

1318-09-810-029

DOC # 0712782
11/08/2007 03:08 PM Deputy: SD
OFFICIAL RECORD
Requested By:
CHARLES & MARY CORSIGLIA

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-1107 PG- 2452 RPTT: 0.00



Recording Requested by:

Mr. Charles M. Corsiglia

and when recorded mail to:

Mr. Charles M. Corsiglia
120 Yolo Court
San Bruno, CA 94066

Space above this line for Recorder's use

AFFIDAVIT - DEATH OF TRUSTOR/TRUSTEE

This page added to provide adequate space for recording information
(Additional recording fee applies)

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San Bruno, CA 94066)

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AFFIDAVIT-DEATH OF TRUSTOR/TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN FRANCISCO)

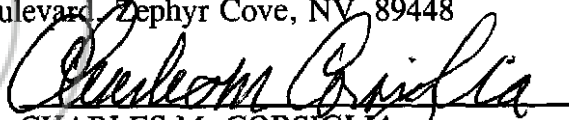
CHARLES M. CORSIGLIA, of legal age, being first duly sworn, deposes and says:

1. It is noted that CHARLES M. CORSIGLIA is the sole Trustee of the NANCY M. CORSIGLIA LIVING TRUST.
2. That NANCY MARY CORSIGLIA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NANCY M. CORSIGLIA, named as one of the parties in that certain deed dated July 3, 2006, executed by Nancy M. Corsiglia, an unmarried woman, to NANCY M. CORSIGLIA, TRUSTEE OF THE NANCY M. CORSIGLIA LIVING TRUST U.D.T. DATED NOVEMBER 1, 1999, AS TO AN UNDIVIDED 1/2 INTEREST, recorded as Instrument No. 0679380 on July 11, 2006, in book ---, page ---, of Official Records of the County of Douglas, State of Nevada covering the following described property:

See Exhibit "A" attached hereto and made a part hereof.

A.P.N.: 1318-09-810-029, 613 Lake Shore Boulevard, Zephyr Cove, NV 89448

Dated: October 17, 2007

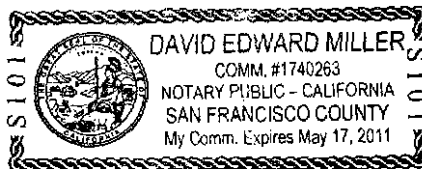

CHARLES M. CORSIGLIA

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 17th day of October, 2007, by CHARLES M. CORSIGLIA, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Signature

DAVID EDWARD MILLER
Name (Typed or Printed)

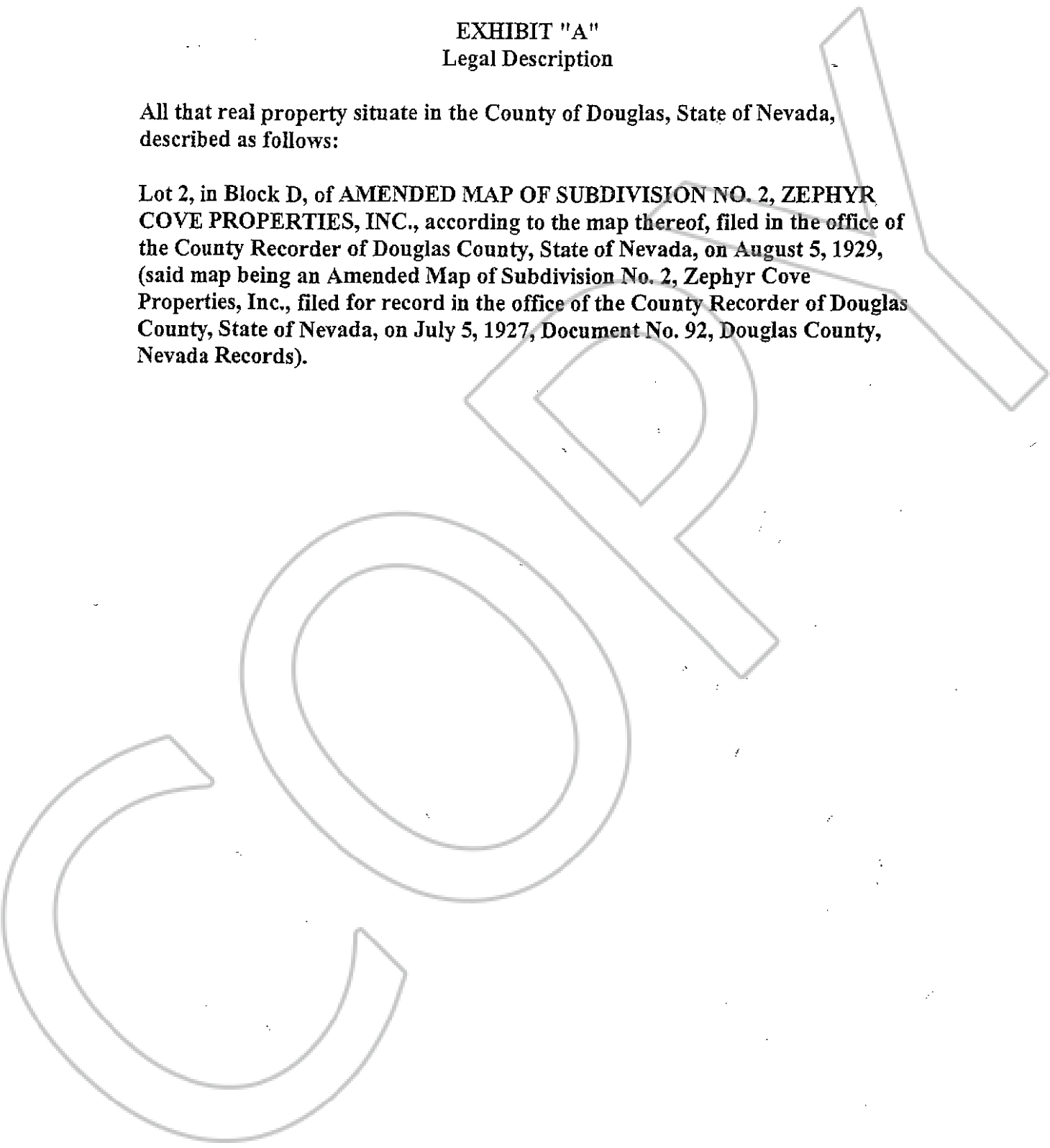


Mail Tax Statements To:
(Same as Above)

EXHIBIT "A"
Legal Description

All that real property situate in the County of Douglas, State of Nevada,
described as follows:

Lot 2, in Block D, of AMENDED MAP OF SUBDIVISION NO. 2, ZEPHYR
COVE PROPERTIES, INC., according to the map thereof, filed in the office of
the County Recorder of Douglas County, State of Nevada, on August 5, 1929,
(said map being an Amended Map of Subdivision No. 2, Zephyr Cove
Properties, Inc., filed for record in the office of the County Recorder of Douglas
County, State of Nevada, on July 5, 1927, Document No. 92, Douglas County,
Nevada Records).



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

CERTIFICATE OF DEATH

3200738004200

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-100REV 0/04</small>				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) NANCY		2. MIDDLE MARY		3. LAST (Family) CORSIGLIA		
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 05/15/1941		5. AGE Yrs. 66		6. SEX F
	9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER [REDACTED]		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) NEVER MARRIED
	13. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		7. DATE OF DEATH mm/dd/yyyy 08/30/2007
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MIDDLE SCHOOL				19. YEARS IN OCCUPATION 30	
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number or location) 440 MAGELLAN AVENUE						
	21. CITY SAN FRANCISCO		22. COUNTY/PROVINCE SAN FRANCISCO		23. ZIP CODE 94116		24. YEARS IN COUNTY 66
	25. STATE/FOREIGN COUNTRY CALIFORNIA						
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP CHARLES CORSIGLIA, BROTHER			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 120 YOLO COURT, SAN BRUNO, CA 94066			
	28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)		
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER - FIRST CHARLES		32. MIDDLE E		33. LAST CORSIGLIA		34. BIRTH STATE CA
	35. NAME OF MOTHER - FIRST THERESA		36. MIDDLE A		37. LAST (Maiden) GRANUCCI		38. BIRTH STATE CA
FUNERAL DIRECTOR/ LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 09/10/2007		40. PLACE OF FINAL DISPOSITION HOLY CROSS CEMETERY 1500 OLD MISSION ROAD, COLMA, CA 94014				
	41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER
	44. NAME OF FUNERAL ESTABLISHMENT DUGGAN'S SERRA MORTUARY		45. LICENSE NUMBER FD 1098		46. SIGNATURE OF LOCAL REGISTRAR MITCHELL KATZ, MD		47. DATE mm/dd/yyyy 09/07/2007
	101. PLACE OF DEATH UCSF MEDICAL CENTER						
PLACE OF DEATH	104. COUNTY SAN FRANCISCO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 505 PARNASSUS AVENUE			106. CITY SAN FRANCISCO	
	107. CAUSE OF DEATH <small>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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.</small>						
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) SMALL BOWEL OBSTRUCTION		Time Interval Between Onset and Death (A) DYS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	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 (B) PULMONARY EMBOLISM		(B) DYS		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	(C) METASTATIC CANCER		(C) YRS		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	(D) NONE		(D) NONE		111. USED IN DETERMINING CAUSE? <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 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) SPINAL DECOMPRESSION 08/20/2007							
PHYSICIAN'S CERTIFICATION	114. 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: [REDACTED] Decedent Last Seen Alive: [REDACTED]		115. SIGNATURE AND TITLE OF CERTIFIER EVA HALL CHITTENDEN M.D.		116. LICENSE NUMBER A73527		117. DATE mm/dd/yyyy 09/07/2007
	(A) mm/dd/yyyy 08/20/2007		(B) mm/dd/yyyy 08/30/2007		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PRAVEEN VENKATA MUMMANANI M.D. 505 PARNASSUS AVE, SAN FRANCISCO, CA 94143		
CORONER'S USE ONLY	119. I 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"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		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	
STATE REGISTRAR		A B C D E		*12007000590429*		FAX AUTH. # CENSUS TRACT	

BK- 1107
 PG- 2455
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STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
 This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

SEP 12 2007 *002546159*


Mitchell Katz, M.D.
 Health Officer and Local Registrar

DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE