

OFFICIAL RECORD  
Requested By:  
KURT HUYSENTRUYT

RECORDING REQUESTED BY  
KURT D. HUYSENTRUYT

AND WHEN RECORDED MAIL TO  
Name KURT D. HUYSENTRUYT  
Address 3650 Lawton Street  
City & San Francisco, CA 94122  
State

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 of 3 Fee: 16.00  
BK-0709 PG- 4347 RPTT: 0.00



SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

### Affidavit - Death of Trustee

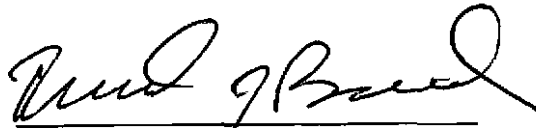
STATE OF CALIFORNIA,  
COUNTY OF SAN FRANCISCO

RICHARD J. BURKHARD, of legal age, being first duly sworn, deposes and says:

That ELLEN GERALDINE BURKHARD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ELLEN BRENNAN BURKHARD named as settlor and trustee in that certain Revocable Living Trust dated September 5, 1995, executed by ELLEN BRENNAN BURKHARD, and as grantor and grantee in the Trust Transfer Deed dated September 5, 1995 and recorded on December 1, 1995 as Instrument No. 376169 on Book 1295 Page 0094 in the official records of Douglas County, Nevada.

Executed this 17 day of July, 2009 at San Francisco, California.

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

  
RICHARD J. BURKHARD

APN: 5-241-29

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### COUNTY OF SONOMA SANTA ROSA, CALIFORNIA

#### CERTIFICATE OF DEATH

3200949000157

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 15-CALREV 1299		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>ELLEN</b>		2. MIDDLE <b>GERARDINE</b>		3. LAST (Family) <b>BURKHARD</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>09/27/1919</b>	5. AGE Yrs <b>89</b>	IF UNDER ONE YEAR Months Days <b>0 0</b>	IF UNDER 24 HOURS Hours Minutes <b>0 0</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>NE</b>	10. SOCIAL SECURITY NUMBER <b>5483</b>	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) <b>WIDOWED</b>	7. DATE OF DEATH mm/dd/yyyy <b>01/12/2009</b>	8. HOUR (24 Hours) <b>0750</b>
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>HS GRADUATE</b>		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 2 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>		19. YEARS IN OCCUPATION <b>56</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>515 MIDDLE RINCON ROAD</b>					
21. CITY <b>SANTA ROSA</b>		22. COUNTY/PROVINCE <b>SONOMA</b>		23. ZIP CODE <b>95409</b>	24. YEARS IN COUNTY <b>1</b>
25. STATE/FOREIGN COUNTRY <b>CA</b>					
26. INFORMANT'S NAME, RELATIONSHIP <b>TIMOTHY BURKHARD, SON</b>			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>4180 WOODLAND SHADOW PLACE, SANTA ROSA, CA 95404</b>		
28. NAME OF SURVIVING SPOUSE - FIRST <b>PATRICK</b>		29. MIDDLE <b>ALOYSIUS</b>		30. LAST (Maiden Name) <b>BRENNAN</b>	
31. NAME OF FATHER - FIRST <b>MARY</b>		32. MIDDLE <b>ELLEN</b>		33. LAST (Maiden Name) <b>MULVHILL</b>	
34. BIRTH STATE <b>IA</b>		35. NAME OF MOTHER - FIRST <b>MARY</b>		36. MIDDLE <b>ELLEN</b>	
37. LAST (Maiden Name) <b>MULVHILL</b>		38. BIRTH STATE <b>IA</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>01/21/2009</b>		40. PLACE OF FINAL DISPOSITION <b>GATE OF HEAVEN CATHOLIC CEMETERY 22555 CRISTO REY DRIVE, LOS ALTOS, CA 94024</b>			
41. TYPE OF DISPOSITION <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT <b>NEPTUNE SOCIETY OF NORTHERN CAL</b>		45. LICENSE NUMBER <b>FD1334</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>MARY MADDUX-GONZALEZ, MC</b>		47. DATE mm/dd/yyyy <b>01/21/2009</b>
101. PLACE OF DEATH <b>WARD'S VALLEY VIEW CARE HOME</b>					
104. COUNTY <b>SONOMA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>515 MIDDLE RINCON ROAD</b>		106. CITY <b>SANTA ROSA</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, 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. IMMEDIATE CAUSE (a) <b>SEPTICEMIA</b> (Final disease or condition resulting in death) 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) <b>GANGRENE OF LEFT GREAT TOE</b> (c) <b>SEVERE ARTERIOSCLEROTIC-PERIPHERAL VASCULAR DISEASE</b>					
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>STROKE IN 2004 WITH RESIDUAL WEAKNESS ON RIGHT SIDE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>				114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
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: (a) mm/dd/yyyy (b) mm/dd/yyyy <b>12/18/2007 01/09/2009</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>THOMAS FREDERICK YATTEAU M.D.</b>		116. LICENSE NUMBER <b>A35354</b>	117. DATE mm/dd/yyyy <b>01/21/2009</b>
118. 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"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>THOMAS FREDERICK YATTEAU M.D. PO BOX 14363, SANTA ROSA, CA 95402</b>					
120. INJURED AT WORK? <input type="checkbox"/> YES <input 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 (Event 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	FAX AUTH. #	CENSUS TRACT
 *012009000974161*							

CERTIFIED COPY OF VITAL RECORDS  
 STATE OF CALIFORNIA } **01/23/2009**  
 COUNTY OF SONOMA } **DATE ISSUED**

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

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

  
**\*000590576\***

LOCAL REGISTRAR  
 SONOMA COUNTY, CALIFORNIA

BK- 0709  
 PG- 4348  
 0747399 Page: 2 of 3 07/20/2009

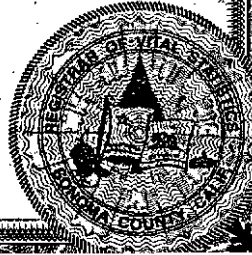




EXHIBIT A

Lot 37, as the same is laid down, delineated and numbered upon a certain map entitled Elks Subdivision, Lake Tahoe, Nevada, filed in the Office of the County Recorder of Douglas County, State of Nevada, May 5, 1927 amended plat files January 5, 1928. APN 5-241-291.

