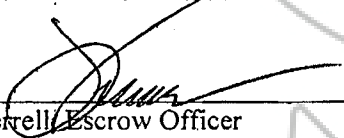


APN: 1419-00-002-001
1419-00-002-002
1419-00-002-013
1419-00-002-014

AFFIDAVIT – Death of Trustee
Title of Document

[] I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

[x] I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State Specific law: NRS 440.380



Jodi Ferrell, Escrow Officer

When Recorded Mail To:
Elizabeth B. Mills
PO Box 41636
San Francisco, CA 94114

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
H. Fraser Mills
PO Box 41636
San Francisco, CA 94114

Space Above This Line for
Recorder's Use Only

**A.P.N. 1419-00-002-001 and 1419-00-002-
002 and 1419-00-002-013 and 1419-00-
002-014**

File No.: 12142-2496882 (JF)

Affidavit - Death of Trustee

State of California)
)ss.
County of *SAN FRANCISCO*)

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 Deeds** dated **November 9, 1989** which were recorded as Instrument Nos. **214634 and 214635**, of Official Records of **Douglas** County, Nevada as legally described as follows:

PARCEL 1:

**THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 19, TOWNSHIP 14
NORTH, RANGE 19 EAST, M.D.B. &M.**

PARCEL 2:

THE NORTH HALF OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 30, TOWNSHIP 14 NORTH, RANGE 19 EAST, M.D.B. &M.

PARCEL 3:

TOWNSHIP 14 NORTH, RANGE 19 EAST, M.D.B. &M.

SECTION 20: THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER

THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER

SECTION 28: THE NORTH HALF OF THE NORTHWEST QUARTER

THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER

THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER

SECTION 29: THE NORTH HALF OF THE NORTHEAST QUARTER

THE NORTH HALF OF THE NORTH HALF OF THE NORTHWEST QUARTER

PARCEL 4:

THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 20, TOWNSHIP 14 NORTH, RANGE 19 EAST, M.D.B. &M.

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: January 4, 2016

DECLARANT:



H. Fraser Mills

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 to (or affirmed) before me on this 5TH day of JAN., 2016,
by H. FRASER MILLS, proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.

(Seal)

Signature Victoria Lin



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-14 (REV. 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ANNE		2. MIDDLE MARIE		3. LAST (Family) BERRY	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 11/07/1926	5. AGE Yrs. 84
9. BIRTH STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER 0781	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SROP* (at Time of Death) DIVORCED	7. DATE OF DEATH mm/dd/yyyy 12/18/2010
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ARTIST			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ART		19. YEARS IN OCCUPATION 50
20. DECEDENT'S RESIDENCE (Street and number, or location) 4075 EL CAMINO WAY					
21. CITY PALO ALTO		22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 94306	24. YEARS IN COUNTY 60
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP ELIZABETH BERRY MILLS, DAUGHTER			
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 118 DOUGLASS STREET, SAN FRANCISCO, CA 94114		28. NAME OF SURVIVING SPOUSE/SROP - FIRST -			
29. MIDDLE -		30. LAST (BIRTH NAME) -		34. BIRTH STATE WA	
31. NAME OF FATHER/PARENT - FIRST JOSEPH		32. MIDDLE -		33. LAST (BIRTH NAME) KERCHEN	
35. NAME OF MOTHER/PARENT - FIRST LUCY		36. MIDDLE -		37. LAST (BIRTH NAME) UNK.	
38. BIRTH STATE WA		39. DISPOSITION DATE mm/dd/yyyy 12/24/2010			
40. PLACE OF FINAL DISPOSITION RESIDENCE OF ELIZABETH BERRY MILLS 118 DOUGLASS STREET, SAN FRANCISCO, CA 94114				43. LICENSE NUMBER -	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		47. DATE mm/dd/yyyy 12/23/2010	
44. NAME OF FUNERAL ESTABLISHMENT ROLLER & HAPGOOD & TINNEY		45. LICENSE NUMBER FD132	46. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD		47. DATE mm/dd/yyyy 12/23/2010
101. PLACE OF DEATH PALO ALTO COMMONS		102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 4075 EL CAMINO WAY		106. CITY 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) COMPLICATIONS OF ADVANCED LEWY BODY DEMENTIA		Time Interval Between Onset and Death (A) 7 YRS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (B)		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY 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 (C)		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		115. SIGNATURE AND TITLE OF CERTIFIER ▶ DAVID ROBERT JONES M.D.			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy 11/16/2006		Decedent Last Seen Alive mm/dd/yyyy 12/10/2010		116. LICENSE NUMBER A78038	117. DATE mm/dd/yyyy 12/21/2010
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DAVID ROBERT JONES M.D., 4067 TRANSPORT ST # B, PALO ALTO, CA 94303		119. 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"/> 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/yyyy		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			127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
STATE REGISTRAR		A	B	C	D
E		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By **JUN 06 2011**

* H 2 6 4 9 8 1 3 *

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. Fensterstheib 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.

