

OFFICIAL RECORD

Requested By:

C BRUCE HAMILTON

When recorded return to:

C. Bruce Hamilton
260 Sheridan Ave. #200
Palo Alto, CA 94303

Douglas County - NV
Karen Ellison - Recorder

Page: 1 of 2 Fee: 15.00
BK-0411 PG- 3823 RPTT: 0.00



APN 25-391-19 1220-04-512-019

AFFIDAVIT - DEATH OF TRUSTEE OF TRUST

STATE OF CALIFORNIA

County of Santa Clara

Peter Przybyla, being of legal age and first duly sworn, deposes and says:

1. That Doris C. Przybyla, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as the Trustee of that certain Trust Agreement dated November 1, 1991, executed by Doris C. Przybyla, as Trustor.
2. At the time of the demise of Decedent, the Decedent was the record owner, as Trustee, of real property commonly known as 1348 Toiyobe, Gardnerville, Nevada, which property was described in that certain Quitclaim Deed dated November 14, 1991, executed by Doris C. Przybyla as Grantor and recorded on December 9, 1991 as Instrument no. 266577 of the Official Records of the County of Douglas, State of Nevada. The legal description is as follows:
Lot 8, as shown on the Final Map of Carson Valley Estates Subdivision, Unit No. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 23, 1970 Document No. 50685.
3. I further hereby declare that the undersigned, Paul Przybyla and Mark Przybyla are the current co-trustees of the above referenced Trust, which was in effect at the time of the death of decedent Doris C. Przybyla and which has not been revoked, amended or terminated, and said three current trustees have consented to act as successor trustees.
4. There is no Federal Estate Tax due as a result of the death of the Decedent.

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

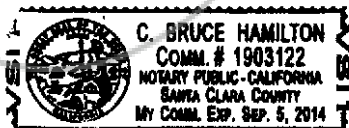
Dated: March 23, 2011.

Peter Przybyla

State of California
County of Santa Clara

Subscribed and sworn to (or affirmed) before me on this 23rd day of March 2011 by Peter Przybyla proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Seal:



Signature:

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH SYSTEM

SAN MATEO, CALIFORNIA
CERTIFICATE OF DEATH

3052010158839

3201041003299

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WRITINGS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
DORIS		CATHARINE		PRZYBYLA	
AKA, ALSO KNOWN AS - include MA AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
		01/07/1918		92	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
WI		9506		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - (Highest Level/Course) (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		12. MARITAL STATUS/SROP* (at time of death)	
HS GRADUATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WIDOWED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
HOMEMAKER		OWN HOME		09/17/2010	
20. DECEDENT'S RESIDENCE (Street and number, or location)		23. ZIP CODE		24. YEARS IN COUNTY	
2101 MIDDLEFIELD ROAD		94301		64	
21. CITY		22. COUNTY/PROVINCE		25. STATE/FOREIGN COUNTRY	
PALO ALTO		SANTA CLARA		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or mail route number, city or town, state and zip)			
PETER A. PRZYBYLA, SON		2101 MIDDLEFIELD ROAD, PALO ALTO, CA 94301			
28. NAME OF SURVIVING SPOUSE/SROP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
ADOLPH				WEHRWEIN	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)	
ELIZABETH				GARDNER	
34. BIRTH STATE		38. BIRTH STATE			
WI		IL			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION		43. LICENSE NUMBER	
09/22/2010		SKYLAWN MEMORIAL PARK ROUTE 35 AT HIGHWAY 92, SAN MATEO, CA 94402		EMB7866	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		46. LICENSE NUMBER	
BU		DONAVON DILWORTH		FD132	
44. NAME OF FUNERAL ESTABLISHMENT		45. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
ROLLER & HAPGOOD & TINNEY		SCOTT MORROW, MD		09/20/2010	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
KAISER HOSPITAL		<input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/UTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
SAN MATEO		1150 VETERANS BOULEVARD		REDWOOD CITY	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BIRTH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Metastatic cancer to lung, unknown primary		WKS		M	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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?	
CONGESTIVE HEART FAILURE, HYPERTENSION, DELIRIUM, DEMENTIA NOS		NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
115. 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	
Dependent Attested Since Decedent Last Seen Alive		STELLA Q. CLAVECILLA M.D.		20A8123	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy		120. INJURED AT WORK?	
ASHU GOYAL M.D.		09/09/2010		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
		1150 VETERANS BOULEVARD, REDWOOD CITY, CA 94063			
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. GENSUS TRACT	

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PG- 3824
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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

000641259

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

