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APN: 1318-10-310-004

Recording Requested By:

Pipal Spurzem & Liem LLP Attorneys at Law 350 Fifth Street Hollister, CA 95023

When Recorded Mail Document and Tax Statement To:
John Bernard Goldsmith
2894 San Carlos Dr.
Walnut Creek, CA 94598

DOUGLAS COUNTY, NV Rec:\$16.00 Total:\$16.00

2017-896064 03/17/2017 09:49 AM

PIPAL SPURZEM & LIEM

Pas=3



KAREN ELLISON, RECORDER

AFFIDAVIT - DEATH OF TRUSTEE

JOHN BERNARD GOLDSMITH, of legal age, being first duly sworn, deposes and says:

That BERNARD JOHN GOLDSMITH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BERNARD JOHN GOLDSMITH, named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 24, 2014, executed in favor of Bernard John Goldsmith and John Bernard Goldsmith, Trustees of the Residual Trust under the Goldsmith Family Trust dated January 24, 1986 as to 75% interest, recorded as Instrument No. 2014-851831 on October 29, 2014, Official Records of Douglas County, California, covering the following described real property situate in the County of Douglas, State of Nevada:

Lot 4, in block A as shown on the Amended Map of Zephyr Cove Property recorded in the Office of the Douglas County Recorder on August 5, 1929, as Document No. 266, Official Records of Douglas County, State of Nevada.

Upon the death of BERNARD JOHN GOLDSMITH, JOHN BERNARD GOLDSMITH became Successor Trustee of the Residual Trust under the Goldsmith Family Trust dated January

Dated: MARCH 10, 2017	
	John Bernard Goldenth
	JOHN BERNARD GOLDSMITH
	ificate verifies only the identity of the individual who signed the ot the truthfulness, accuracy, or validity of that document.
STATE OF CALIFORNIA)	
COUNTY OF SAN BENITO Subscribed and sworn to (or affirmed) before the LOUNTY OF SAN BENITO Subscribed and sworn to (or affirmed) before the LOUNTY OF SAN BENITO in the local points of	re me on this 10th day of March , 2017.
by John Bergiand Goldsmith, pro	oved to me on the basis of satisfactory evidence to be
Signature White Public	EUNICE SALDIVAR Commission # 2050088 Notary Public - California San Benito County My Comm. Expires Dec 22, 2017
	EUNICE SALDIVAR Commission # 2050088 Notary Public - California Sen Benito County My Comm. Expires Dec 22, 2017

24, 1986 concerning the real property more particularly described above.

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

	305201703754	CERTIFICATE OF DEATH USE BLACK INK ONLY MO ENSURES, WHITEOUTS ON AUTERATIONS WHITEOUTS ON AUTERATIONS					3	3201707001180							
	STATE FILE NUMBE 1. NAME OF DECEDENT- FIRST (Give	USE BLACK INK ONLY / NO ERISURES, WHITEOUTS OH ALTERATIONS VS-11(REV 2/05) 2. MIDDLE 3. LAST (F													
DATA	BERNARD JOH!			1	GOLDSMITH [4. DATE OF BIRTH mm/dd/coyy 5, AGE Yrs.					E UNITE	FUNDER ONE YEAR JF UNDER 24 HOURS 6, SEX				
WAL D	WAY YES THOUGH AS - HOUSE IN Y		04/22/191				шишискуу	97	Months	Days	Hours	Minotes	M		
DECEDENT'S PERSONAL	CA 8960				X YES NO UNK WIDO			WED		VTE OF DEATH mm/ds/ds/ysyy 8. HOUR (24 Hou 1/18/2017 0353			100		
EDENT	13, EDUCATION - Highest Level/Degree 14/ (see tearistheet on back) MASTER'S	15. WAS DECEDENT HISPWARCA YES	atinovayspan	(SH? # yws, pec	morkshoot on	X 100	CAUC	ASIAN	E – Up to 9 races	may be la	sted (see workshee	t on back)	\	1	
DEC	17. USUAL OCCUPATION - Type of work for most of Ma. DO NOT USE RETIRED ELEMENTARY SCHOOL PRINCIPAL				18. KIND OF BUSINESS OR INDUSTRY (e.g., groomy store, road construct PUBLIC EDUCATION					action, em	, employment agency, etc.) 19 YEARS IN OCCUPATE 24				
UBUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location)				I ODEIO EDOGATION										
	51 BERNICE COURT 21. CITY (22. COUNTY/PROVIS				NGE 23, ZIP CODE 24, YEARS IN COUN					INTY 25	TY 25, STATE/FOREIGN COUNTRY				
H RES	HOLLISTER SAN BENIT				The state of the s						CA				
MAN	28 SECRETARIANTS NAME, FELATIONSHIP 28 JOHN GOLDSMITH, SON 2894 SAN CARLOS DRIVE, WALNUT CREEK, O										CA 94	598 	1		
SPOUSE/SRDP AND ARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SPDP-FIRST 29. MIDDI			DOLE 30 LAST (BIRTH NA)				AME)							
				32. MPDOLE SEAMAN			32 LAST GOLDSMITH						34. BIRTH STATE		
	25. NAME OF MOTHER/PARENT-FIRST 36 MIDS			MIDOLE 31			37. LAS	37. LAST (BIRTH NAME)			38. BIRTH S				
	ELIZA 36. DISPOSITION DATE min/dd/ccyy	40, PLACE OF FINAL DISPOS		MINA AI I JOAQL		LLEY	ME'		CEMETE	RY	 		GERM	IANY	
FUNERAL DIRECTORY LOCAL REGISTRAR	02/23/2017 41. TYPE OF DISPOSITION(S)	32053 W. MCC	ABE RO	AD, SAI	VTA NE	ELLA,	CA 95	322	_/_	_/		43.LX	ZENSE NUI	MBER .	
	CR/BU				► NOT EMBALMED 45. LICENSE NUMBER 46. SIGNATURE OF LOCAL REGISTRAR						47. DATE mmVdd/coyy				
						796		797	ER M.D.	7	50		22/20		
bΞ	101. PLACE OF DEATH 102. F HOSPITAL SPECIFY ONE 103. F OTHER THAN HOSPITAL SPECIFY ONE 104. F HOSPITAL SPECIFY ONE 105. F HOSPIT														
PLACE OF DEATH	104. COUNTRY 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) CONTRA COSTA 1625 OAK PARK BLVD								\	106 CITY PLEASANT HILL					
	107. CAUSE OF DEATH Enter the chain of enters decesses, nightes or complications that checkly caused death DO NOT enter terminal events such an exercise error, respectacy error, or ventrodes for financial without showing the editiony. DO NOT ASSESSANCE.							7	Time Interval Between 108, DEATH REPORTED TO CORONER? Oncet and Death X YES NO						
	IMMEDIATE CAUSE AV FAILURE TO THRIVE That disease or consistion resulting										MONS 2017-0941				
	Sequentially, lest CHRONIC KIDNEY DISEASE conditions, if any,								\	YRS TISS TOS. BIOPSY PERILOHALE			X NO		
r DEATH	leading to came on Line & Farter UNDERLYING CULSE (Sinease or										(CT) 110. AUTOPSY PERFORM			FORMED? X NO	
CAUSE OF DEATH	CAUSE (chaeses or history that his property of the chaeses of history that his property of the chaese of the chaes									(DT) 111, USED IN DETERMINING			NING CAUSE?		
3	112 OTHER SIGNERCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE														
	113, WAS OPERATION PERFORMED FO	OR ANY CONDITION IN ITEM 10	7 OR 112? (If ye	es, fel type of o	peration and	date.)		-			1134	IF FEMALE,	PREGNANT	N LAST YEAR?	
2	114. I CERTIFY THAT TO THE BEST OF MY KI	OWNLEDGE DEATH OCCURRED 11	15. SKSNATURE			1	_/			Li	IB. LICENSE NUM	YES INT.	DATE ma	UNK n/dd/sevv	
ICIAN'S	AT THE HOUR, DATE, AND PLACE STATED FR Geordiani Altended Since	OM THE CAUSES STATED.	SALLY	SAMPLE	= MAID		/	***********			G85941	- 1	2/21/20	.,	
PHYSICIAN'S CEHTIFICATION	(A) min/dd/dd/ddyy (B) 02/17/2017 02/	18/2017 3	470 BUS	SKIRK A	VE, PL	EASA	NT H	ILL, C	SALLY S. A 94523	AMPL	E M.D.				
	113. I CERTIFY THAT IN MY OPINION DEATH Natural Manual Matural	OCCURRED AT THE HOUR, DATE, # Accident Homicide	Suicide	Proxing free-light	1	Could not be determined	* [_	YES		UNK 1	21, INJURY DATE	mmidd/ceyy	122. HOL	JR (24 Hours)	
ONLY	123 PLACE OF BUJURY (a.g., home, construction site, wooded ema, etc.)														
CORONER'S USE ONLY	124 DESCRIBE HOW INJURY OCCURRED (Events which rein/lad in Injury)														
RONER	125. LOCATION OF INJUSTY (Street and number, or location, and city, and zip)														
126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER															
	YE A B	C D	E								-av alleri a		1	110 77.0-	
REGIS	ue	C D					00100348				AX AUTH.#		CENS	IUS TRACT	



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

DATE ISSUED ______ 02/24/2017

Mr



www.hm

This copy is not valid unless prepared on an engraved horder displaying the date seal and signature of the County Health Officer

ACONTRADL

