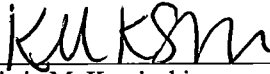


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



Kristin M. Kaminski

APN: 11-213-02

**RECORDING REQUESTED BY:**

KRISTIN M. KAMINSKI, ESQ.  
THE GORALKA LAW FIRM  
4470 Duckhorn Drive  
Sacramento, CA 95834

**AFTER RECORDED MAIL TO:**

KRISTIN M. KAMINSKI, ESQ.  
THE GORALKA LAW FIRM  
4470 Duckhorn Drive  
Sacramento, CA 95834

**MAIL TAX STATEMENT TO/GRANTEES:**

SCOTT RIDDLE, Trustee  
KATHY RIDDLE REVOCABLE TRUST  
2176 Bentley Ridge Drive  
San Jose, CA 95138

RPTT: \$0.00 Exempt (7)

Exempt (7) A transfer of title to or from a trust, if the transfer is made without consideration.

**AFFIDAVIT OF DEATH OF TRUSTEE**

I, SCOTT RIDDLE, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) On May 16, 1996, KATHY M. RIDDLE, as Settlor and as Trustee, by a Trust Declaration, created the KATHY RIDDLE REVOCABLE TRUST.
- (2) On May 16, 1996, KATHY M. RIDDLE, an unmarried woman, executed a Grant Deed, recorded on December 26, 1996, Official Records in the office of the Clark County Recorder, conveying all of her interest to KATHY M. RIDDLE, Trustee of the KATHY RIDDLE REVOCABLE TRUST dated 5/16/96, the hereinafter described real property.
- (3) On September 11, 2015, KATHY M. RIDDLE, the same person as the decedent, KATHY M. RIDDLE, mentioned in the attached certified copy of the Certificate of Death, died.

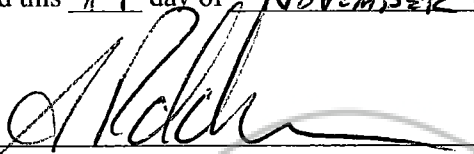


00027270201508740450040048

KAREN ELLISON, RECORDER

- (4) I, SCOTT RIDDLE, was appointed as Successor Trustee of the KATHY RIDDLE REVOCABLE TRUST dated May 16, 1996.
- (5) I, SCOTT RIDDLE, have accepted the office of Trustee and am qualified and the sole acting Trustee of the KATHY RIDDLE REVOCABLE TRUST dated May 16, 1996.
- (6) I, SCOTT RIDDLE, am authorized under the terms of the KATHY RIDDLE REVOCABLE TRUST dated May 16, 1996 and applicable provisions of the Nevada Revised Statutes to act as the Trustee with respect to the interest of the KATHY RIDDLE REVOCABLE TRUST dated May 16, 1996 in the described property.
- (7) No other person has a right to the interest of the KATHY RIDDLE REVOCABLE TRUST dated May 16, 1996 in the described property.
- (8) The described property shall be transferred to me, SCOTT RIDDLE, as Successor Trustee.


Executed this 17 day of NOVEMBER, 2015.

  
 \_\_\_\_\_  
 SCOTT RIDDLE

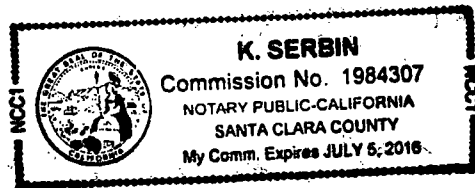
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached; and not the truthfulness, accuracy, or validity of that document.

State of California }  
 County of Santa Clara } SS

Subscribed and sworn to (or affirmed) before me on this 17<sup>th</sup> day of November, 2015, by SCOTT RIDDLE, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

  
 \_\_\_\_\_  
 Signature of Notary Public

(Seal)



**Legal Description**

Lot 2 in Block 1 of KINGSBURY ESTATES, UNIT NO. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 26, 1960.

**APN:** 11-213-02

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT  
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201543007488

STATE FILE NUMBER		2. MIDDLE M		3. LAST (Family) RIDDLE		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (GIVEN) KATHY		4. DATE OF BIRTH mm/dd/yyyy 07/02/1936		5. AGE Yrs. Mths. Ds. 79		6. SEX F	
3. BIRTH STATE/FOREIGN COUNTRY ENGLAND		10. SOCIAL SECURITY NUMBER 6219		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SIDP (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/PT? (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) WHITE		7. DATE OF DEATH mm/dd/yyyy 09/11/2015	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SUPERVISOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UTILITIES		19. YEARS IN OCCUPATION 40			
20. DECEDENT'S RESIDENCE (Street and number, or location) 1692 S. MARY AVE		21. CITY SUNNYVALE		22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 94087	
24. YEARS IN COUNTY 47		25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP SCOTT RIDDLE, SON		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) 2176 BENTLEY RIDGE DR, SAN JOSE, CA 95138	
28. NAME OF SURVIVING SPOUSE/SIDP - FIRST WINIFRED		29. MIDDLE UNK		30. LAST (BIRTH NAME) UNK		31. BIRTH STATE ENGLAND	
32. MIDDLE UNK		33. LAST (BIRTH NAME) UNK		34. BIRTH STATE ENGLAND		35. BIRTH STATE ENGLAND	
36. MIDDLE UNK		37. LAST (BIRTH NAME) UNK		38. BIRTH STATE ENGLAND			
39. DISPOSITION DATE mm/dd/yyyy 09/15/2015		40. PLACE OF FINAL DISPOSITION SCATTER AT SEA OFF THE COAST OF MONTEREY COUNTY					
41. TYPE OF DISPOSITIONS CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER			
44. NAME OF FUNERAL ESTABLISHMENT BAY AREA MORTUARY SERVICES		45. LICENSE NUMBER FD1829		46. SIGNATURE OF LOCAL REGISTRAR SARA H CODY, MD		47. DATE mm/dd/yyyy 09/15/2015	
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> COM <input type="checkbox"/> MORGUE <input type="checkbox"/> HOME/HTG <input checked="" type="checkbox"/> OTHER		103. IF OTHER THAN HOSPITAL, SPECIFY ONE N/A		104. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1692 S. MARY AVE		106. CITY SUNNYVALE		107. CAUSE OF DEATH IMMEDIATE CAUSE (A) BREAST CANCER METASTATIC TO LYMPH NODE, BONE AND LIVER (B) 4 YRS (C) 100.opsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 101. ALTOUSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. CAUSE OF DEATH IMMEDIATE CAUSE (A) BREAST CANCER METASTATIC TO LYMPH NODE, BONE AND LIVER (B) 4 YRS (C) 100.opsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 101. ALTOUSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. OUPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. ALTOUSY PERFORMED? <input type="checkbox"/> YES <input checked="" 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) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Declared Attestd Since Decedent Last Seen Alive 06/16/2011 09/10/2015		115. SIGNATURE AND TITLE OF CERTIFIER YING ZHU M.D.		116. TYPE AND ADDRESS OF PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE YING ZHU M.D. 710 LAWRENCE EXPRESSWAY, SANTA CLARA, CA 95051		117. DATE mm/dd/yyyy 09/15/2015	
118. 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"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Cause not determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy		121. HOUR (24 Hours) 0245	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and zip)		125. SIGNATURE OF CORONER / DEPUTY CORONER	
126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. SIGNATURE OF CORONER / DEPUTY CORONER		129. DATE mm/dd/yyyy	

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA } DATE ISSUED  
COUNTY OF SANTA CLARA } By SEP 21 2015 \* H 0 3 1 2 1 7 9 5 \*

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.

SARA H. CODY  
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

