) (4.17) (4.17)	Carson City Nevada 89701
	20a. FUNERAL DIRECTOR - 5		g as Such) 20b. FUNER DIRECTOR	AL 20c NAI	ME AND ADDRESS OF FACILITY FitzHenry's Carson	Valley Euperal Home
E		S SMOLENSKI	The same of the sa	17. 17.	1380 Highway 395 N	Sardnendille NV 89410
Ē	TRADE CALL - NAME AND AD	TURE AUTHENTICATED			1300 Figitway 335/14	Saldiel ville 144 05410
RADE CALL	· vii	MADELIX		75 Y 3	W-Establish Market	
	≧ 21a. To the best of my	knowledge, death occurred a	t the time, date and place a	nd due 🚡 🛒 22a. On th	e basis of examination and/or inve	stigation, in my opinion death occurred at
	ල ලි to the cause(s) stated.	(Signature & Title) SIGNA #STEPHEN HEW!		D D U the time, d	ate and place and due to the caus	e(s) stated. (Signature & Title)
	를 분 21b. DATE SIGNED (I	Mo/Day/Yr) / # 4 1/13 21c. H	OUR OF DEATH	F. 22b. DATE	SIGNED (Mo/Day/Yr) (22c. HOUR OF DEATH
CERTIFIER	8 월 - August 14, 20	97.	19:50	Se 8, 5 1	TENEST !	
	21d. NAME OF ATTE	NDING PHYSICIAN IF OTHER	R THAN CERTIFIER	B S 22d PRO	NOUNCED DEAD (Mo/Day/Yr)	22e: PRONOUNCED DEAD AT (Hour)
	프佐(Type or Print)	题与"别人"是"	Burn Bast State	。	THE RESERVE	
	23a. NAME AND ADDRESS O					23b. LICENSE NUMBER
		Stephen Hewitt DO	alange in the first transfer and	The second second second second	22.00	
REGISTRAR	24a: REGISTRAR (Signature)	MIKE NE	UMANN WATER	24b DATE RECEIVE	D BY REGISTRARY 24c. D	EATH DUE TO COMMUNICABLE DISEASE
		17:1 0101-011-011-011-		S. F. P. P. September 1	7.00	YES NO X
CAUSE OF		(ENTER ONLY ON		i), (b), AND (c):);	# 24 France x 115 m	val between onset and death
DEATH	100	stive Heart Failure	The state of the s	No Marie	/// Yea	<u>`</u>
CONDITIONS IF		R AS A CONSEQUENCE OF			3 4 MA 11	val between onset and death
GAVE RISE TO	. 9	ary Artery Disease	A 1 CONTRACT CONTRACT OF SEC. 1995	Alexander Control		11.
CAUSE 🥂	DUE TO, C	OR AS A CONSEQUENCE OF		UR COL	Inter	val between onset and death
STATING THE . UNDERLYING	(c).			A	* * * * * * * * * * * * * * * * * * *	TODOY (Prost 122 MAS CASS DESERBED
CAUSE LAST.	PART, OTHER SIGNIFICATION	CANT CONDITIONS-Condition	ns contributing to death out	not resulting in the under	nying cause given in Part 1, 26. At	JTOPSY (Specify 27, WAS CASE REFERRED TO CORONER (Specify Yes
[28a. ACC., SUICIDE, HOM., UNDET					No / or No) No
	OR PENDING INVEST. (Specify)	286, DATE OF INJURY (I	Vio/Day/Yr) 286. HOUR OF	INJURY 286-DESCRIE	BE HOW INJURY OCCURRED	
	06- N. II IDV 47-440-0445				- () () () () () () () () () (CITY OR TOWN
	28e. INJURY AT WORK (Spec Yes or No)	ify 28f. PLACE OF INJURY- building, etc. (Specify)	At home, farm, street, factor	y, office 28g. LOCATIO	STREET OR R.F.D. No.	CITY OR TOWN STATE
						÷
E	* * * * * * * * * * * * * * * * * * * *	- 1 183 2 184	STAT	E REGISTRAR		
	The second second	ara is Mary	. /			M. 18 12



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