

**RECORDING REQUESTED BY**  
First American Title Insurance  
Company of Nevada

**AND WHEN RECORDED  
RETURN TO AND MAIL TAX  
STATEMENTS TO:**  
H. Fraser Mills  
118 Douglass Street  
San Francisco, CA 94114

Space Above This Line for  
Recorder's Use Only

**A.P.N. 1419-00-002-005**

File No.: 12142-2489746 (JF)

**Affidavit - Death of Trustee**

State of California )  
County of *San Francisco* )ss.  
)

**H. Fraser Mills** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Anne Marie Berry, who is also known as Anne K. Berry** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **December 18, 2010 at Palo Alto, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **May 9, 1988, subsequently amended August 30, 1995** executed by **Anne K. Berry** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **November 9, 1989** which was recorded as Instrument No. **214633** in Book **1189**, Page **1708**, of Official Records of **Douglas** County, Nevada as legally described as follows:

**ALL THAT PORTION OF THE EAST HALF OF THE EAST HALF OF SECTION 30,  
TOWNSHIP 14 NORTH, RANGE 19 EAST, M.D.B.&M., LYING WITHIN A RADIUS OF 500  
FEET OF THE HIGHEST POINT OF GENOA PEAK.**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: October 2, 2015

DECLARANT:

  
\_\_\_\_\_  
H. Fraser Mills, Successor 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 )SS  
COUNTY OF San Francisco )

On October 9, 2015, before me, , Notary Public, personally appeared H. Fraser Mills, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

  
\_\_\_\_\_



*This area for official notarial seal*

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA  
PUBLIC HEALTH DEPARTMENT  
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201043009457

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ANNE		MARIE		BERRY	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yrs. Months Days
				11/07/1926	84
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SROP (at Time of Death)	7. DATE OF DEATH mm/dd/yyyy
WA		0781	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	DIVORCED	12/18/2010
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
MASTER'S		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
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
ARTIST			ART		50
20. DECEDENT'S RESIDENCE (Street and number, or location)					
4075 EL CAMINO WAY					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	24. YEARS IN COUNTY
PALO ALTO		SANTA CLARA		94306	60
25. STATE/FOREIGN COUNTRY		25. STATE/FOREIGN COUNTRY			
CA		CA			
28. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		
ELIZABETH BERRY MILLS, DAUGHTER			118 DOUGLASS STREET, SAN FRANCISCO, CA 94114		
28. NAME OF SURVIVING SPOUSE/SROP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
-		-		-	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
JOSEPH		-		KERCHEN	
34. BIRTH STATE		34. BIRTH STATE			
WA		WA			
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)	
LUCY		-		UNK.	
38. BIRTH STATE		38. BIRTH STATE			
WA		WA			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION RESIDENCE OF ELIZABETH BERRY MILLS			
12/24/2010		118 DOUGLASS STREET, SAN FRANCISCO, CA 94114			
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	
ROLLER & HAPGOOD & TINNEY		FD132		MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy		47. DATE mm/dd/yyyy			
12/23/2010		12/23/2010			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
PALO ALTO COMMONS		<input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> OOA		<input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
SANTA CLARA		4075 EL CAMINO WAY		PALO ALTO	
107. CAUSE OF DEATH		Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death (AT)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A) COMPLICATIONS OF ADVANCED LEWY BODY DEMENTIA		7 YRS	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		B)		108. DEATH REPORTED TO CORONER?	
C)		D)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
E)		F)		109. BIOPSY PERFORMED?	
G)		H)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
I)		J)		110. AUTOPSY PERFORMED?	
K)		L)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
M)		N)		111. USED IN DETERMINING CAUSE?	
O)		P)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.)					113A. IF FEMALE, PREGNANT IN LAST YEAR?
NO					<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 LISTED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	117. DATE mm/dd/yyyy
(A) mm/dd/yyyy (B) mm/dd/yyyy		DAVID ROBERT JONES M.D.		A78038	12/21/2010
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		DAVID ROBERT JONES M.D.			
11/16/2006 12/10/2010		4067 TRANSPORT ST # B, PALO ALTO, CA 94303			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES LISTED		120. INJURED AT WORK?		121. INJURY 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"/> 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.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. 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

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SANTA CLARA } SS

DATE ISSUED  
By

DEC 27 2010



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  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

PRNCO (Rev) 04/10

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

