

Doc Number: **0813326**

11/26/2012 10:27 AM
OFFICIAL RECORDS
Requested By:
HOPKINS & CARLEY

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00
Bk: 1112 Pg: 6175



Deputy: ss

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

Jennifer M. Cunneen, Esq.
HOPKINS & CARLEY
A Law Corporation
P.O. Box 1469
San Jose, California 95109-1469

MAIL TAX STATEMENTS TO:

Joan E. Moore, Trustee
21543 Old Mine Road
Los Gatos, California 95033

AFFIDAVIT - DEATH OF TRUSTEE

Joan E. Moore, of legal age, being first duly sworn, deposes and says:

1. William Robert Moore, the Decedent mentioned in the attached Certificate of Death, is the same person as William R. Moore, who was a Trustor and Trustee of the William and Joan Moore Trust dated May 1, 1996.

2. Prior to his death on September 18, 2012, the Decedent accepted title to the real property described in Paragraph 3 hereof as: *William R. Moore and Joan E. Moore, Co-Trustees of The William and Joan Moore Trust dated May 1, 1996.*

3. The real property to which this Affidavit applies is:

(a) Real property and improvements commonly known as 214 South Meadow Road, City of Glenbrook, County of Douglas, State of Nevada (APN: 01-152-09), and described in that certain Grant Deed dated May 1, 1996, and recorded on May 6, 1996, in the Official Records of Douglas County, Nevada, and more particularly described as follows:

LOT 14, AS SHOWN ON THE MAP OF GLENBROOK UNIT NO. 1,
FILED IN THE OFFICE OF THE COUNTY RECORDER OF

DOUGLAS COUNTY, NEVADA, ON JUNE 1, 1977, AS DOCUMENT NO. 09693.

4. Article XIV of the William and Joan Moore Trust dated May 1, 1996, provides that in the event either William R. Moore or Joan E. Moore shall fail or cease to act as Trustee, the other shall continue as sole Trustee.

5. William R. Moore died on September 18, 2012.

6. Joan E. Moore hereby accepts the position of sole Trustee of the William and Joan Moore Trust dated May 1, 1996, and all Trusts created thereunder.

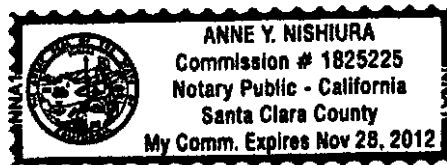
Dated: November 20, 2012

Joan E. Moore
Joan E. Moore

State of California)
County of Santa Clara)

Subscribed and sworn to (or affirmed) before me on this 20th day of November, 2012 by JOAN E. MOORE, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Anne Y. Nishiura
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201243007437

STATE FILE NUMBER: WILLIAM ROBERT MOORE
1. NAME OF DECEDENT - FIRST (Given): WILLIAM
2. MIDDLE: ROBERT
3. LAST (Family): MOORE
4. DATE OF BIRTH: 03/01/1932
5. AGE Yrs: 80
6. SEX: M
7. DATE OF DEATH: 09/18/2012
8. HOUR (24 Hours): 1500
10. SOCIAL SECURITY NUMBER: 1072
11. EVER IN U.S. ARMED FORCES? YES
12. MARITAL STATUS/SROP: MARRIED
13. EDUCATION: DOCTORATE
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? YES
15. DECEDENT'S RACE: WHITE
16. KIND OF BUSINESS OR INDUSTRY: LEGAL
17. USUAL OCCUPATION: LAWYER
18. YEARS IN OCCUPATION: 33
20. DECEDENT'S RESIDENCE: 21543 OLD MINE ROAD
21. CITY: LOS GATOS
22. COUNTY/PROVINCE: SANTA CLARA
23. ZIP CODE: 95033
24. YEARS IN COUNTY: 63
25. STATE/FOREIGN COUNTRY: CA
28. INFORMANT'S NAME, RELATIONSHIP: JOAN MOORE, WIFE
27. INFORMANT'S MAILING ADDRESS: 21543 OLD MINE ROAD, LOS GATOS, CA 95033
29. NAME OF SURVIVING SPOUSE/BROD - FIRST: JOAN
29. MIDDLE: EVA
30. LAST (BIRTH NAME): DOWDELL
31. NAME OF FATHER/PARENT - FIRST: JAMES
32. MIDDLE: LOWELL
33. LAST: MOORE
34. BIRTH STATE: IN
35. NAME OF MOTHER/PARENT - FIRST: NAOMI
36. MIDDLE: RUTH
37. LAST (BIRTH NAME): AMOS
38. BIRTH STATE: IN
39. DISPOSITION DATE: 09/27/2012
40. PLACE OF FINAL DISPOSITION: HEBRON CEMETERY
41. TYPE OF DISPOSITION: CR/TR/BU
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER:
44. NAME OF FUNERAL ESTABLISHMENT: BAY AREA CREMATION & FUNERAL SERVICES, INC.
45. LICENSE NUMBER: FD1741
46. SIGNATURE OF LOCAL REGISTRAR: MARTIN D. FENSTERSHEIB, MD
47. DATE: 09/27/2012
101. PLACE OF DEATH: STANFORD HOSPITAL
102. IF HOSPITAL, SPECIFY ONE: HOSPITAL
103. IF OTHER THAN HOSPITAL, SPECIFY ONE:
104. COUNTY: SANTA CLARA
105. FACILITY ADDRESS OR LOCATION WHERE FOUND: 300 PASTEUR DRIVE
106. CITY: STANFORD
107. CAUSE OF DEATH: AORTIC ANEURYSM WITH DISSECTION
108. DEATH REPORTED TO CORONER? YES
109. SCOPED PERFORMED? YES
110. AUTOPSY PERFORMED? YES
111. USED IN DETERMINING CAUSE? YES
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION, ACUTE ABDOMINAL PAIN
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? NO
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: THOMAS W. McDONALD, M.D.
116. LICENSE NUMBER: G47401
117. DATE: 09/27/2012
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: THOMAS W. McDONALD, M.D., 795 EL CAMINO REAL, PALO ALTO, CA 94301
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
120. INJURED AT WORK? NO
121. INJURY DATE:
122. HOUR (24 Hours):
123. PLACE OF INJURY:
124. DESCRIBE HOW INJURY OCCURRED:
125. LOCATION OF INJURY:
126. SIGNATURE OF CORONER / DEPUTY CORONER:
127. DATE:
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:
STATE REGISTRAR: A B C D E
FAX AUTH:
CENSUS TRACT:
310001002163079

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SANTA CLARA }

DATE ISSUED: OCT 04 2012
By: [Signature]

* H 2 7 9 4 2 6 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. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

