

OFFICIAL RECORD

Requested By:
SHIRLEY WHITE

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 4 Fee: 17.00
BK-1008 PG- 2277 RPTT: 0.00



Recording requested by:
Bradley R. White

ORDER #:
APN#~~10-132-60-0~~ 1318-23-210-025

When recorded mail to:
✓ Bradley R. White
2000 Bywood Drive
Oakland, CA 94602

Mail tax statements to:

Bradley R. White
2000 Bywood Drive
Oakland, CA 94602

The undersigned declares:
Transfer tax is \$ none
No consideration & exemptions 5 & 7

AFFIDAVIT - DEATH OF TRUSTEE

State of California, County of Alameda, A.P.N. 10-132-60-0

BRADLEY R. WHITE, being of legal age and first being duly sworn, declares:

1. That the Decedent, SHIRLEY WHITE, mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in that certain Declaration of Trust, entitled the SHIRLEY WHITE 1997 REVOCABLE LIVING TRUST, dated July 15, 1997 and executed by SHIRLEY WHITE, as Trustor

2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of that real property commonly known as 209 Club House Circle, Lake Village, Nevada, which property is described in the deed which was signed by SHIRLEY WHITE as Grantor and recorded on July 23, 1997 in the Official Records of Douglas County Nevada. This property is situated in the Douglas County, State of Nevada. The legal description of said property is as follows:

Lot 42 of Lake Village Unit 2A, as shown on the Official Map filed in the Office of the County recorder of Douglas County, Nevada on August 9, 1972 and document 61076.

3. I, Bradley R. White am the named Successor Trustee under the above referenced Trust and the amendments thereto, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked or terminated and I hereby consent to act as Successor Trustee.

4. There is no Federal Estate Tax due as the result of the death of the Decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of California that the foregoing is true and correct and that this affidavit is executed on October 10, 2008 at Oakland, California.



BRADLEY R. WHITE
Successor Trustee

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY OF BERKELEY
HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3200861000473

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITED OUTS OR ALTERATIONS VS-1 (REV. 1/04)		LOCAL REGISTRATION NUMBER		
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) SHIRLEY		2. MIDDLE SARAH		3. LAST (Family) WHITE	
	4. DATE OF BIRTH mm/dd/yyyy 09/15/1926					5. AGE Yrs. 81
	8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 0369		12. MARITAL STATUS (at Time of Death) WIDOWED	
	13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/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) CAUCASIAN	
USUAL RESIDENCE	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED LEGAL SECRETARY		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) LAW		19. YEARS IN OCCUPATION 10	
	20. DECEDENT'S RESIDENCE (Street and number or location) 4385 BRIDGEVIEW DRIVE.					
	21. CITY OAKLAND		22. COUNTY/PROVINCE ALAMEDA		25. STATE/FOREIGN COUNTRY CA	
	23. ZIP CODE 94602		24. YEARS IN COUNTY 81		26. INFORMANT'S NAME, RELATIONSHIP BRADLEY WHITE, SON	
SPOUSE AND PARENT INFORMATION	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 2000 BYWOOD DRIVE, OAKLAND, CA 94602		28. NAME OF SURVIVING SPOUSE - FIRST			
	31. NAME OF FATHER - FIRST LEO		32. MIDDLE		34. BIRTH STATE CA	
	35. NAME OF MOTHER - FIRST AMALIA		36. MIDDLE		38. BIRTH STATE FRANCE	
	37. LAST (Maiden)		30. LAST (Maiden Name) BERGER			
FUNERAL DIRECTORY / LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/yyyy 09/10/2008		40. PLACE OF FINAL DISPOSITION MT. VIEW CEMETERY 5000 PIEDMONT AVENUE, OAKLAND, CA 94611		43. LICENSE NUMBER EMB8786	
	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER THOMAS MARSDEN			
	44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE CHIMES		45. LICENSE NUMBER FD 1254		47. DATE mm/dd/yyyy 09/10/2008	
	46. SIGNATURE OF LOCAL REGISTRAR JANET BERREMAN, MD, MPH		48. SIGNATURE OF LOCAL REGISTRAR			
PLACE OF DEATH	101. PLACE OF DEATH ALTA BATES SUMMIT MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DGA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
	104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2450 ASHBY STREET		106. CITY BERKELEY	
	107. CAUSE OF DEATH 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. (A) SEPTIC SHOCK (B) STAPHYLOCOCCUS SEPSIS (C) ASPIRATION PNEUMONIA		108. TIME INTERVAL BETWEEN ONSET AND DEATH (A) 4 WKS (B) 4 WKS (C) 4 WKS		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2008-02864	
	110. ALTOBY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CAUSE OF DEATH	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DEMENTIA, MYELOPROLIFERATIVE SYNDROME					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent: 03/05/2001 (A) 05/06/2008 (B)		115. SIGNATURE AND TITLE OF CERTIFIER ROD WILFRED PERRY M.D.		116. LICENSE NUMBER G33909	
	117. DATE mm/dd/yyyy 09/10/2008		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROD WILFRED PERRY M.D.			
CORONERS 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 type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
	122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
	123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
	124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
125. 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	

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PG- 2279
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This is to certify that this document is a true copy of the official record filed with the City of Berkeley.

Linda Rudolph MD, MPH, Local Registrar and Health Officer

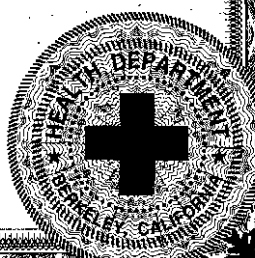
by: *[Signature]*

LOCAL REGISTRAR AND HEALTH OFFICER

DATE ISSUED

000361250
SEP 16 2008

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



State of California
County of Alameda

On 10/10/2008 before me, EMIKO MOTOMURA, a
Notary Public personally appeared Bradley White, 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 *Emiko Motomura*

Name: EMIKO MOTOMURA

