

16

OFFICIAL RECORD

Requested By:

HANSON BRIDGETT

RECORDING REQUESTED BY
Hanson Bridgett LLP
AND WHEN RECORDED MAIL TO

Name Hanson Bridgett LLP
Street Theodore A. Hellman, Esq.
Address 425 Market Street, 26th Floor
City & State San Francisco, CA 94105

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-1009 PG- 5783 RPTT: 0.00



MAIL TAX STATEMENTS TO

Name Katherine E. Beallo, Trustee
Street 22 Starview Drive
Address Oakland, California 94618
City & State

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit—Death of Trustee

Property Address: 132 Holly Lane, Zephyr Cove
APN: 1318-23-211-004

The undersigned declares:

STATE OF CALIFORNIA)
) ss:
COUNTY OF _____)

Document Transfer Tax is \$0.00
Death of Trustee - Not a sale

Katherine E. Beallo, of legal age, being first duly sworn, deposes and says:

That Robert Beallo, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert Beallo named as one of the parties in that certain Grant, Bargain and Sale Deed dated March 11, 2005, executed by Ken L. Ledger and Barbara A. Ledger, husband and wife, to Robert Beallo and Katherine E. Beallo, as Trustees of The Beallo Family Trust, dated May 18, 1993, as to a 25% interest recorded as Instrument No. 0639531 in Official Records of Douglas County, Nevada, transferring that certain real property located in the County of Douglas, State of Nevada, commonly known as 132 Holly Lane, Zephyr Cove, and more particularly described as on Exhibit A attached hereto and made a part hereof

Robert Beallo and Katherine E. Beallo were the original Trustees of the said Trust. Upon the death of Robert Beallo, Katherine E. Beallo became the sole Trustee pursuant to the terms of the Trust. The holder of this interest in the property is:

Katherine E. Beallo, Trustee of The Beallo Family Trust, dated May 18, 1993.

Dated: 10/20/09

Katherine E. Beallo, Trustee
Katherine E. Beallo, Trustee

Subscribed and sworn to (or affirmed) before me on this
20th day of October, 2009, by
Katherine E. Beallo
proved to me on the basis of satisfactory evidence to be
the person(s) who appeared before me.

[Signature]
Signature of Notary Public



(This is for official notarial seal)

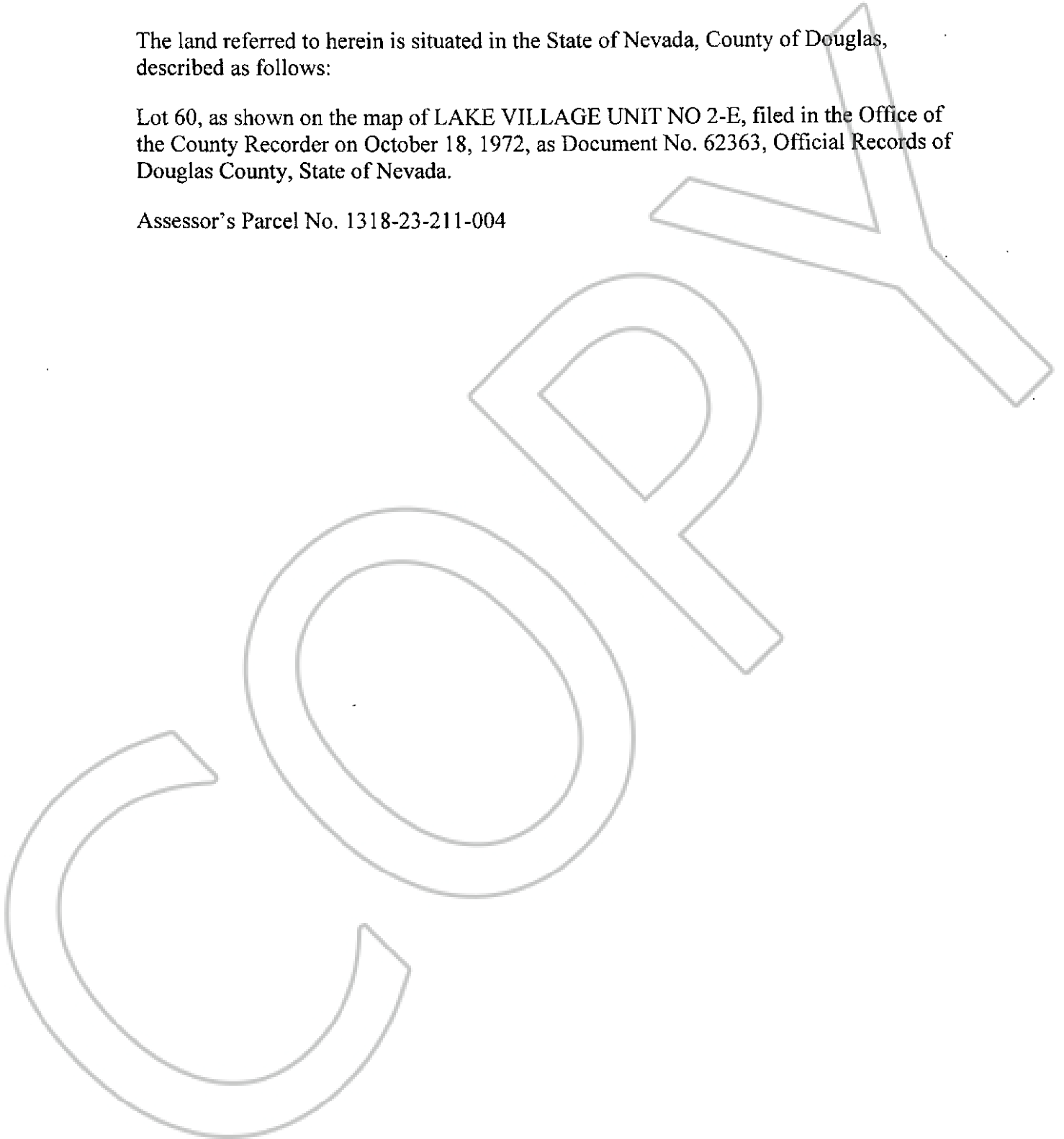
HANSON BRIDGETT LLP, FILE NO. 16314.4

EXHIBIT A

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

Lot 60, as shown on the map of LAKE VILLAGE UNIT NO 2-E, filed in the Office of the County Recorder on October 18, 1972, as Document No. 62363, Official Records of Douglas County, State of Nevada.

Assessor's Parcel No. 1318-23-211-004



STATE OF CALIFORNIA
CERTIFICATION OF VITAL REC D

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200801004531

| | | | | | | |
|---|---|--|--|--|--|--|
| STATE FILE NUMBER | | STATE OF CALIFORNIA USE BLACK INK ONLY / NO PENCILS, WHITEOUTS OR ALTERATIONS VS-1 (REV. 1/00) | | LOCAL REGISTRATION NUMBER | | |
| DECEASED'S PERSONAL DATA | 1. NAME OF DECEDENT — FIRST (Given) | 2. MIDDLE | 3. LAST (Family) | | | |
| | ROBERT | | | BEALLO | | |
| | AKA. ALSO KNOWN AS — include full AKA (FIRST, MIDDLE, LAST) | | | | | |
| | 4. DATE OF BIRTH | 5. AGE Yrs | 6. UNDER ONE YEAR Months / Days | 7. DATE OF DEATH | 8. HOURS (24 Hours) | |
| 9. BIRTH STATE/FOREIGN COUNTRY | 10. SOCIAL SECURITY NUMBER | 11. EVER IN U.S. ARMED FORCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | 12. MARITAL STATUS (at time of death) | 13. DECEASED'S RACE — Up to 3 races may be listed (see worksheet on back) | 14. HOURS (24 Hours) | |
| OH | 4246 | MARRIED | 06/27/2008 | 1825 | WHITE | |
| 15. EDUCATION — Highest grade completed (use worksheet on back) | 16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) | 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.) | | |
| PROFESSIONAL | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | PHYSICIAN | | MEDICINE | | |
| 19. YEARS IN OCCUPATION: 35 | | | | | | |
| 20. DECEDENT'S RESIDENCE (Street and number or location) | | | | | | |
| 21. CITY | | | | | | |
| 21. CITY | | 22. COUNTY/PROVINCE | 23. ZIP CODE | 24. YEARS IN COUNTY | 25. STATE/FOREIGN COUNTRY | |
| PIEDMONT | | ALAMEDA | 94611 | 37 | CA | |
| USUAL RESIDENCE | 26. INFORMANT'S NAME, RELATIONSHIP | | | | | |
| | KATHERINE BEALLO, WIFE | | | | | |
| SPOUSE AND PARENT INFORMATION | 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) | | 28. NAME OF SURVIVING SPOUSE — FIRST | | | |
| | 21 CREST ROAD, PIEDMONT, CA 94611 | | KATHERINE | | 29. MIDDLE | |
| | 30. LAST (Maiden Name) | | 31. NAME OF FATHER — FIRST | | 32. MIDDLE | |
| | GEORGE | | EDWARD | | R | |
| FUNERAL DIRECTOR / LOCAL REGISTRAR | 33. DISPOSITION DATE | | 34. PLACE OF FINAL DISPOSITION | | | |
| | 07/01/2008 | | MOUNTAIN VIEW CEMETERY | | | |
| | 35. TYPE OF DISPOSITION(S) | | 36. SIGNATURE OF EMBALMER | | | |
| | BU | | NOT EMBALMED | | | |
| PLACE OF DEATH | 37. NAME OF FUNERAL ESTABLISHMENT | | 38. LICENSE NUMBER | | 39. SIGNATURE OF LOCAL REGISTRAR | |
| | SINAI MEMORIAL CHAPEL | | FD-1523 | | ANTHONY ITON, M.D. | |
| | 40. NAME OF FUNERAL ESTABLISHMENT | | 41. LICENSE NUMBER | | 42. DATE | |
| | SINAI MEMORIAL CHAPEL | | FD-1523 | | 07/01/2008 | |
| CAUSE OF DEATH | 101. PLACE OF DEATH | | 102. IF HOSPITAL, SPECIFY ONE | | | |
| | USUAL RESIDENCE | | <input type="checkbox"/> IP <input type="checkbox"/> ERICOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | | | |
| | 103. COUNTY | 104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) | 105. CITY | | | |
| | ALAMEDA | 21 CREST ROAD | PIEDMONT | | | |
| PHYSICIAN'S CERTIFICATION | 107. CAUSE OF DEATH: (Enter the chain of events — diseases, injuries, or occupations — 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? (Time Interval Between Death and Death Report) | | 109. BLOODY PERFORMED? | |
| | (A) CARDIAC ARREST | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| | (B) ALS | | 5 YRS | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| | (C) UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | | 110. AUTOPSY PERFORMED? | | 111. USED IN DETERMINING CAUSE? | |
| CORONERS USE ONLY | 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 | | | | | |
| | NONE | | | | | |
| | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) | | | | 114. IF FEMALE, PREGNANT IN LAST YEAR? | |
| | NO | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| STATE REGISTRAR | 115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. | | 116. SIGNATURE AND TITLE OF CERTIFIER | | 117. LICENSE NUMBER | |
| | Decedent Attended Since: Decedent Last Seen Alive: | | CATHERINE LOMEN HOERTH M.D. | | A60148 | |
| | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE | 119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE | | | | |
| | 07/13/2005 06/21/2008 | CATHERINE LOMEN HOERTH M.D. 350 PARNASSUS AVE, STE 500, SAN FRANCISCO, CA 94117 | | | | |
| CORONERS USE ONLY | 120. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. | | 121. INJURED AT WORK? | | 122. INJURY DATE | |
| | 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 | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | | |
| | 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 | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER | | | |
| | | | | | | |

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 07/08/2008 *Antony Iton M.D.* HEALTH OFFICER AND LOCAL REGISTRAR ALAMEDA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE