

OFFICIAL RECORD  
Requested By:  
KENNETH E. MCDONALD

RECORDING REQUESTED BY:

JACOBS & McDONALD

WHEN RECORDED, RETURN TO:

Jacobs & McDonald  
✓ P. O. Box 458  
Gilroy, CA 95021-0458

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0408 PG- 884 RPTT: 0.00



**AFFIDAVIT RE DEATH OF CO-TRUSTEE**

I, DONALD F. MANZO, hereby declare:

1. That DONALD F. MANZO and RHODA E. MANZO executed The Manzo Family Trust on August 15, 1992, of which they were Co-Settlors and Co-Trustees.

2. That said Trust provides that if DONALD F. MANZO or RHODA E. MANZO should cease to act as a Co-Trustee for any reason, then in that event, the remaining Co-Trustee shall continue to serve as sole Trustee.

3. That RHODA E. MANZO died on September 15, 2007. Said Trustee is the same person as RHODA ELIA MANZO, who is the decedent named in the certified copy of Certificate of Death, which is attached hereto and incorporate herein by reference.

4. That said Trust Agreement provides that upon the death of the first spouse, the trust estate is to be divided into three separate trusts known as the "SURVIVING SPOUSE'S TRUST", the "FAMILY BYPASS TRUST" and the "MARITAL QUALIFIED TERMINABLE INTEREST TRUST".

5. That DONALD F. MANZO as sole Trustee of said Trusts, accepts title to the real property as set forth on Exhibit "A", attached hereto and incorporated herein by reference.

I hereby declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: February 27, 2008

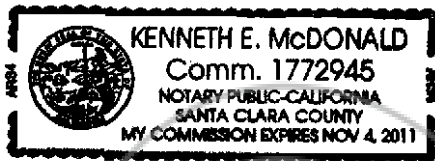
Donald F. Manzo  
DONALD F. MANZO  
Sole Trustee

State of California  
County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 27<sup>th</sup> day of February, 2008, by DONALD F. MANZO, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]

Seal



**EXHIBIT "A"**

**1. One-half interest in real property located at 620 Pharris Lane, Zephyr Cove, Douglas County, Nevada, bearing APN 1318-09-810-080, recorded on December 2, 2002, as Instrument No. 0559533.**

**2. Promissory Note secured by a Deed of Trust made by Lawrence Manzo and Dorothy Manzo, husband and wife, in favor of Donald F. Manzo and Rhoda E. Manzo, Trustees of the Manzo Family Trust dated July 31, 1992, in the original amount of \$250,000. Said Deed of Trust was recorded on December 2, 2002, as Instrument No. 0559534. Said Deed of Trust is secured by real property located at 620 Pharris Lane, Zephyr Cove, Douglas County, Nevada bearing APN 1318-09-810-080.**

**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**

3200743006786

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITESOUTS OR ALTERATIONS VS-1 (REV. 1/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RHODA		ELIA		MANZO	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
RHODE MANZO		12/24/1939		67	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
TX		-1809		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		09/15/2007		2338	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		14.15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))	
HS GRADUATE		<input checked="" type="checkbox"/> YES MEXICAN		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	
DAYCARE PROVIDER		DAYCARE		20	
20. DECEDENT'S RESIDENCE (Street and number or location)					
7621 MILLER AVE.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
GILROY		SANTA CLARA		95020	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
46		CA		DONALD MANZO, HUSBAND	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
7621 MILLER AVE., GILROY, CA 95020					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
DONALD		FELIX		MANZO	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
DAVID				PLATA	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
TX		MARIA		REYES	
37. LAST (Maiden)		38. BIRTH STATE		39. DISPOSITION DATE mm/dd/yyyy	
TX				09/20/2007	
40. PLACE OF FINAL DISPOSITION					
GAVILAN HILL'S MEMORIAL PARK					
1000 FIRST ST., GILROY, CA 95020					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBLIMER		43. LICENSE NUMBER	
BURIAL		JAMES HABING		EMB6698	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
HABING FAMILY FUNERAL HOME		FD791		MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR		49. DATE mm/dd/yyyy	
09/20/2007		MARTIN D FENSTERSHEIB, MD		09/20/2007	
101. PLACE OF DEATH					
SAINT LOUISE REGIONAL HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. COUNTY	
<input checked="" type="checkbox"/> IP <input type="checkbox"/> ERICP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other				SANTA CLARA	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY		107. CAUSE OF DEATH	
9400 NO NAME UNO		GILROY		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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER (Other and Death)		109. BOPSY PERFORMED?		110. AUTOPSY PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE?		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.)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HYPERTENSION		GASTRIC RESECTION 10/24/2006	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
RICHARD CARTER COLBERT M.D.		A25922		09/20/2007	
118. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP CODE		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. # INJURED AT WORK?	
RICHARD CARTER COLBERT M.D.		7888 WREN AVE A-114, GILROY, CA 95020		<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			

BK- 0408  
PG- 887  
0720801 Page: 4 Of 4 04/03/2008

STATE REGISTRAR A B C D E \*012007000503514\* FAX AUTH. # CENSUS TRACT

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA }  
COUNTY OF SANTA CLARA } SS

DATE ISSUED **OCT 25 2007**  
By

\* H 2181730 \*

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.

