

Recording Requested By:

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When Recorded, Return To:

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16450 Los Gatos Blvd., Suite 108
Los Gatos, CA 95032-5594*



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT

DEATH OF SETTLOR AND TRUSTEE

I, J. WALTER HOSKINS, declare:

I am eighteen (18) years of age or older.

Attached hereto is a certified copy of the Certificate of Death for MARLENE D. HOSKINS, also known as MARLENE DELMA HOSKINS, deceased.

The decedent named in the attached certified copy of such Certificate of Death is the same person as named as a part in that certain Trust Transfer Deed dated September 2, 2005, executed by J. WALTER HOSKINS and MARLENE D. HOSKINS, husband and wife as to community property, to J. WALTER HOSKINS and MARLENE D. HOSKINS, Trustess U/D/T J. WALTER HOSKINS AND MARLENE D. HOSKINS 2005 TRUST, dated September 2, 2005, and recorded as document number 0738320, on February 23, 2009, of the Official Records of Douglas County, Nevada, covering real property situated in the City of Stateline, County of Douglas, State of Nevada and more particularly described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE.

APN: 1318-26-514-012
Commonly known as: 108 Meadow Drive, Stateline, NV 89449-4023
Mail tax statements to: Walter Hoskins, Trustee,
P.O. Box 21566, San Jose, CA 95151

Pursuant to the terms and conditions of said Trust, J. WALTER HOSKINS is the Trustee of the Trust.

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

Dated: 2-15, 2011



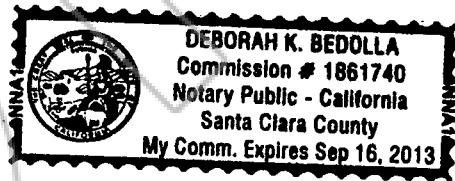
J. WALTER HOSKINS,
Trustee

State of California)
)
County of Santa Clara)

Subscribed and sworn to (or affirmed) before me, Deborah K. Bedolla,
Notary Public, on this 15th day of February, 2011, by J. WALTER
HOSKINS, proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

Deborah K. Bedolla

Notary Public



Affidavit of Death of Settlor and Trustee
Marlene D. Hoskins, deceased Settlor and Trustee
APN: 1318-26-514-012
Commonly known as: 108 Meadow Drive, Stateline, NV 89449-4023

Exhibit "A"

Lot 11, in Block A, of GRANITE SPRINGS SUBDIVISION UNIT NO. ONE, according to the map thereof, filed in the Office of the County Recorder of Douglas County, State of Nevada, on June 15, 1979, in Book 679, Page 1180, as File No. 33554.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

(C:\Trust Administration\Hoskins.AffDeath-Nevada)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
HEALTH SYSTEM
SAN MATEO, CALIFORNIA

CERTIFICATE OF DEATH

3200941003197

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 1/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
MARLENE		D.		HOSKINS	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
MARLENE DELMA HOSKINS		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
		10/30/1942		66	
6. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		9689		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (Use separate sheet for each)		14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
VICE PRESIDENT		CONSULTING ENGINEERING		30	
20. DECEDENT'S RESIDENCE (Street and number or location)					
2337 VINEYARD HEIGHTS LANE					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
PLEASANTON		ALAMEDA		94566	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
2		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
JOHN WALTER HOSKINS, HUSBAND			2337 VINEYARD HEIGHTS LANE, PLEASANTON, CA 94566		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
JOHN		WALTER		HOSKINS	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
MAURICE		T.		MAYBURY	
34. BIRTH STATE		36. MIDDLE		37. LAST (Maiden)	
MN		M.		BENOIT	
35. NAME OF MOTHER - FIRST		38. BIRTH STATE			
LEONA		MN			
39. DEPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION (Gate of Heaven Cemetery 22555 CRISTO REY DRIVE, LOS ALTOS, CA 94024)			
09/22/2009					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CREMATION/BURIAL		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
CUSIMANO FAMILY COLONIAL MORT.		FD1041		SCOTT MORROW, MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
09/21/2009					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
DAUGHTER'S RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OGA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" 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	
SAN MATEO		105 HANNA WAY		MENLO PARK	
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.		Time Interval Between Death and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(A) CARDIOPULMONARY ARREST		(A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Sequitally, 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) GLIOBLASTOMA BRAIN TUMOR		(B) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
				(C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				(D) YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		RESECTION OF RIGHT TEMPORAL LOBE GLIOBLASTOMA 04/2008		113A. IF FEMALE, PREGNANT IN LAST YEAR?	
				<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 STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since		NORMAN CHOW, MD		20A5815	
Decedent Last Seen Alive				117. DATE mm/dd/yyyy	
06/29/1998		08/30/2009		09/21/2009	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
		NORMAN CHOW M.D.			
		320 DARDANELLI LANE, SUITE 108, LOS GATOS, CA 95032			
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
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 SAN MATEO } SS

DATE ISSUED

SEP 25 2009

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

Scott Morrow MD
SCOTT MORROW, M.D.
HEALTH OFFICER AND REGISTRAR



This copy not valid unless prepared on engraved border displaying seal and signature of County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE