

**Recording requested by:**  
Scott D. Ross, Esq.  
Andrea Starrett, Esq.  
Beck, Ross, Bismonte & Finley, LLP  
50 West San Fernando Street, Suite 1300  
San Jose, CA 95113

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0211 PG- 5320 RPTT: 0.00



**When recorded mail to:**  
Hanson Siu, trustee  
23500 Cristo Rey Dr. #208E  
Cupertino, CA 95014

The party executing this document hereby affirms that this document submitted for recording does not contain the social security numbers of any persons or persons pursuant to NRS 239B.030

Mail Tax Statements to: Hanson Siu, trustee, 3500 Cristo Rey Dr. #208E, Cupertino, CA 95014

APN: 1318-23-212-041  
a.k.a.: 169 Holly Lane #B, Stateline, NV

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF CALIFORNIA )  
 )  
COUNTY OF SANTA CLARA ) ss.

IN RE THE  
The Siu Family Living Trust dated May 22, 1979

Hanson Siu, being of legal age and being first duly sworn, deposes and says:

That Lucy Woo Siu, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lucy Woo Siu named in that certain Grant Deed dated February 12, 1990, executed by Hanson Siu and Lucy Woo Siu husband and wife, as community property, to Hanson Siu and Lucy Woo Siu, as Trustees of the Siu Family Living Trust which deed was recorded March 26, 1990 as Document No. 222513 that the Declarant herein under the terms of the Siu Family Living Trust, upon the death of Lucy Woo Siu, is the successor trustee of said Trust

with full control and management of all Trust assets, including the following real property situated in the County of Douglas, State of Nevada, described as follows:

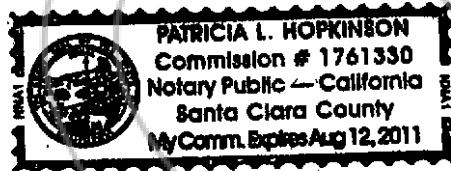
**SEE ATTACHED LEGAL DESCRIPTION MADE A PART HEREOF BY THIS REFERENCE.**

Executed this 20 day of Jan, 2010, at Santa Clara, California.

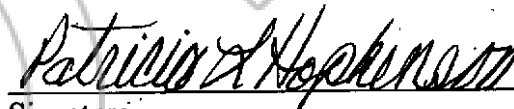
  
\_\_\_\_\_  
Hanson Siu

State of California  
County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 20th day of Jan, 2010, by Hanson Siu, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Seal

  
\_\_\_\_\_  
Signature

**LEGAL DESCRIPTION**

Lot 10 B, as shown on the map entitled LAKE VILLAGE UNIT No. 2-C, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 10 1972, as Document No. 58124, in Book 97 of Official Records, at Page 442.

1318-23-212-041

a.k.a.: 169 Holly Lane #B, Stateline, NV

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201043005787

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS (S-14)(REV 2/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) LUCY		2. MIDDLE WOOL		3. LAST (Family) SIU	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy 11/26/1922		5. AGE Yrs. 87	6. US BORN YEAR Month Year	7. US BORN SOURCE Foreign Alaska F	8. SEX Males F
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED] 7201		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SPOUSE (at time of death) MARRIED
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CHINESE	
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.)		19. YEARS IN OCCUPATION 20
20. DECEDENT'S RESIDENCE (Street and number, or location) 23500 CRISTO REY DRIVE #208E					
21. CITY CUPERTINO		22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 95014	25. STATE/FOREIGN COUNTRY CA
24. YEARS IN COUNTY 50		26. INFORMANT'S NAME RELATIONSHIP HANSON SIU, SPOUSE			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 23500 CRISTO REY DRIVE #208E, CUPERTINO, CA 95014					
28. NAME OF SURVIVING SPOUSE/SPOPE - FIRST HANSON		29. MIDDLE		30. LAST (BIRTH NAME) SIU	
31. NAME OF FATHER/PARENT - FIRST SOO		32. MIDDLE		33. LAST WOOL	
34. BIRTH STATE CHINA		35. NAME OF MOTHER/PARENT - FIRST SHEE		36. MIDDLE	
37. LAST (BIRTH NAME) DEA		38. BIRTH STATE CHINA		39. BIRTH STATE	
38. DISPOSITION DATE mm/dd/yyyy 08/14/2010		40. PLACE OF FINAL DISPOSITION GATE OF HEAVEN CEMETERY 22555 CRISTO REY DRIVE, LOS ALTOS, CA 94024			
41. TYPE OF DISPOSITIONS BU		42. SIGNATURE OF EMBALMER SAM CAMPAGNA		43. LICENSE NUMBER EMB6521	
44. NAME OF FUNERAL ESTABLISHMENT LIMA & CAMPAGNA SUNNYVALE		45. LICENSE NUMBER FD-1961	46. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSCHEIB, MD		47. DATE mm/dd/yyyy 08/05/2010
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> SNCP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 23500 CRISTO REY DRIVE #208-E		106. CITY CUPERTINO	
107. CAUSE OF DEATH MAMMEDIATE CAUSE (Final disease or condition resulting in death) CORONARY ARTERY DISEASE DIABETES MELLITUS TYPE II HYPERTENSION HYPERLIPIDEMIA		108. CORN PERFORMED TO CORONARY Distal and Death YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BODY PERFORMED? YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? YRS <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	
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		115. SIGNATURE AND TITLE OF CERTIFIER JYOTI RAU M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 700 LAWRENCE EXPRESSWAY, SANTA CLARA, CA 95051		117. LICENSE NUMBER A87540	118. DATE mm/dd/yyyy 08/02/2010		
119. 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'L [Signature]	
CENSUS TRACT		"010001001558318"			

BK- 0211  
PG- 5323  
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0779149

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SANTA CLARA } SS.

DATE ISSUED  
By AUG 13 2010

\* H 2 5 5 9 6 8 7 \*

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenster Scheib MD  
MARTIN D FENSTERSCHEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

