DOUGLAS COUNTY, NV

Rec:\$17.00 Total:\$17.00 **EVAN & HEIL LAW**

2016-889529 10/24/2016 11:54 AM

Pgs=4

RECORDING REQUESTED BY AND WHEN RECORDED RETURN TO:

Leland B. Evans, Esq.

LAW OFFICES OF EVANS & HEIL

Monterey Business Center

8 Harris Court, Suite A-1

Monterey, California 93940



KAREN ELLISON, RECORDER

Space above this line for Recorder=s use.

AFFIDAVIT OF DEATH OF TRUSTOR/TRUSTEE

STATE OF CALIFO	PINIA		,	The same of	1	7		N _	
COUNTY OF SAN	MATEO	•)	1	/ /			>	
I, Florence	Schwartz,	of legal	age,	being	first duly	sworn,	depose	and	say

That Edwin A. Schwartz, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Edwin A. Schwartz named as Trustor/Trustee of that certain trust entitled Edwin A. Schwartz and Florence Schwartz Revocable Trust Agreement Dated July 10, 1990. Further, Florence Schwartz declares that she is now the sole Trustor/Trustee under the Edwin A. Schwartz and Florence Schwartz Revocable Trust Agreement Dated July 10, 1990, as it affects the real property located at 210 South Meadow Drive, Glenbrook, Nevada, more particularly described in Exhibit "A" attached hereto.

I declare under penalty of perjury that the foregoing is true and correct. Executed at Hillsborough California.

3 du aun

Dated: 10/19/2016

Florence Schwartz

ACKNOWLEDGMENT

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 Mate	eo)
On 10/19/2016	before me, A.Y. Bisgaard;-Notary Public
···	(insert name and title of the officer)
personally appeared	Florence Schwartz

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/atta subscribed to the within instrument and acknowledged to me that the same in his/her/their/authorized capacity(less), 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 (Seal

A. Y. BISGAARD
Commission # 2044773
Notary Public - California
San Mateo County
My Comm. Expires Nov 7, 2017

EXHIBIT A

LOT 12, AS SHOWN ON THE MAP OF GLENBROOK UNIT NO. 1, FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 1, 1977, AS INSTRUMENT NO. 09693.



ECERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

3052016164223		CERTIFICATE OF STATE OF	TE OF DEATH CALIFORNIA URES, VINITEOUTS OR ALTERATIONS	32016	3201641002882				
	STATE FILE NUMBER	VS-112	(AEA 3/09)		LOCAL REGISTRATION NUMBER				
	I NAME OF DECEDENT-FIRST (GIVEN) EDWIN	AARON	SCI	r (Family) HWARTZ	\ \				
DATA	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAS	"	4 DATE OF BIRTH mm/dd/co	yy 5 AGE Yrs FUNDER ONE Y					
NAL	-		06/27/1929	87	, IN				
S PERS		96 X YESN	o ☐ ₩ MARRIED		016 1710				
DECEDENT'S PERSONAL	DOCTORATE YES	PANICALATINO(A)/SPANISH? (If yes, see workshi	_ X № CAUCASIA						
- B	17 USUAL OCCUPATION - Type of work for most of Me DO NO PSYCHOLOGIST		OLOGY	ery store, road construction, employment	agency, etc.) 18 YEARS IN OCCUPATION 60				
AL	20 DECEDENT'S RESIDENCE (Street and number, or location) 10 CREEKWOOD WAY								
S. S.	HILLSBOROUGH	22 COUNTY/PROVINCE SAN MATEO	94010	61 CA	CA				
INFOR-	26 INFORMANT'S MAILING ADDRESS (Street and rumber, or multipoule murber, or your form, state and app) WENDY BARUH, DAUGHTER 77 INFORMANT'S MAILING ADDRESS (Street and rumber, or multipoule murber, or your form, state and app) WENDY BARUH, DAUGHTER								
P AND MATION	28 NAME OF SURVIVING SPOUSE/SROP*-FIRST FLORENCE	28 MIDDLE ANN	30 LAST (BURTH UDELS)	76.	\				
SPOUSE/SRDP AND PARENT INFORMATIO	31 NAME OF FATHER/PARENT-FIRST LOUIS	AARON	33 LAST SCHWA		34 BIRTH STATE RUSSIA 38 BIRTH STATE				
	35 NAME OF MOTHER/PARENT-FIRST ROSE	39 MIDDLE	37 LAST (BJRTH ARGO	1 NAME)	· RUSSIA				
CTOR/	35 DISPOSITION DATE min/dd/dcsyy 60 PLACE OF FINAL DISPOSITION SKYLAWN MEMORIAL PARK HWY 92 AT SKYLINE BLVD, SAN MATEO, CA 94402								
L DIREC REGIST	41 TYPE OF DISPOSITION(S) BU	42 SIGNATURE OF E NOT EME	76.	V /	43 LICENSE NUMBER				
FUNERAL DIRECTORY LOCAL REGISTRAR	44 NAME OF FUNERAL ESTABLISHMENT SINAI MEMORIAL CHAPEL-CHE' KADISHA	VRA 45 LICENSE NUMBE FD1830	SCOTT MORR		47 DATE mun/dd/coyy 08/23/2016				
_	101 PLACE OF DEATH		102 IF HOSPITAL, SPECII		OSPITAL, SPECIFY ONE Nursing Decedent's Other				
PLACE OF DEATH	KAISER HOSPITAL 105 FACILITY ADD	RESS OR LOCATION WHERE FOUND (Sires	1 50	108 CF	Admir/LIC [] Hazing				
5 -		RANS BOULEVARD		76	DWOOD CITY				
	IMMEDIATE CAUSE W NON-TRAUMATIC	s — diseases, injunos, or completations — that of dony errest, or ventricular fibritation without show NTRACEREBRAL HEM	frecily caused death DO NOT enter te ring the cardogy DO NOT ASBREVIATE ORRHAGE	(AT)	INGL DEATH REPORTED TO CORONEA? IND DEATH REPORTED TO CORONEA? IND PROJECT NAMES NO				
	(Final disease or condition resulting un death)		-/-/-	DA\	/S 109 BIOPSY PERFORMED?				
_	Bequentially, List conditions, if erry,		\ \	YEA	RS □ YES X NO				
EATH	leading to cause on Line A Enter UNDERLYING			, (CT)	110 AUTOPSY PERFORMED?				
CAUSE OF DEATH	CAUSE (disease or lifty that unbased fine ovents (D)			(DT)	YES X NO				
CAUS	resulting in death) LAST				YES NO				
	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D SEIZURES	% <u>. </u>		/					
	113 WAS OPERATION PERFORMED FOR ANY CONDITION IN I NO				113A IF FEMALE, PREGRANT IN LAST YEAR? YES NO UNK SE NUMBER 117 DATE mm/dd/covy				
ANS	114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURR AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Sinco Decedent Lass Seen Akve	NIVER ANANDA RA	OMD	F@) A60	600 08/22/2016				
PHYSICIAN'S CERTIFICATION	(A) mm/dd/ccyy (B) mm/dd/ccyy	118 TYPE ATTENDING PHYSICIAN'S N	IAME, MAILING ADDRESS, ZIP COD	CURTIS CHI HUYN	IH M.D.				
# B	08/01/2016 08/20/2016	1100 VETERANS BC	ULEVARD, REDW	OOD CITY, CA 9406	3 RY DATE msn/dd/covyl 122 HOUR (24 Hours)				
	MANNER OF DEATH NAT WAS CRIMEN DEATH OCCURRED AT THE HOUR	Booton	Could not be determined YES	NO UNK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
λĬ	123 PLACE OF INJURY (e.g., home, construction site, wooded	ærsa, eta)		<u> </u>					
USEC	124 DESCRIBE HOW INJURY OCCURRED (Events which resu	124 DECEDES HOW IN DISTA OF CITIES Builds which needed in many							
ER'S	154 MPANING HALL MANUE ASSAULTED (Estatus autori reseata ni nin il								
CORONER'S USE ONLY									
\	126 SIGNATURE OF CORONER / DEPUTY CORONER	127 DATE	mm/dd/coyy 128 TYPE NAM	IE, TITLE OF CORONER / DEPUTY CO	RANOR				
STA	TE A B C	D E IIII	*010001003326251*	[[]] FAX AU	TH.W CENSUS TRACT				
REGIS	TRAR		*010001003326251*	,	L				
The same									

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN MATEO

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.

DATE ISSUED AUG 29 2016

Michelle Malang





HEALTH OFFICER AND REGISTRARE
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

SETTING AND THE CONTRACT OF TH

CASANMATO1