



00026142201508730470030036

KAREN ELLISON, RECORDER

Recording requested by:

Russell S. Sherman

And when recorded, mail to:

Russell S. Sherman

177 Leeward Ct.

Vallejo, CA. 94591

APN: 1318-10-411-008

**AFFIDAVIT OF DEATH OF TRUSTEE**

Russell S. Sherman, of legal age, being

first duly sworn, deposes and says:

1. Laura A. Sherman, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Laura A. Sherman, Trustee of the Sherman Family Trust named as Trustee in the Declaration of Trustee dated October 6, 2000 and executed by Laura A. Sherman

as Trustor(s).

2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 236 S.Martin Dr., Zephyr Cove, NV, 89448, which property is described in a Deed which was executed by Jerry D. Sparrow and Judith D. Sparrow as Grantor(s) on May 15, 2000 and recorded as Instrument No. 729252, in Book/Reel \_\_\_\_\_, Page/Image \_\_\_\_\_, of Official Records of Douglas County, ~~California~~ <sup>NEVADA</sup>

3. The legal description of said property is as follows:  
LOT 7, OF ZEPHYR HEIGHTS NO.6, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 30, 1963, IN BOOK 1 OF MAPS, DOCUMENT NO. 23747.  
APN: 1318-10-411-008

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Dated 11/2/15

Russell S. Sherman  
(SIGNATURE)

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.

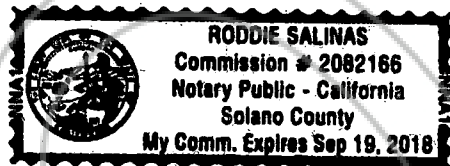
State of California  
County of Solano

Subscribed and sworn to (or affirmed) before me on this 2<sup>nd</sup>  
day of November, 2015, by Russell S. Sherman

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

### CITY AND COUNTY OF SAN FRANCISCO

3052014087230

**CERTIFICATE OF DEATH**

3201438001970

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 0/06)</small>				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) <b>LAURA</b>		2. MIDDLE <b>ANN</b>		3. LAST (Family) <b>SHERMAN</b>		
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/ccyy <b>02/25/1926</b>		5. AGE Yrs. <b>88</b>		6. SEX <b>F</b>
	9. BIRTH STATE/FOREIGN COUNTRY <b>ILLINOIS</b>		10. SOCIAL SECURITY NUMBER <b>██████-1798</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) <b>WIDOWED</b>
	13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		7. DATE OF DEATH mm/dd/ccyy <b>05/05/2014</b>
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>CREDIT MANAGER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.) <b>RETAIL INDUSTRY</b>		8. HOUR (24 Hours) <b>1328</b>		
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1240 30TH AVENUE</b>						
	21. CITY <b>SAN FRANCISCO</b>		22. COUNTY/PROVINCE <b>SAN FRANCISCO</b>		23. ZIP CODE <b>94122</b>		24. YEARS IN COUNTRY <b>55</b>
	25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>						
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP <b>RUSS SHERMAN, SON</b>				27. INFORMANT'S MAILING ADDRESS (Street and number, or P.O. box number only, urban, state and zip) <b>177 LEEWARD COURT, VALLEJO, CA 94591</b>		
	SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST <b>CONRAD</b>		32. MIDDLE		33. LAST <b>DRAKE</b>		34. BIRTH STATE <b>UNKNOWN</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>FELICIA</b>		36. MIDDLE <b>MAY</b>		37. LAST (BIRTH NAME) <b>DAVENPORT</b>		38. BIRTH STATE <b>ILLINOIS</b>	
FUNERAL DIRECTOR / LOCAL REGISTRAR	39. DEPOSITION DATE: mm/dd/ccyy <b>05/13/2014</b>		40. PLACE OF FINAL DISPOSITION <b>GOLDEN GATE NATIONAL CEMETERY 1300 SNEATH LANE, SAN BRUNO, CA 94066</b>				
	41. TYPE OF DISPOSITIONS <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>			43. LICENSE NUMBER	
	44. NAME OF FUNERAL ESTABLISHMENT / MORTUARY <b>DUGGAN'S SERRA MORTUARY</b>		45. LICENSE NUMBER <b>FD1098</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ TOMÁS ARAGÓN, MD, DR.P.H.</b>		47. DATE: mm/dd/ccyy <b>05/12/2014</b>
PLACE OF DEATH	101. PLACE OF DEATH <b>UCSF MEDICAL CENTER</b>				102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input type="checkbox"/> Cemetery <input type="checkbox"/> Home <input type="checkbox"/> Other
	104. COUNTY <b>SAN FRANCISCO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>505 PARNASSUS AVENUE</b>			106. CITY <b>SAN FRANCISCO</b>	
CAUSE OF DEATH	107. CAUSE OF DEATH <b>PENDING</b>					108. DEATH (REFERRED TO CORONER?) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>2014-0444</b>	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)					109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	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					110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <small>Decedent Attended Since:      Decedent Last Seen Alive:      ▶</small>		115. SIGNATURE AND TITLE OF CERTIFIER			116. LICENSE NUMBER	
	(A) mm/dd/ccyy      (B) mm/dd/ccyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE				
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hours)
	123. 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 <b>BRUCE H WAINER MD PHD</b>		127. DATE: mm/dd/ccyy <b>05/06/2014</b>		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>BRUCE H WAINER MD PHD, MEDICAL EXAMINER</b>		
STATE REGISTRAR	A	B	C	D	E	FAX AUTHORITY	

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: **MAY 14 2014**

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 3 7 7 3 7 3 \*

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE