

APN 02-132-27



KAREN ELLISON, RECORDER

**RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:**

Suzanne Woo
Post Office Box 982
El Cerrito, CA 94530

NOTICE OF DEATH OF CO-TRUSTEE

COMES NOW Vivian Woo being first duly sworn deposes and says

1 She is a Grantor/Co-Trustee of The Woo Family Trust of 2000,

2 She was a Co-Trustee with James B K Woo,

3 By Grant Deed recorded July 31, 2000, as Document No 0496817, in Book 0700, Page 5227, Co-Trustees acquired title to the certain real property situate in the County of Douglas, State of Nevada, more particularly described as

LOT 57, as shown on the map of Zephyr Knolls Unit No 3, recorded July 10, 1957 in Map Book 1, Document No 12430, Official Records of Douglas County, State of Nevada

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof

4 That James B K Woo died in Berkeley, California, on or about November 12, 2013 The State of California issued a Death Certificate, No 3201361000582

5 Pursuant to the trust instrument which states, "Trustor, JAMES B K WOO ("Husband) and VIVIAN WOO ("Wife"), husband and wife, hereby establish the Woo Family Trust of 2000 ("the trust")" Now, therefore, be it known the undersigned is acting as sole Trustee of The Woo Family Trust of 2000

[Signature and Notarial Page Follows]

IN WITNESS WHEREOF, Grantor and Trustee have executed this document at Riverside County, California, on this 20th day of Feb 2019

Vivian Woo
VIVIAN WOO, Grantor/Trustee

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

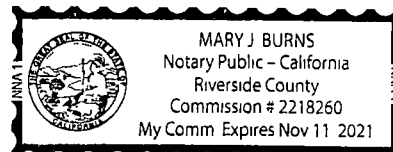
STATE OF Calif)
) ss
COUNTY OF Riverside)

On Feb 20, 2019 before me, Mary J Burns, Notary Public, personally appeared Vivian Woo personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacities, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct

WITNESS my hand and official seal

Mary J Burns
NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
 USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
 (S 10659.5)

3201361000582

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) JAMES		2. MIDDLE B K	3. LAST (Family) WOO
AKA. ALSO KNOWN AS - Include full AKA (FIRST MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/yyyy 07/26/1927		5. AGE Yrs. 86	6. SEX M
9. BIRTH STATE/FOREIGN COUNTRY HONG KONG		10. SOCIAL SECURITY NUMBER 5843	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
12. MARITAL STATUS/SDP* at Time of Death MARRIED		7. DATE OF DEATH mm/dd/yyyy 11/12/2013	8. HOUR (24 Hour) 0837
13. EDUCATION - Highest Level/Degree (See worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (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) CHINESE
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED REAL ESTATE DEVELOPER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) REAL ESTATE	19. YEARS IN OCCUPATION 53
20. DECEDENT'S RESIDENCE (Street and number or location) 1323 LINDA VISTA DRIVE			
21. CITY EL CERRITO		22. COUNTY/PROVINCE CONTRA COSTA	23. ZIP CODE 94530
24. YEARS IN COUNTY 38		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP SUZANNE WOO, DAUGHTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2548 ARLINGTON BOULEVARD, EL CERRITO, CA 94530	
28. NAME OF SURVIVING SPOUSE/SDP - FIRST VIVIAN		29. MIDDLE -	30. LAST (BIRTH NAME) TONG
31. NAME OF FATHER/PARENT - FIRST ANDREW		32. MIDDLE -	33. LAST WOO
34. BIRTH STATE HONG KONG			
35. NAME OF MOTHER/PARENT - FIRST JIN		36. MIDDLE -	37. LAST (BIRTH NAME) LOUIE
38. BIRTH STATE HONG KONG			
39. DISPOSITION DATE mm/dd/yyyy 11/15/2013		40. PLACE OF FINAL DISPOSITION ST JOSEPH CEMETERY 2540 CHURCH LANE, SAN PABLO, CA 94806	
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED	43. LICENSE NUMBER -
44. NAME OF FUNERAL ESTABLISHMENT SUNSET VIEW CEMETERY ASSOC		45. LICENSE NUMBER FD1079	46. SIGNATURE OF LOCAL REGISTRAR JANET BERREMAN, MD, MPH
47. DATE mm/dd/yyyy 11/14/2013			
101. PLACE OF DEATH ALTA BATES MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2450 ASHBY AVENUE	106. CITY BERKELEY
107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) NON-SMOKING RELATED METASTATIC LUNG CANCER		Time Interval Between Onset and Death (A) YRS	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER
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 (B) RENAL FAILURE		(B)	109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(C)		(C)	110. ALTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(D)		(D)	111. USED BY DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 RENAL FAILURE			
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 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. Decedent Attended Since: 11/11/2013 Decedent Last Seen Alive: 11/11/2013		115. SIGNATURE AND TITLE OF CERTIFIER SUSAN KAO M D	116. LICENSE NUMBER A86836
117. DATE mm/dd/yyyy 11/14/2013		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SUSAN KAO M D 2001 DWIGHT WAY, BERKELEY, CA 94704	
119. I 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"/> Investigation <input type="checkbox"/> Pending <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. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)	
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		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 RECORD
 STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder

DATE ISSUED **SEP 10 2013**



Steve Manning
 STEVE MANNING
 COUNTY CLERK-RECORDER

This copy is not valid unless prepared on an engraved border displaying the date seal and signature of the Clerk Recorder

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

