

OFFICIAL RECORD

Requested By:

OKEEFE & OKEEFE

When recorded return to:

✓ Elena Prendel
14 Sydney Way
San Francisco, CA 94127-1214

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0911 PG- 2847 RPTT: 0.00



AFFIDAVIT-DEATH OF CO-SETTLOR/CO-TRUSTEE OF LIVING TRUST

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

The undersigned, ELENA PRENDEL, being first duly sworn, deposes and says:

That OLEG KOFMAN, the decedent named in the attached certified copy of Certificate of Death, is the same person as OLEG KOFMAN, named as a party in that certain Grant Deed dated August 17, 2007, executed between OLEG KOFMAN AND ELENA PRENDEL, Husband and Wife, Joint Settlor, as Grantors, and OLEG KOFMAN AND ELENA PREDEL, as Joint Trustees of the Revocable Living Trust, dated August 17, 2007, as Grantees, as recorded on September 6, 2007, as Document No. 0708779, of the Official Records of the Recorder of the County of Douglas, State of Nevada, regarding the real property located in the City of Stateline, County of Douglas, more particularly described as follows:

Lot 30, Block B, as shown on the Official Map of Kingsbury Meadows Subdivision, recorded in the Office of the County Recorder on July 5, 1955, in Book 1 of Maps as Document No. 10542.

APN: 1318-23-810-046

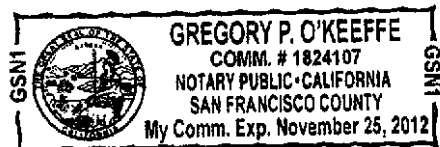
(Commonly known as 172 Meadow Lane, Stateline, NV)

I am the surviving original co-Settlor/co-Trustee of the Oleg Kofman and Elena Prendel Revocable Living Trust dated August 17, 2007.

Dated: August 25, 2011

Elena Prendel
ELENA PRENDEL

Subscribed and sworn to me before me, a notary public, on this 25 day of August, 2011, by ELENA PRENDEL, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

3052011091924

CERTIFICATE OF DEATH

3201138002321

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY - NO ERASERS, WHITEOUTS OR ALTERATIONS (VS-1 (REV. 3/08))</small>				LOCAL REGISTRATION NUMBER			
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)				
	OLEG				KOFMAN				
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs. <u>71</u>			
				IF UNDER ONE YEAR Months Days Hours Minutes		6. SEX M			
USUAL RESIDENCE	8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SRDP* (at Time of Death)		
	UKRAINE		8210		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED		
	13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? # yes, see worksheet on back		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy		
	BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE		05/18/2011		
INFORMANT	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		
	REAL ESTATE AGENT			REAL ESTATE			25		
	20. DECEDENT'S RESIDENCE (Street and number, or location)								
	14 SYDNEY WAY								
SPOUSE/SRDP AND PARENT INFORMATION	21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTRY		
	SAN FRANCISCO		SAN FRANCISCO		94127		35		
	25. STATE/FOREIGN COUNTRY		26. YEARS IN COUNTRY						
	CALIFORNIA		CALIFORNIA						
FUNERAL DIRECTOR - LOCAL REGISTRAR	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST			29. MIDDLE		30. LAST (BIRTH NAME)			
	ELENA					PRENDEL			
	31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST			34. BIRTH STATE	
	BORIS				KOFMAN			UKRAINE	
PLACE OF DEATH	35. NAME OF MOTHER/PARENT - FIRST			36. MIDDLE		37. LAST (BIRTH NAME)			
	ETTYA					GOLDMAN			
	38. BIRTH STATE			39. DISPOSITION DATE (mm/dd/yyyy)					
	UKRAINE			05/20/2011					
CAUSE OF DEATH	40. PLACE OF FINAL DISPOSITION			41. TYPE OF DISPOSITION(S)					
	ETERNAL HOME CEMETERY			BURIAL					
	1051-EL CAMINO REAL, COLMA, CA 94014			42. SIGNATURE OF EMBALMER					
				NOT EMBALMED					
PHYSICIAN'S CERTIFICATION	43. NAME OF FUNERAL ESTABLISHMENT			45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR			
	SINAI MEMORIAL CHAPEL			FD 262		TOMAS ARAGON, MD, DR.P.H.			
	47. DATE (mm/dd/yyyy)			101. PLACE OF DEATH					
	05/19/2011			KAISER FOUNDATION HOSPITAL					
CORONER'S USE ONLY	102. IF HOSPITAL, SPECIFY ONE			103. IF OTHER THAN HOSPITAL, SPECIFY ONE			104. COUNTY		
	<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/PC <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other						SAN FRANCISCO		
	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			106. CITY			107. CAUSE OF DEATH		
	2425 GEARY BOULEVARD			SAN FRANCISCO			METASTATIC LUNG CANCER		
COBONER'S USE ONLY	108. DEATH REPORTED TO CORONER?			109. BIOPSY PERFORMED?			110. AUTOPSY PERFORMED?		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<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					
	<input type="checkbox"/> YES <input type="checkbox"/> NO			NONE					
STATE REGISTRAR	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			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	
	NONE			Decedent Affected Since: _____ Decedent Last Seen Alive: _____				TING-KUN MARK LIN M.D.	
	116. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			117. LICENSE NUMBER			118. DATE (mm/dd/yyyy)		
	MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Sudden <input type="checkbox"/> Drowning <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined			A76217			05/19/2011		
119. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			120. INJURED AT WORK?			121. INJURY DATE (mm/dd/yyyy)			
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK						
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			122. HOUR (24 Hour)			123. SIGNATURE OF CORONER / DEPUTY CORONER			
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)			127. DATE (mm/dd/yyyy)			128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
125. 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.#			
						CENSUS TRACT			

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STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
 This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

DATE ISSUED **JUL 28 2011**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.



* 0 0 3 1 8 7 9 9 5 *

Tomás Aragón
Tomás Aragón, M.D., Dr.P.H.
 Health Officer and Local Registrar

