

APN: 1319-09-801-024  
ORDER NO.: 1096467-wd

DOC # 785329  
06/22/2011 09:44AM Deputy: PK  
OFFICIAL RECORD  
Requested By:  
Northern Nevada Title CC  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-611 PG-4508 RPTT: 0.00



FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit of Death

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:

Bender Living Trust  
1647 Hopyard Rd.  
Pleasanton, CA 94565



RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Bender Living Trust  
1647 Hopyard Rd.  
Pleasanton, CA 94565

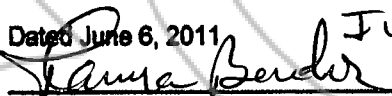
SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF Nevada )  
 ) SS.  
COUNTY OF Douglas )

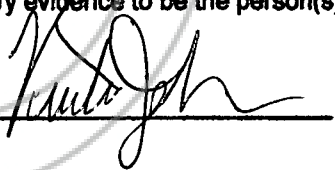
**Tamra** Bender and Scott Bender of legal age, being first duly sworn, deposes and says:

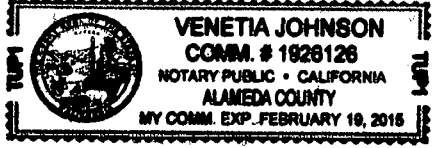
1. Donna Bender is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated \_\_\_\_\_, executed by Donna Bender as trustor(s).
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on July 5, 2005, as Instrument No. 648656, in Official Records of Douglas County, Nevada, describing the following real property:  
**See Exhibit "A" attached hereto and by reference made a part hereof**
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 June 6, 2011 June 7, 2011  
  
 Tamra Bender Scott Bender

STATE OF California  
COUNTY OF Alameda

Subscribed and sworn to (or affirmed) before me on this 7<sup>th</sup> day of June, 2011, by **Tamra** Bender and Scott Bender personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature 



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

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY**  
**PUBLIC HEALTH DEPARTMENT**

**CERTIFICATE OF DEATH**

3200801003287

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
DONNA		LEE		BENDER	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH <small>mm/dd/yyyy</small>		5. AGE Yrs.		6. SEX	
07/26/1943		64		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		9598		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH <small>mm/dd/yyyy</small>		8. HOUR (24 Hours)	
WIDOWED		05/03/2008		0030	
13. EDUCATION — Highest Level/Degree (See worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		10. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
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.)		16. YEARS IN OCCUPATION	
HOMEMAKER		OWN HOME		44	
20. DECEDENT'S RESIDENCE (Street and number or location)					
1647 HOPYARD RD.					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
PLEASANTON		ALAMEDA		94566	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
33		CA			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
TAMRA BENDER, DAUGHTER		1647 HOPYARD RD., PLEASANTON, CA 94566			
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE		30. LAST (Maiden Name)	
31. NAME OF FATHER — FIRST		32. MIDDLE		33. LAST	
HOWARD		EDWIN		LIEBSCHWAGER	
34. BIRTH STATE		35. NAME OF MOTHER — FIRST		36. MIDDLE	
SD		ALICE		MATILDA	
37. LAST (Maiden)		38. MIDDLE		39. LAST	
REEDE				SD	
40. PLACE OF FINAL DISPOSITION		35. DISPOSITION DATE <small>mm/dd/yyyy</small>			
RES OF TAMRA BENDER		05/07/2008			
1647 HOPYARD RD., PLEASANTON, CA 94566					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/RES		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
GRAHAM-HITCH MORTUARY		FD429		ANTHONY ITON, M.D.	
47. DATE <small>mm/dd/yyyy</small>		48. DATE <small>mm/dd/yyyy</small>			
05/07/2008		05/07/2008			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
OWN RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/TC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		105. CITY	
ALAMEDA		1647 HOPYARD RD.		PLEASANTON	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BODY PERFORMED?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(A) NON SMALL CELL LUNG CANCER		Time Interval Between Onset and Death		110. AUTOPSY PERFORMED?	
		4 MOS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE?		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. IF FEMALE, PREGNANT IN LAST YEAR?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		NONE		<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.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Decedent Last Seen Alive		RISHI SAWHNEY M.D.		A86449	
117. DATE <small>mm/dd/yyyy</small>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE <small>mm/dd/yyyy</small>	
01/30/2008 04/01/2008		RISHI SAWHNEY M.D. 5725 W. LAS POSITAS BLVD STE#100, PLEASANTON, CA 94588		05/06/2008	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. UNLURED AT WORK?		121. INJURY DATE <small>mm/dd/yyyy</small>	
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		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE <small>mm/dd/yyyy</small>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

BK 611  
PG-4510  
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STATE REGISTRAR A B C D E FAX AUTH. # \*000654315\*

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: 05/13/2008

*Anthony Iton 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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



PENCO (Rev) 11/06



### EXHIBIT "A"

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Adjusted Lots 140 through 147 inclusive and lots 157 through 164 inclusive in block 5 of Genoa Townsite as per map made in 1974 and on file in the office of the County Recorder of Douglas County, State of Nevada and further described as Lot 10, Block 5, as set forth on the Record of Survey for RID, Ltd., filed for record May 16, 1979 in Book 579, Page 1969, Document No. 32482, official Records of Douglas County, State of Nevada being more particularly described as follows:

COMMENCING at the Southeast corner of Section 9, T.13N., R.19E., M. D. M. as shown on that Record of Survey for United States Forest Service as Recorded in Book 989, at Page 3944, as Document No. 211937; thence along the South line of said Section 9 South 89°54'57" West, 219.95 feet to the Southeast corner of Lot 10 as shown on that Record of Survey for RID, LTD, as Recorded in Book 579, at Page 1069, as Document No. 32482; thence continuing South 89°54'57" West, 15.02 feet to THE POINT OF BEGINNING; thence continuing on said Section line South 89°54'57" West, 384.96 feet; thence North 00°37'11" East, 203.55 feet to a 5/8" rebar, no tag, at the Southerly right-of-way line of Candy Dance Lane per said Document No. 32482; thence along said line South 89°45'22" East, 322.47 feet to the Westerly line of an existing driveway; thence along said driveway the following courses:

South 49°42'12" East, 34.02 feet;  
South 40°41'19" East, 40.54 feet;  
South 31°57'13" East, 20.10 feet;  
South 13°18'43" East, 20.00 feet;  
South 00°51'47" East, 42.49 feet;  
South 03°43'00" West, 54.45 feet;

South 15°58'34" West, 16.14 feet to the South line of said Section 9, THE POINT OF BEGINNING.

Note: Legal description previously contained in Document No. 611124, recorded April 23, 2004 in Book 404, Page 11666, Official Records of Douglas County, State of Nevada.

Reference is further made to adjusted Parcel on Record of Survey to support a boundary Line Adjustment recorded in the Office of the Douglas County Recorder on April 23, 2004 in Book 404, Page 11668 as Document No. 611125, Official Records of Douglas County, State of Nevada.