

RECORDING REQUESTED BY:

Paxton ♦ O'Brien Law Group LLP
350 Fifth Street
Hollister, CA 95023

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0611 PG- 1905 RPTT: 0.00



WHEN RECORDED RETURN TO:

✓ Estate of Virginia H. Goldsmith
c/o Bernard John Goldsmith
51 Bernice Ct.
Hollister, CA 95023

APN: 1318-10-310-004

AFFIDAVIT – DEATH OF TRUSTEE

BERNARD JOHN GOLDSMITH and JOHN BERNARD GOLDSMITH, of legal age, being first duly sworn, depose and say:

1. That VIRGINIA H. GOLDSMITH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as VIRGINIA H. GOLDSMITH, named as one of the parties in that certain Quit Claim Deed dated September 23, 1986, executed by Virginia Hess Goldsmith and Bernard John Goldsmith, to Bernard John Goldsmith and Virginia H. Goldsmith, Trustees of The Goldsmith Family Trust Under Declaration of Trust dated January 24, 1986, recorded as Instrument No. 142098 on October 3, 1986, in Book 1086, Page 282 Official Records of Douglas County, Nevada, covering an undivided 1/2 interest in the following described real property situate in the County of Douglas, State of Nevada:

Lot numbered Four in Block "A" of Zephyr Cove Property, as said lot and block are delineated and so designated upon that certain map entitled "Zephyr Cove Property," filed and recorded

in the office of the County Recorder of Douglas County, State of Nevada.

2. Upon the death of VIRGINIA H. GOLDSMITH, BERNARD JOHN GOLDSMITH and JOHN BERNARD GOLDSMITH became Successor Co-Trustees under The Goldsmith Family Trust concerning the undivided 1/2 interest in and to the real property more particularly described above.

Dated: 6-6-, 2011

Bernard John Goldsmith
BERNARD JOHN GOLDSMITH

John Bernard Goldsmith
JOHN BERNARD GOLDSMITH

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN BENITO)

Subscribed and sworn to (or affirmed) before me on this 6th day of June, 2011, by **BERNARD JOHN GOLDSMITH**, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature *Eunice Saldivan*
Notary Public

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN BENITO)

Subscribed and sworn to (or affirmed) before me on this 6th day of June, 2011, by **JOHN BERNARD GOLDSMITH**, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature *Eunice Saldivan*
Notary Public

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SAN BENITO COUNTY
HEALTH DEPARTMENT
439 FOURTH ST. HOLLISTER, CALIFORNIA 95023

CERTIFICATE OF DEATH 3201135000066

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) VIRGINIA		3. LAST (Family) GOLDSMITH	
2. MIDDLE H.		4. DATE OF BIRTH (month/day) 08/23/1920	
5. AGE Yrs. 90		6. SEX F	
7. DATE OF DEATH (month/day) 04/07/2011		8. HOUR (24 Hours) 1510	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 8890	
11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see instructions on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) WHITE		16. YEARS IN OCCUPATION 67	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE (RETIRED) HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., poultry store, retail construction, employment agency, etc.) OWN HOME	
19. DECEDENT'S RESIDENCE (Street and number, or location) 51 BERNICE CT.			
20. COUNTY/PREVIENCE SAN BENITO		21. ZIP CODE 95023	
22. YEAR IN COUNTY 35		23. STATE/FOREIGN COUNTRY CA	
24. INFORMANT'S NAME, RELATIONSHIP BERNARD JOHN GOLDSMITH, HUSBAND			
25. INFORMANT'S MAILING ADDRESS (Street and number, or local care center, city or town, state and zip) 51 BERNICE CT., HOLLISTER, CA 95023			
26. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST BERNARD		27. MIDDLE JOHN	
28. LAST (BIRTH NAME) GOLDSMITH		29. BIRTH STATE WW	
30. NAME OF FATHER/PARENT-FIRST MARY		31. MIDDLE C	
32. LAST (BIRTH NAME) CUMMING		33. BIRTH STATE VA	
34. DISPOSITION DATE (month/day) 04/15/2011		35. PLACE OF FINAL DISPOSITION SAN JOAQUIN NATIONAL CEMETERY 32053 W. MCCABE ROAD, SANTA NELLA, CA.	
36. TYPE OF DISPOSITION CR/BU		37. SIGNATURE OF EMBALMER NOT EMBALMED	
38. LICENSE NUMBER FD304		39. SIGNATURE OF LOCAL REGISTRAR ALVARO GARZA, MD, MPH	
40. DATE (month/day) 04/08/2011		41. DATE (month/day) 04/08/2011	
42. PLACE OF DEATH HAZEL HAWKINS MEMORIAL HOSPITAL			
43. COUNTY SAN BENITO		44. FACILITY ADDRESS OR LOCATION (Street and number, or location) 911 SUNSET DRIVE	
45. CITY HOLLISTER		46. STATE/FOREIGN COUNTRY CA	
47. CAUSE OF DEATH INTRACEREBRAL HEMORRHAGE			
48. LIVEDO VASCULOPATHY			
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Given in 101) PAROXYSMAL ATRIAL FIBRILLATION			
50. OTHER OPERATION PERFORMED FOR ANY CONDITION IN ITEM 101 OR 102 (If yes, list type of operation and date) NONE			
51. 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: 08/28/2000 Decedent Last Seen Alive: 04/07/2011		52. SIGNATURE AND TITLE OF CERTIFIER PETER ROBERT COELHO M.D.	
53. TYPE ATENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE PETER ROBERT COELHO M.D. 930 SUNSET DR., STE A-1, HOLLISTER, CA 95024		54. LICENSE NUMBER A71852	
55. DATE (month/day) 04/08/2011		56. DATE (month/day) 04/08/2011	
57. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
58. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
59. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
60. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)			
61. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
62. SIGNATURE OF CORONER / DEPUTY CORONER		63. DATE (month/day)	
64. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		65. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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PG- 1907
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BENITO } SS

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

ATTEST: *Sharon Jones*
DATE ISSUED: *April 11, 2011*

E. Falade, M.D., MPH
SAN BENITO
REGISTRAR & HEALTH OFFICER

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

