



KAREN ELLISON, RECORDER

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

Ellen B. Haas, Esq.
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Redwood City, CA 94063
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MAIL TAX STATEMENTS TO:

Audrey Lampert, Trustee
545 Woodside Drive
Woodside, CA 94062

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT RE DEATH OF TRUSTEE

APN: 1318-09-810-058

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN MATEO)

Audrey J. Lampert, Trustee of the Lampert Family Trust, being first duly sworn, deposes and says:

That Roland Lampert and Audrey J. Lampert executed a Trust Agreement on July 23, 2008, of which they were the Settlor and Trustees. Said trust is known as the "Lampert Family Trust."

That said Trust provides that should Roland Lampert become unable to serve as trustee because of death, then Audrey J. Lampert shall serve as sole trustee.

That Roland Lampert died on December 29, 2017. Said Trustee is the same person as "Roland Lampert," who is the decedent named in the certified copy of the "Certificate of Death," which is attached hereto and incorporated here by reference, and is the same person as Roland Lampert, Trustee, named as a party in that certain Trust Transfer Deed dated November 19, 2008, executed by Roland Lampert and Audrey Lampert, recorded on December 11, 2008 as Instrument No. 0734422, Book 1208 Page 2368 of the official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada, described as follows:

Lot 4, Block H, as shown on the AMENDED MAP OF SUBDIVISION NO.
2 ZEPYR COVE PROPERTIES, INC. in Sections 9 and 10, Township 13

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

REDWOOD CITY, CALIFORNIA

CERTIFICATE OF DEATH

3201741004596

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) ROLAND		2 MIDDLE -	3 LAST (Family) LAMPERT
4A AKA ALSO KNOWN AS - Include MI AKA (FIRST, MIDDLE, LAST)			
4 DATE OF BIRTH 05/06/1924		5 AGE Yrs 93	6 SEX M
7 UNDER ONE YEAR Months Days	8 UNDER 24 HOURS Hours Minutes	9 HOURS OF DEATH 2248	
8 BIRTH STATE/FOREIGN COUNTRY CA	10 SOCIAL SECURITY NUMBER -6185	11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> JUNK	12 MARITAL STATUS/SEXP at Time of Death MARRIED
13 EDUCATION - Highest Level/Degree BACHELOR	14 YES DECEDENT HEARD/CALCULATED/SWAMPT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15 DECEDENT'S RACE - List to 3 races may be listed (see worksheet on back) WHITE	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED INSURANCE BROKER		18 % INC OF BUSINESS OR INDUSTRY to e. (Specify how: real construction, employment agency, etc.) REAL ESTATE	19 YEARS IN OCCUPATION 40
20 DECEDENT'S RESIDENCE (Street and number, or P.O. box) 545 WOODSIDE DRIVE			
21 CITY WOODSIDE	22 COUNTY/PROVINCE SAN MATEO	23 ZIP CODE 94062	24 YEARS IN COUNTY 93
25 STATE/PROVINCE/FOREIGN COUNTRY CA	26 INFORMANT'S NAME RELATIONSHIP AUDREY LAMPERT, WIFE		
27 INFORMANT'S USUAL ADDRESS (Street and number, or P.O. box, mobile, city or town, state and zip) 545 WOODSIDE DRIVE, WOODSIDE, CA 94062			
28 NAME OF SURVIVING SPOUSE/PARTNER AUDREY	29 MIDDLE JEAN	30 LAST BIRTH NAME BERNSTEIN	
31 NAME OF FATHER/PARTNER ISRAEL	32 MIDDLE -	33 LAST LAMPERT	34 BIRTH STATE RUSSIA
35 NAME OF MOTHER/PARTNER MASHA	36 MIDDLE -	37 LAST BIRTH NAME GERSHWIN	38 BIRTH STATE RUSSIA
39 DISPOSITION DATE 01/03/2018	40 PLACE OF FINAL DISPOSITION RESIDENCE OF AUDREY LAMPERT 545 WOODSIDE DRIVE, WOODSIDE, CA 94062		
41 TYPE OF DISPOSITION CR/RES	42 SIGNATURE OF EMBALMER NOT EMBALMED		43 LICENSE NUMBER
44 NAME OF FUNERAL ESTABLISHMENT SINAI MEMORIAL CHAPEL-CHEVRA KADISHA	45 LICENSE NUMBER FD1830	46 SIGNATURE OF LOCAL REGISTRAR SCOTT MORROW, MD	47 DATE 01/03/2018
101 PLACE OF DEATH SEQUOIA HOSPITAL	102 IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> SNOP <input type="checkbox"/> DCA <input type="checkbox"/> Home <input type="checkbox"/> Home LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104 COUNTY SAN MATEO	105 FACILITY ADDRESS OR LOCATION, WHERE FOUND (Street and number) 170 ALAMEDA DE LAS PULGAS	106 CITY REDWOOD CITY	
107 CAUSE OF DEATH HEARTDISEASE - CARDIAC ARREST	108 DEATH REPORTED TO CORONER Date and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	109 BIRTH REPORTED TO CORONER Date and Birth <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 UNDERLYING CAUSE RESPIRATORY FAILURE	111 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	112 USED IN CLINICAL CASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113 END STAGE RENAL DISEASE	114 SIGNATURE AND TITLE OF CORONER MELISSA SUSANN LIM, M.D.	115 LICENSE NUMBER G74100	117 DATE 01/03/2018
118 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"/> Cause Not Determined	119 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	121 INJURY DATE 12/29/2017	122 HOUR OF DEATH 2248
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	124 DESCRIBE HOW INJURY OCCURRED (e.g., words 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	128 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	



000713494

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

Mark Church
MARK CHURCH
 Assessor-County Clerk-Recorder



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

Henry Salgado

Deputy DATE ISSUED

MAY 08 2019

This copy not valid unless prepared on engraved border displaying date, seal and signature of Recorder

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE