

DOC # 746363
06/30/2009 03:32PM Deputy: DW
OFFICIAL RECORD
Requested By:
LSI - NORTH
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-609 PG-9899 RPTT: 0.00



RECORDING REQUESTED BY:

APN# 122017710010
When Recorded Mail to:

Mr and Mrs L. Silvera
1145 Colorado Court
Gardnerville, NV 89460

5960813

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA A.P.N. - 122017710010
COUNTY OF DOUGLAS
Lewis Richard Silvera being of legal age, and first duly sworn, deposes and says:

1. That the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in that certain Declaration of Trust dated May 8, 1996 executed by Lewis W. Silvera and Lewis Richard Silvera, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 1145 Colorado Court, Gardnerville, NV 89460 which property is described in the deed which was signed by, Lewis W. Silvera and Blanche I. Silvera as Grantor(s) and recorded as Instrument Number 403328 of Official Records on, December 20, 1996. The property is situated in the County of Douglas State of NEVADA. The legal description of said property is as follows: Lot 4, Block C, as shown on the Official map of Chambers field Subdivision, filed in the Office of the County Recorder of Douglas County, State of Nevada, on January 9, 1997, as Document No. 28862.

SEE EXHIBIT ONE ATTACHED HERETO AND MADE A PART HEREOF

3. I, Lewis Richard Silvera, am the named Successor Trustee under the above referenced Trust, 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of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.

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

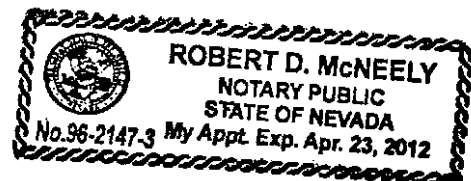
I declare under penalty of perjury, under the laws of the State of NEVADA that the foregoing is true and correct.

Executed on 6/3/09 at GARDNERVILLE NV 89410

Subscribed and sworn to (or affirmed) before me on this day of 3RD JUNE, 2009 by LEWIS RICHARD SILVERA personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Robert D McNeely

Recording Requested By:
LSI



COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Lewis		2. MIDDLE William		3. LAST (FAMILY) Silvera			
4. DATE OF BIRTH M/M/DD/CCYY 03/11/1909		5. AGE YRS. 88		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY B. HOUR 05/15/1997 1240	
8. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 0791		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS Married	
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self-employed		13. EDUCATION—YEARS COMPLETED 15	
17. OCCUPATION Owner/Operator		18. KIND OF BUSINESS Lumber Company		19. YEARS IN OCCUPATION 55			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 2949 Los Altos Way							
21. CITY Antioch		22. COUNTY Contra Costa		23. ZIP CODE 94509		24. YRS IN COUNTY 82	
25. STATE OR FOREIGN COUNTRY California		26. NAME, RELATIONSHIP Lewis Richard Silvera: Son					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P O Box 1180, Minden, NV 89423		28. NAME OF SURVIVING SPOUSE—FIRST Blanche					
29. MIDDLE Irene		30. LAST (MAIDEN NAME) Johnson				34. BIRTH STATE Azores	
31. NAME OF FATHER—FIRST Lauriano		32. MIDDLE -		33. LAST Silvera		36. BIRTH STATE CA	
35. NAME OF MOTHER—FIRST Emma		38. MIDDLE -		37. LAST (MAIDEN) Joseph		38. BIRTH STATE CA	
39. DATE M/M/DD/CCYY 05/19/1997		40. PLACE OF FINAL DISPOSITION Holy Cross Cemetery, 2200 E. Eighteenth Street, Antioch, CA					
41. TYPE OF DISPOSITION(S) Entombment		42. SIGNATURE OF EMBALMER <i>Sara Rodger</i>				43. LICENSE NO. 8089	
44. NAME OF FUNERAL DIRECTOR Higgins Chapel		45. LICENSE NO. 425		46. SIGNATURE OF LOCAL REGISTRAR <i>Isabel Bunker</i>		47. DATE M/M/DD/CCYY 05/16/1997	
101. PLACE OF DEATH Sutter-Delta Hospital		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ERUOP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Contra Costa	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 3901 Lone Tree Way		106. CITY Antioch					
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE, PER LINE FOR A, B, C, AND D) (A) Acute Pneumonia		TIME INTERVAL BETWEEN ONSET AND DEATH 7 days		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
DUE TO (B) Acute Myelocytic Leukemia		TIME INTERVAL BETWEEN ONSET AND DEATH 6 month		109. SPOUSE PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) -		TIME INTERVAL BETWEEN ONSET AND DEATH		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D) -		TIME INTERVAL BETWEEN ONSET AND DEATH		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Myelodysplastic syndrome							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
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 DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 04/19/1994 05/15/1997		115. SIGNATURE AND TITLE OF CERTIFIER <i>W.H. [Signature]</i>		116. LICENSE NO. A 32405		117. DATE M/M/DD/CCYY 5/16/97	
118. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Sung H. Ryoo, MD 2250 Gladstone Drive, Pittsburg, CA94565					
120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	
				0302 IG			

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CERTIFIED COPY OF VITAL RECORDS 746363 Page: 2 of 3 06/30/2009

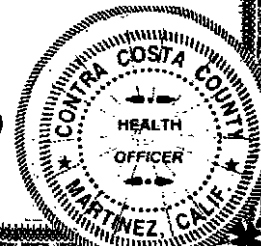
STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA } SS

DATE ISSUED **05/19/1997**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendell Brunner MD
CONTRA COSTA COUNTY HEALTH OFFICER

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



LEGAL DESCRIPTION

Exhibit A

The following described property:

The land referred to herein is situated in the State of Nevada, County of Douglas,
described as follows:

Lot 4, Block C, as shown on the Official Map of Chambers field Subdivision, filed in the
Office of the County Recorder of Douglas County, State of Nevada, on January 9, 1979, as
Document No. 28862.

Assessor's Parcel No: 122017710010



BK-609
PG-9901