

ASSESSOR'S PARCEL NO. 1220-08-002-002

WHEN RECORDED MAIL TO:

PERKINS COIE LLP
ATTN: CAITLIN CAREY
505 HOWARD STREET
10TH FLOOR
SAN FRANCISCO, CA 94105

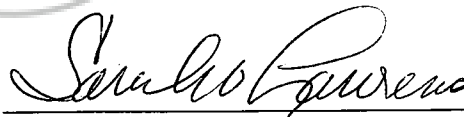
MAIL TAX NOTICES TO:

SARAH W. LAWRENCE, TRUSTEE
1220 LAWRENCE LANE
GARDNERVILLE, NV 89460

Affidavit of Successor Trustee

The undersigned SARAH W. LAWRENCE, of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

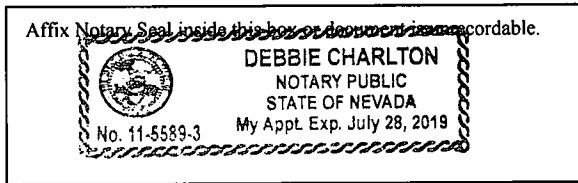
1. JAMES S. LAWRENCE is named as Trustee under that certain James S. Lawrence Living Trust u.t.d. August 23, 1993 (herein, the "Trust").
2. JAMES S. LAWRENCE died on JANUARY 27, 2017, and is the decedent named in that particular Certificate of Death attached hereto and made a part hereof.
3. JAMES S. LAWRENCE is the same person named as a trustee grantee in that particular deed recorded as Document No. 0711247, on October 17, 2007, in the office of the Recorder of Douglas County, Nevada.
4. SARAH W. LAWRENCE is designated as the successor trustee under the Trust, to serve upon the death of JAMES S. LAWRENCE. The Trust was in effect at the date of the death of JAMES S. LAWRENCE and has not been revoked. SARAH W. LAWRENCE has consented to act as trustee under the Trust.



SARAH W. LAWRENCE

STATE OF Nevada
COUNTY OF Douglas

This instrument was acknowledged before me on March 12, 2019, by SARAH W. LAWRENCE.



Debbie Charlton
Notary Public

COPY

EXHIBIT A

Parcel 4 as set forth on that certain Record of Survey for James A. and Geraldine Lawrence Nevada Trust, et al., recorded in the Office of the Douglas County Recorder on August 16, 2002, in Book 0802, Page 4560, as Document No. 549590, official records, Douglas County, Nevada.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCO

3052017024125

CERTIFICATE OF DEATH

3201738000576

STATE FILE NUMBER		STATE OF CALIFORNIA NO DUPLICATES, NOTED CHANGES OR ALTERATIONS VS-1 (REV 3/06)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT- FIRST (Given) JAMES		2. MIDDLE STUART		3. LAST (Family) LAWRENCE		
	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			4. DATE OF BIRTH mm/dd/yyyy 07/31/1946	5. AGE Yrs. 70	6. SEX M	IF UNDER ONE YEAR Months Days
	9. BIRTH STATE/FOREIGN COUNTRY CA	10. SOCIAL SECURITY NUMBER 5390	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP* (at Time of Death) WIDOWED	7. DATE OF DEATH mm/dd/yyyy 01/27/2017	8. HOUR (24 Hours) 0400	
	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR	14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE - List 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 MANAGER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEALTHCARE ADMINISTRATION		19. YEARS IN OCCUPATION 36		
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 114 PAGE STREET						
	21. CITY SAN FRANCISCO	22. COUNTY/PROVINCE SAN FRANCISCO	23. ZIP CODE 94117	24. YEARS IN COUNTY 50	25. STATE/FOREIGN COUNTRY CA		
	26. INFORMANT'S NAME, RELATIONSHIP SARAH W. LAWRENCE, SISTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1220 LAWRENCE LANE, GARDNERVILLE, NV 89460			
SPOUSES/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST		29. MIDDLE	30. LAST (BIRTH NAME)			
	31. NAME OF FATHER/PARENT-FIRST JAMES		32. MIDDLE ALBERT	33. LAST LAWRENCE		34. BIRTH STATE CA	
	35. NAME OF MOTHER/PARENT-FIRST GERALDINE		36. MIDDLE ROSE	37. LAST (BIRTH NAME) JACKSON		38. BIRTH STATE CA	
	39. DISPOSITION DATE mm/dd/yyyy 02/06/2017						
FUNERAL DIRECTOR/ LOCAL REGISTRAR	40. PLACE OF FINAL DISPOSITION RES: SARAH W. LAWRENCE 1220 LAWRENCE LANE, GARDNERVILLE, NV 89460			42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
	41. TYPE OF DISPOSITION(S) CR/TR/RES		44. NAME OF FUNERAL ESTABLISHMENT SAN FRANCISCO COLUMBARIUM & FUNERAL HOME	45. LICENSE NUMBER FD1306	46. SIGNATURE OF LOCAL REGISTRAR TOMAS ARAGON, MD, DR.P.H.		
	47. DATE mm/dd/yyyy 02/06/2017						
PLACE OF DEATH	101. PLACE OF DEATH CPMC PACIFIC CAMPUS						
	102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> CH/OP <input type="checkbox"/> DCA	103. IF OTHER THAN HOSPITAL, SPECIFY ONE Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>					
	104. COUNTY SAN FRANCISCO	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2333 BUCHANAN STREET			106. CITY SAN FRANCISCO		
CAUSE OF DEATH	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 ventilator disconnection without allowing the etiology. DO NOT ABBREVIATE. PROGRESSIVE LUNG CANCER					Time Interval Between Death and Death (A) 5 MONS	
	108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					111. USED IN 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 NONE						
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) LEFT LUNG CORE BIOPSY 08/29/2016					113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
PHYSICIAN'S CERTIFICATION	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 Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER ALAN MITCHELL KRAMER M.D.		116. LICENSE NUMBER C42969	117. DATE mm/dd/yyyy 02/06/2017	
	(A) mm/dd/yyyy 09/12/2016	(B) mm/dd/yyyy 01/26/2017	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ALAN MITCHELL KRAMER M.D. 2100 WEBSTER ST STE 326, SAN FRANCISCO, CA 94115				
	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						
CORONER'S USE ONLY	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



STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
 This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.
DATE ISSUED FEB 10 2017
 This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

003543943

Tomás Aragón
 TOMÁS ARAGON, MD, DRPH
 COUNTY HEALTH OFFICER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CASANFRADJ