

APN: 1418-10-810-010
Recording Requested By And
When Recorded Return to:

KELLEY R. CARROLL
PORTER SIMON
Professional Corporation
40200 Truckee Airport Road
Truckee, CA 96161



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Wendy Atkins-Pattenson
5922 Acacia Avenue
Oakland, CA 94618

SPACE ABOVE FOR RECORDER'S USE

Social Security Number Affirmation Statement:

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does **not** contain the social security number of any person;

-OR-

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document **does** contain the social security number of any person.

MELINDA SMITH LEGAL ASSISTANT
Name Title

Melinda Smith
Signature

Title of Document Recorded:

AFFIDAVIT - DEATH OF TRUSTEE

Commonly Known As: 205 S. Meadow Road, Glenbrook, Douglas County, Nevada

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AFFIDAVIT - DEATH OF TRUSTEE

I, Trustee of the **PEREGRINE FAMILY TRUST**, having been first duly sworn, do hereby declare and certify that:

1. The Trust which is the subject of this Affidavit is known as the: **PEREGRINE FAMILY TRUST** dated **February 22, 2006** (the "Trust").
2. This Trust's prior Trustee was **BARBARA W. PEREGRINE**.
3. **BARBARA W. PEREGRINE** died on March 7, 2015, as evidenced by the certified death certificate attached hereto as **Exhibit "A"**.
4. Under the Trust's terms, since **BARBARA PERGRINES's** death, **PHILIP ATKINS-PATTENSON** is now the acting Trustee.
5. The Trust holds the following interests in real property:

Recorded as Instrument No. 0728323 on August 13, 2008, of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada: **Lot 41, 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 Instrument No. 09693, in Book 677 of Maps, at page 33.**

Assessor's Parcel Number: 1418-10-810-010

Commonly known as: 205 S. Meadow Road, Glenbrook, Douglas County, Nevada

6. This Affidavit is being signed by all of the currently acting Trustees of the Trust.

MAIL TAX STATEMENTS TO:

Philip Atkins-Pattenson, Trustee
5922 Acacia Avenue
Oakland, CA 94618

I declare and certify under penalty of perjury pursuant to the laws of the State of California that I have read the foregoing Affidavit and that it is correct in all respects.

Dated this 23rd day of June, 2015.


PHILIP ATKINS-PATTENSON, Trustee

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of San Francisco)

Subscribed and sworn ~~(or affirmed)~~ before me this 23rd day of June, 2015, by PHILIP ATKINS-PATTENSON, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Notary Public
Commission No.: 2001283
Commission Expires: January 13, 2017



EXHIBIT A

Certificate of Death – Barbara W. Peregrine

COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2015008201

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Barbara Williams PEREGRINE | | 2. DATE OF DEATH (Mo/Day/Year) March 07, 2015 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Glenbrook | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 205 S. Meadow Rd. | | 3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Home | |
| 4. SEX Female | | 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 92 | | 7b. UNDER 1 YEAR MOS | | 7c. UNDER 1 DAY HOURS | |
| 7d. UNDER 1 DAY MIN | | 8. DATE OF BIRTH (Mo/Day/Yr) September 07, 1922 | | | |
| 9a. STATE OF BIRTH (if not U.S.A., California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 16 | |
| 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 12. SURVIVING SPOUSE (Maiden name) | | | |
| 13. SOCIAL SECURITY NUMBER -6136 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Secretary | | 14b. KIND OF BUSINESS OR INDUSTRY Aviation | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Glenbrook | |
| 15d. STREET AND NUMBER 205 S. Meadow Rd. | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Howard WILLIAMS | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth LONG | | |
| 18a. INFORMANT - NAME (Type or Print) Wendy ATKINS - PATTERSON | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5922 Acacia Ave. Oakland, California 94618 | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Inglewood Park Cemetery | | 19c. LOCATION - City or Town - State Inglewood California 90302 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 823 | | 20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Roop, Carson City NV 89706 | |
| TRADE CALL - NAME AND ADDRESS McFarlane Mortuary 887 Emerald Bay South Lake Tahoe CA 96150 | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEVEN LAURENCE BROOKS M.D. | | | 22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) | | |
| 21b. DATE SIGNED (Mo/Day/Yr) May 12, 2015 | | 21c. HOUR OF DEATH 15:07 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22e. PRONOUNCED DEAD AT (Hour) | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven Laurence Brooks M.D. PO. Box 5637 Stateline, NV 89449 | | | | 23b. LICENSE NUMBER 5124 | |
| 24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 15, 2015 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I. (a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF (b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF (c) Kidney Failure DUE TO, OR AS A CONSEQUENCE OF (d) | | | | Interval between onset and death 2 Years | |
| PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | 26. AUTOPSY (Specify Yes or No) No | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | | | | |
| 28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| 28d. DESCRIBE HOW INJURY OCCURRED | | | | | |
| 28e. INJURY AT WORK (Specify Yes or No) | | 28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | |

STATE REGISTRAR

579718

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

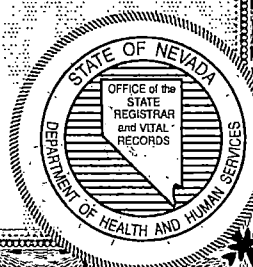
DATE ISSUED:

5/15/2015

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE