

18-

OFFICIAL RECORD

Requested By:
ROBERT J SEHR JR

APN# 1420-07-613-003

Recording Requested by:

Name: Robert J. Sehr, Jr.
Address: 39 Quail Court, Suite 300
City/State/Zip: Walnut Creek, CA 94596

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: 18.00
BK-0110 PG- 3239 RPTT: 0.00



When Recorded Mail to:

Name: Robert J. Sehr, Jr.
Address: 39 Quail Court, Suite 300
City/State/Zip: Walnut Creek, CA 94596

(for Recorder's use only)

Mail Tax Statement to:

Name: Jason Sahagon
Address: 1100 Oak Street
City/State/Zip: Martinez, CA 94553

AFFIDAVIT - DEATH OF TRUSTEE

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law:
(State specific law)

[Signature] Attorney at Law
Signature Title

Robert J. Sehr, Jr.
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

RECORDING REQUESTED BY AND
WHEN RECORDED, RETURN TO:

ROBERT J. SEHR, JR.
ROBERT J. SEHR, JR., A P. C.
39 QUAIL COURT, SUITE 300
WALNUT CREEK, CA 94596

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA

COUNTY OF CONTRA COSTA

I, Jason Anthony Sahagon, being duly sworn, say:

I am 18 years of age or over. The decedent, Sharon Cecelia Short, the decedent described in the attached certified copy of Certificate of Death, is the same person named as Sharon Cecelia Short, the original Trustee of the Revocable Trust of Sharon Cecelia Short. Under the terms of said Trust, Jason Anthony Sahagon and Kimberly Martin became the Successor Co-Trustees after the death of Trustee Sharon Cecelia Short on November 11, 2009. This Affidavit covers that certain Trust Transfer Deed executed by Sharon C. Short, a single woman, to Sharon Cecelia Short, Trustee of the Revocable Trust of Sharon Cecelia Short, recorded on July 14, 1998 as Doc 0444333, BK 0798, PG 2492 of the Official Records of Douglas County, State of Nevada, covering the real property situated in the City of Carson City, County of Douglas, State of Nevada, described as follows:

For legal description see Exhibit A attached hereto and made a part hereof

Commonly known as: 1007 Shadow Lane, Carson City, NV 89705
Assessor's Parcel No.: 1420-07-613-003

Dated: Dec 23, 2009


Jason Anthony Sahagon, Affiant

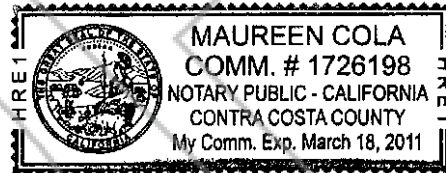


STATE OF CALIFORNIA)

COUNTY OF CONTRA COSTA)

Subscribed and sworn to (or affirmed) before me on the 23rd day of
December, 20 09, by Jason Anthony Sahagon proved to me on the basis of
satisfactory evidence to be the person who appeared before me.

Maureen Cola



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200901007038

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS VS-1 (REV 1/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) SHARON		2. MIDDLE CECELIA		3. LAST (Family) SHORT	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 11/21/1941		5. AGE Yrs. Months Days 67	
6. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 9848		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		19. YEARS IN OCCUPATION 30	
29. DECEDENT'S RESIDENCE (Street and number or location) 4641 SEQUOAYAH					
21. CITY OAKLAND		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94605	
24. YEARS IN COUNTY 67		25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1100 OAK STREET, MARTINEZ, CA 94553	
28. INFORMANT'S NAME, RELATIONSHIP JASON SAHAGON, SON					
28. NAME OF SURVIVING SPOUSE - FIRST WILLIAM		29. MIDDLE GEORGE		30. LAST (Maiden Name) SHORT	
31. NAME OF FATHER - FIRST WILLIAM		32. MIDDLE GEORGE		33. LAST SHORT	
34. BIRTH STATE CA		35. NAME OF MOTHER - FIRST MAXINE		36. MIDDLE CECELIA	
37. LAST (Maiden) CROCKER		38. BIRTH STATE CA		39. DISPOSITION DATE mm/dd/yyyy 11/13/2009	
40. PLACE OF FINAL DISPOSITION RES: JASON SAHAGON 1100 OAK STREET, MARTINEZ, CA 94553		41. TYPE OF DISPOSITION(S) CR/RES			
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER			
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERN CAL		45. LICENSE NUMBER FD1325		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
47. DATE mm/dd/yyyy 11/13/2009		101. PLACE OF DEATH HIGHLAND HOSPITAL			
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1411 E 31ST STREET		106. CITY OAKLAND	
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 (Final disease or condition resulting in death) (A) CANCER OF THE LUNGS (B) SMOKING TABACCO		108. DEATH REPORTED TO CORONER? Time Interval Between Death and Death (M) FEW YRS (Y) YRS		109. BIOPSY PERFORMED? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BIOPSY PERFORMED? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 COPD					
113. WERE OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NONE					
113A. 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 mm/dd/yyyy 05/07/2001		115. SIGNATURE AND TITLE OF CERTIFIER LAWRENCE SCHWARTZ, MD		116. LICENSE NUMBER G23251	
117. DATE mm/dd/yyyy 11/10/2009		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LAWRENCE SCHWARTZ, MD 3300 WEBSTER STREET #501, OAKLAND, CA 94609			
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. 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	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
CELSUS TRACT		*000740693*			

BK- 0110
PG- 3242
01/19/2010
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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: 12/01/2009

L.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.

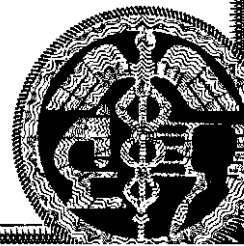


Exhibit A

Lot 9, in Block E, as shown on the Official Map of SUNRIDGE UNIT NO. 1-A, filed for record in the Office of the County Recorder of Douglas County, Nevada, on April 15, 1988, in Book 488, Page 1638, as Document No. 176220.

Commonly known as: 1007 Shadow Lane, Carson City, NV 89705
Assessor's Parcel No.: 1420-07-613-003

