

OFFICIAL RECORD

Requested By:

LAW OFFICE OF DANIEL C

DENNEHY

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0308 PG- 4244 RPTT: 0.00



APN: 1220-04-610-002
Real Property Transfer Tax: None

**Recording Requested by and
After Recording Return to:**

Josephine Curutchet,
Trustee for the Curutchet Family 2002 Revocable Trust,
Dated November 27, 2002
751 Clearfield Drive
Millbrae, CA 94030

Mail Tax Statements to:

Josephine Curutchet,
Trustee for the Curutchet Family 2002 Revocable Trust,
Dated November 27, 2002
751 Clearfield Drive
Millbrae, CA 94030

AFFIDAVIT-DEATH OF TRUSTEE

Josephine Curutchet, as Trustee for the Curutchet Family 2002 Revocable Trust, Dated November 27, 2002, being of legal age and duly sworn, says:

On November 27, 2002, Sebastien Curutchet and Josephine Curutchet, as settlors, signed a Declaration of Trust which established a revocable living trust known as the Curutchet Family 2002 Revocable Trust, Dated November 27, 2002 ("Trust").

On December 7, 2002, said settlors executed a Warranty Deed, recorded December 12, 2002, #0560471, BK 1202, PG 05153 in Official Records in the office of the Douglas County Recorder, conveying to Sebastien Curutchet and Josephine Curutchet, as Trustees for said Trust, the hereinafter described real property;

On December 7, 2007, Sebastien Curutchet, one of the said Trustees and the same person as the decedent mentioned in the certified copy of Certificate of Death, attached hereto as Exhibit A, died;

The Trust Declaration provides that Josephine Curutchet thereupon became the Trustee of the said Trust and, having accepted the office of Trustee, is now qualified and acting Trustee of said Trust;

The property hereinabove mentioned, located in the County of Douglas and more commonly known as 1377 Village Way, Gardnerville, Nevada, APN: 1220-04-610-002, is more particularly described as follows:

LOT A3, IN BLOCK B, OF AMENDED PLAT OF VALLEY VILLA SUBDIVISION, ACCORDING TO THE OFFICIAL MAP FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON NOVEMBER 30, 1988 AS DOCUMENT NO. 191759.

The undersigned declares there is \$0.00 transfer tax based upon the above and the removal of the deceased trustee from title of said real property is not a transfer of said property and not subject to reassessment.

Title to the above-stated real property is as follows:

**Josephine Curutchet, as Trustee for the Curutchet Family 2002 Revocable Trust,
Dated November 27, 2002.**

Dated: 3-12-08

Josephine Curutchet
Josephine Curutchet, as Trustee for the
Curutchet Family 2002 Revocable Trust,
Dated November 27, 2002

ACKNOWLEDGMENT

State of California)

County of San Mateo)

On 3/12/08 before me, Jacquelyn Legaspi
notary public, personally appeared Josephine Curittahet

, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature: Jacquelyn Legaspi (Seal)

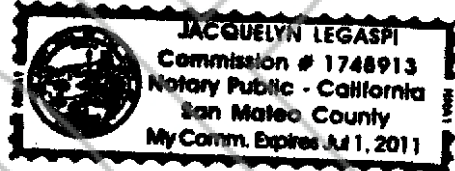


EXHIBIT A

COPY



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH DEPARTMENT
SAN MATEO, CALIFORNIA

CERTIFICATE OF DEATH

3200741004176

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY. NO ERASURES, HIGHLIGHTS OR ALTERATIONS VS 1/2/97 (REV)</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
SEBASTIEN				CURUTCHET	
4. DATE OF BIRTH		5. AGE Yrs		6. SEX	
08/19/1936		71		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
FRANCE		9857		NO	
12. MARITAL STATUS (In Time of Death)		13. DATE OF DEATH		14. HOUR (24 Hours)	
MARRIED		12/07/2007		1250	
15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (Yes, see worksheet on back)		16. DECEDENT'S RACE - Use to 3 races may be listed (see worksheet on back)			
NO		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	
SELF-EMPLOYED		GARDENING		30	
20. DECEDENT'S RESIDENCE (Street and number or location)					
751 CLEARFIELD DRIVE					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
MILLBRAE		SAN MATEO		94030	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
47		CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
JOSEPHINE CURUTCHET, SPOUSE			751 CLEARFIELD DRIVE, MILLBRAE, CA 94030		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
JOSEPHINE				ABAD	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
JEAN				CURUTCHET	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
FRANCE		ANA			
37. LAST (Maiden)		38. BIRTH STATE			
JASSE		FRANCE			
39. DISPOSITION DATE		40. PLACE OF FINAL DISPOSITION			
12/14/2007		HOLY CROSS CATHOLIC CEMETERY 1500 MISSION ROAD, COLMA, CA 94014			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
BU		CHRISTIAN ALAMEDA		EMB8592	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
CHAPEL OF THE HIGHLANDS		FD915		SCOTT MORROW, MD	
47. DATE		48. SIGNATURE OF LOCAL REGISTRAR		49. DATE	
12/10/2007		SCOTT MORROW, MD		12/10/2007	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
RESIDENCE		HOSPITAL		Home	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
SAN MATEO		751 CLEARFIELD DRIVE		MILLBRAE	
107. CAUSE OF DEATH		108. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		109. DEATH REPORTED TO CORONER?	
SEPSIS		LUCILLE F. MERCADO, M.D.		YES	
110. ENDSTAGE RENAL DISEASE		111. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		112. HOUR (24 Hours)	
4 MOS		LUCILLE F. MERCADO, M.D.		07:02794	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)		115. IF FEMALE, PREGNANT IN LAST YEAR?	
HYPERTENSION		NO		NO	
116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		117. SIGNATURE AND TITLE OF CERTIFIER		118. LICENSE NUMBER	
Decedent Attended Since		LUCILLE F. MERCADO, M.D.		A50640	
Decedent Last Seen Alive		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. DATE	
12/06/2002		LUCILLE F. MERCADO, M.D.		12/10/2007	
121. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		122. INJURED AT WORK?		123. INJURY DATE	
Manner of Death		NO		124. HOUR (24 Hours)	
Natural		YES		11	
125. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE	
		SCOTT MORROW, M.D.		12/10/2007	
128. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
		SCOTT MORROW, M.D.			
130. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		131. SIGNATURE OF CORONER / DEPUTY CORONER		132. DATE	
		SCOTT MORROW, M.D.		12/10/2007	
133. SIGNATURE OF CORONER / DEPUTY CORONER		134. DATE		135. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
SCOTT MORROW, M.D.		12/10/2007		SCOTT MORROW, M.D.	
136. STATE REGISTRAR		137. FAX AUTH. #		138. CENSUS TRACT	
A					

BK- 0308
 PG- 4247
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF SAN MATEO } ss

DATE ISSUED

DEC 18 2007

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH DEPARTMENT.

Scott Morrow MD
 SCOTT MORROW, M.D.
 HEALTH OFFICER AND REGISTRAR

000513816

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

