

DOC # 776233  
12/30/2010 12:20PM Deputy: SD  
OFFICIAL RECORD  
Requested By:  
NORTHERN NEVADA TITLE CC  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 7 Fee: 20.00  
BK-1210 PG-6947 RPTT: 0.00

APN: 1220-21-810-206  
ORDER NO.: 1095433-WD



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: AFFIDAVIT DEATH OF TRUSTEE

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant  
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

A handwritten signature in black ink, appearing to read 'Wendy Dunbar', written over a horizontal line.

Print Name/Title: WENDY DUNBAR

WHEN RECORDED MAIL TO:

PETER PRZYBYLA  
2101 MIDDLE FIELD RD.  
PALO ALTO, CA 94301



RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

PAUL PRZYBYLA

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT - DEATH OF TRUSTEE

PAUL PRZYBYLA, PETER PRZYBYLA AND MARK PRZYBYLA of legal age, being first duly sworn, deposes and says:

1. DORIS <sup>Catharine</sup> PRZYBYLA is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated NOVEMBER 1, 1991, executed by DORIS C. PRZYBYLA as trustor(s).
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on DECEMBER 9, 1991, as Instrument No. 266581, in Official Records of DOUGLAS County, Nevada, describing the following real property:

Lot 354, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 27, 1974 in Book 374, Page 676 as Document No. 72456.

3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated December 27, 2010



Paul P  
PAUL PRZYBYLA

\_\_\_\_\_  
PETER PRZYBYLA

\_\_\_\_\_  
MARK PRZYBYLA

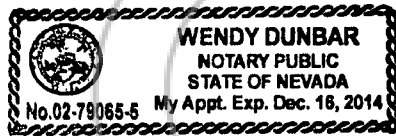
STATE OF Nevada  
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 29 day  
of December, 2010, by Paul Przybyla  
personally known to me or proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

(seal)

Signature

Wendy Dunbar





\_\_\_\_\_  
PAUL PRZYBYLA

Peter Przybyla  
\_\_\_\_\_  
PETER PRZYBYLA

\_\_\_\_\_  
MARK PRZYBYLA

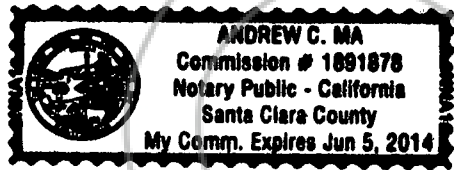
STATE OF California

COUNTY OF Santa Clara

Subscribed and sworn to (or affirmed) before me on this 28<sup>th</sup> day  
of Dec., 2010, by Peter A. Przybyla  
personally known to me or proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

(seal)


Signature [Signature]





\_\_\_\_\_  
PAUL PRZYBYLA

\_\_\_\_\_  
PETER PRZYBYLA

  
\_\_\_\_\_  
MARK PRZYBYLA

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day  
of \_\_\_\_\_, 2010, by \_\_\_\_\_  
personally known to me or proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

(seal)

Signature See attached California Jurat with  
Affiant Statement



# CALIFORNIA JURAT WITH AFFIANT STATEMENT

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California

County of San Joaquin

Subscribed and sworn to (or affirmed) before me

on this 28<sup>th</sup> day of December, 2010

by  
(1) Mark Przybyla  
Name of Signer

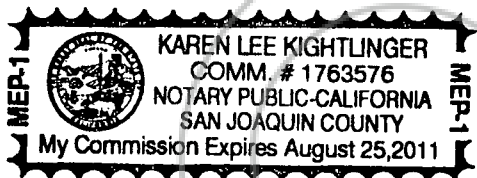
proved to me on the basis of satisfactory evidence to be the person who appeared before me (.)

(and

(2) \_\_\_\_\_  
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Signature Karen L Kightlinger  
Signature of Notary Public



Place Notary Seal Above

## OPTIONAL

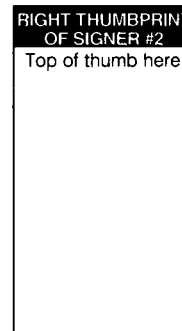
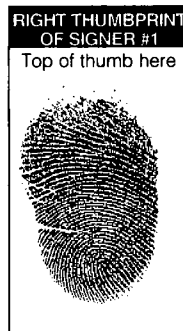
*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

### Further Description of Any Attached Document

Title or Type of Document: Affidavit Death of Trustee

Document Date: Dec 27, 2010 Number of Pages: 3

Signer(s) Other Than Named Above: \_\_\_\_\_



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SAN MATEO**  
**HEALTH SYSTEM**

**SAN MATEO, CALIFORNIA**  
**CERTIFICATE OF DEATH**

3052010158839

3201041003299

|   |   |  |   |
|---|---|--|---|
| STATE FILE NUMBER<br>3052010158839  |   | LOCAL REGISTRATION NUMBER<br>3201041003299   |   |
| 1. NAME OF DECEDENT - FIRST (Given)<br><b>DORIS</b>   |   | 3. LAST (Family)<br><b>PRZYBYLA</b>  |   |
| 2. MIDDLE<br><b>CATHARINE</b>   |   | 4. DATE OF BIRTH mm/dd/yyyy<br><b>01/07/1918</b>   |   |
| AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)   |   | 5. AGE Yrs. <b>92</b>  |   |
| 9. BIRTH STATE/FOREIGN COUNTRY<br><b>WI</b>   |   | 10. SOCIAL SECURITY NUMBER<br><b>9506</b>  |   |
| 11. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK  |   | 12. MARITAL STATUS/SPD* (at Time of Death)<br><b>WIDOWED</b>   |   |
| 13. EDUCATION - Highest Level/Degree (see worksheet on back)<br><b>HS GRADUATE</b>  |   | 14. DATE OF DEATH mm/dd/yyyy<br><b>09/17/2010</b>  |   |
| 15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   | 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)<br><b>CAUCASIAN</b>  |   |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED<br><b>HOMEMAKER</b>  |   | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)<br><b>OWN HOME</b>  |   |
| 19. YEARS IN OCCUPATION<br><b>43</b>  |   | 20. DECEDENT'S RESIDENCE (Street and number, or location)<br><b>2101 MIDDLEFIELD ROAD</b>  |   |
| 21. CITY<br><b>PALO ALTO</b>  |   | 22. COUNTY/PROVINCE<br><b>SANTA CLARA</b>  |   |
| 23. ZIP CODE<br><b>94301</b>  |   | 24. YEARS IN COUNTY<br><b>64</b>   |   |
| 25. STATE/FOREIGN COUNTRY<br><b>CA</b>  |   | 26. INFORMANT'S NAME, RELATIONSHIP<br><b>PETER A. PRZYBYLA, SON</b>  |   |
| 27. INFORMANT'S MAILING ADDRESS (Street and number, city or town, state and zip)<br><b>2101 MIDDLEFIELD ROAD, PALO ALTO, CA 94301</b>   |   | 28. NAME OF SURVIVING SPOUSE/SPD*-FIRST<br><b>-</b>  |   |
| 29. MIDDLE<br><b>-</b>  |   | 30. LAST (BIRTH NAME)<br><b>-</b>  |   |
| 31. NAME OF FATHER/PARENT-FIRST<br><b>ADOLPH</b>  |   | 32. MIDDLE<br><b>-</b>   |   |
| 33. LAST<br><b>WEHRWEIN</b>   |   | 34. BIRTH STATE<br><b>WI</b>   |   |
| 35. NAME OF MOTHER/PARENT-FIRST<br><b>ELIZABETH</b>   |   | 36. MIDDLE<br><b>-</b>   |   |
| 37. LAST (BIRTH NAME)<br><b>GARDNER</b>   |   | 38. BIRTH STATE<br><b>IL</b>   |   |
| 39. DISPOSITION DATE mm/dd/yyyy<br><b>09/22/2010</b>  |   | 40. PLACE OF FINAL DISPOSITION<br><b>SKYLAWN MEMORIAL PARK<br/>ROUTE 35 AT HIGHWAY 92, SAN MATEO, CA 94402</b>   |   |
| 41. TYPE OF DISPOSITION<br><b>BU</b>  |   | 42. SIGNATURE OF EMBALMER<br><b>DONAVON DILWORTH</b>   |   |
| 43. LICENSE NUMBER<br><b>EMB7866</b>  |   | 44. NAME OF FUNERAL ESTABLISHMENT<br><b>ROLLER &amp; HAPGOOD &amp; TINNEY</b>  |   |
| 45. LICENSE NUMBER<br><b>FD132</b>  |   | 46. SIGNATURE OF LOCAL REGISTRAR<br><b>SCOTT MORROW, MD</b>  |   |
| 47. DATE mm/dd/yyyy<br><b>09/20/2010</b>  |   | 101. PLACE OF DEATH<br><b>KAISER HOSPITAL</b>  |   |
| 102. IF HOSPITAL, SPECIFY ONE<br><input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other  |   | 103. CITY<br><b>REDWOOD CITY</b>   |   |
| 104. COUNTY<br><b>SAN MATEO</b>   |   | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)<br><b>1150 VETERANS BOULEVARD</b>   |   |
| 106. CAUSE OF DEATH<br><b>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br/>Metastatic cancer to lung, unknown primary</b>  |   | 107. DEATH REPORTED TO CORONER?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |   |
| 108. UNDERLYING CAUSE (Disease or injury that initiated the events (D) resulting in death) LAST<br><b>CONGESTIVE HEART FAILURE, HYPERTENSION, DELIRIUM, DEMENTIA NOS</b>  |   | 109. BIOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   |
| 110. AUTOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |   | 111. USED IN DETERMINING CAUSE?<br><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<br><b>CONGESTIVE HEART FAILURE, HYPERTENSION, DELIRIUM, DEMENTIA NOS</b>   |   | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)<br><b>NO</b>   |   |
| 113A. IF FEMALE, PREGNANT IN LAST YEAR?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK   |   | 114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>Decedent Attended Since <b>09/09/2010</b> Decedent Last Seen Alive <b>09/17/2010</b> |   |
| 115. SIGNATURE AND TITLE OF CERTIFIER<br><b>STELLA Q CLAVECILLA M.D.</b>  |   | 116. LICENSE NUMBER<br><b>20A8123</b>  |   |
| 117. DATE mm/dd/yyyy<br><b>09/20/2010</b>   |   | 118. TYPE AT TENDING PHYSICIAN'S NAME (MAILING ADDRESS, ZIP CODE)<br><b>ASHU GOYAL M.D.<br/>1150 VETERANS BOULEVARD, REDWOOD CITY, CA 94063</b>  |   |
| 119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined |   | 120. INJURED AT WORK?<br><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 area, 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   |   | 129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER  |   |
| STATE REGISTRAR   | A | B  | C |
|   | D | E  |   |
| FAX AUTH.#  |   | CENSUS TRACT   |   |

BK-1210  
PG-6953  
776233 Page: 7 of 7 12/30/2010

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SAN MATEO } SS

DATE ISSUED

SEP 30 2010

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

*Scott Morrow MD*  
**SCOTT MORROW, M.D.**  
HEALTH OFFICER AND REGISTRAR

\*000641257\*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE