

WHEN RECORDED MAIL TO:  
Janet Uliana, Successor Trustee  
125 Aragon Boulevard  
San Mateo, CA 94402

DOUGLAS COUNTY, NV      **2019-931030**  
Rec:\$35.00  
\$35.00      Pgs=4      **06/27/2019 01:32 PM**  
TICOR TITLE - CC (NVTH3K)  
KAREN ELLISON, RECORDER

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01903324DKD

APN No.: 1420-18-510-003

**AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE**

State of Nevada                    }  
County of Carson City            }

Janet L. Uliana, being duly sworn, deposes and says:

1. Beverly Alice Ouilhon, the decedent mentioned in attached copy of Certificate of Death, is the same person as Beverly A. Ouilhon, named as one of the trustee(s) in that certain Grant, Bargain, Sale Deed dated December 14, 2007, executed by Beverly A. Ouilhon, an unmarried woman to Beverly A. Ouilhon, as Successor Trustee of the John L. Ouilhon and Beverly A. Ouilhon 1996 Trust Dated April 23, 1996, recorded on 12/19/2007 as instrument number 0715039, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

2. That I, Janet L. Uliana, am named within the aforementioned trust as successor trustee;
3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: June 22, 2019

Janet L. Uliana  
Janet L. Uliana, Successor Trustee

STATE OF NEVADA }  
COUNTY OF CARSON CITY } SS:

This instrument was acknowledged before me on 6-22-19,  
by Janet L. Uliana

Rhonda J. Teris  
NOTARY PUBLIC



COOPER

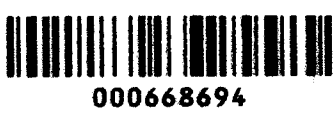
# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF SAN MATEO

## REDWOOD CITY, CALIFORNIA

3052017126861		<b>CERTIFICATE OF DEATH</b>		3201741002244	
STATE FILE NUMBER		USE BLACK INK ONLY / NO ENGLISH, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT—FIRST (Given) <b>BEVERLY</b>		2 MIDDLE <b>ALICE</b>		3 LAST (Family) <b>OUILHON</b>	
AKA ALSO KNOWN AS — include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy <b>07/01/1931</b>		5 AGE Yrs <b>85</b>	
9 BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10 SOCIAL SECURITY NUMBER <b>1817</b>		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARRITAL STATUS/SDP* (at Time of Death) <b>WIDOWED</b>		7 DATE OF DEATH mm/dd/yyyy <b>06/17/2017</b>		8 HOUR (24 Hour) <b>2356</b>	
13 EDUCATION — Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14 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)) <b>CAUCASIAN</b>	
17 USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>PERSONAL BANKING OFFICER</b>		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>BANK</b>		19 YEARS IN OCCUPATION <b>35</b>	
20 DECEDENT'S RESIDENCE (Street and number, or location) <b>125 ARAGON BLVD.</b>					
21 CITY <b>SAN MATEO</b>		22 COUNTY/PROVINCE <b>SAN MATEO</b>		23 ZIP CODE <b>94402</b>	
24 YEARS IN COUNTY <b>85</b>		25 STATE/FOREIGN COUNTRY <b>CA</b>			
26 INFORMANT'S NAME, RELATIONSHIP <b>JANET ULIANA, DAUGHTER</b>		27 INFORMANT'S ADDRESS (Street and number, or route number, box or farm, state and zip) <b>125 ARAGON BLVD., SAN MATEO, CA 94402</b>			
28 NAME OF SURVIVING SPOUSE/SDP—FIRST <b>-</b>		29 MIDDLE <b>-</b>		30 LAST (BIRTH NAME) <b>-</b>	
31 NAME OF FATHER/PARENT—FIRST <b>CELESTIN</b>		32 MIDDLE <b>-</b>		33 LAST <b>JAUSSAUD</b>	
34 BIRTH STATE <b>FRANCE</b>		35 NAME OF MOTHER/PARENT—FIRST <b>IRMA</b>		36 MIDDLE <b>-</b>	
37 LAST (BIRTH NAME) <b>JOURDAN</b>		38 BIRTH STATE <b>PA</b>			
39 DISPOSITION DATE mm/dd/yyyy <b>06/22/2017</b>		40 PLACE OF FINAL DISPOSITION <b>HOLY CROSS CATHOLIC CEMETERY 1500 OLD MISSION ROAD, COLMA, CA 94014</b>			
41 TYPE OF DISPOSITION <b>CR/BU</b>		42 SIGNATURE OF REGISTRAR <b>SCOTT MORROW, MD</b>		43 LICENSE NUMBER <b>-</b>	
44 NAME OF FUNERAL ESTABLISHMENT <b>SNEIDER &amp; SULLIVAN &amp; O'CONNELL'S FUNERAL HOME</b>		45 LICENSE NUMBER <b>FD230</b>		47 DATE mm/dd/yyyy <b>06/22/2017</b>	
101 PLACE OF DEATH <b>OWN RESIDENCE</b>		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> SNRP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home/DTO <input checked="" type="checkbox"/> Hospice Home <input type="checkbox"/> Other		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice Home <input type="checkbox"/> Home <input type="checkbox"/> Other	
104 COUNTY <b>SAN MATEO</b>		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>125 ARAGON BLVD.</b>		106 CITY <b>SAN MATEO</b>	
107 CAUSE OF DEATH <b>CHRONIC RESPIRATORY FAILURE</b>		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109 BIRTH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>CHRONIC RESPIRATORY FAILURE</b>		110 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>	
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: <b>05/19/2017</b> Decedent Last Seen Alive: <b>06/16/2017</b>		115 SIGNATURE AND TITLE OF CERTIFIER <b>MAUREEN DUDGEON M.D.</b>		116 LICENSE NUMBER <b>G89401</b>	
117 DATE mm/dd/yyyy <b>06/22/2017</b>		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>MAUREEN DUDGEON M.D. 1670 S. AMPHLETT BLVD., SUITE #300, SAN MATEO, CA 94402</b>			
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"/> Pending investigation <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 Hour)			
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 #	
				GENSUS TRACT	
*010001003592891*					



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 **AUG 15 2017**

By \_\_\_\_\_, Deputy      DATE ISSUED \_\_\_\_\_

CASANMAT02      This copy not valid unless prepared on engraved border displaying date, seal and signature of Recorder.

**Order No.: 01903324-DKD**

**EXHIBIT A**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 7, in Block M, as set forth on that certain Final Map of SUNRIDGE HEIGHTS, PHASES 7B AND 9, a Planned Unit Development, recorded in the office of the Douglas County Recorder on September 5, 1995 in Book 995, Page 410, as Document No. 369825, and by Certificate of Amendment recorded August 14, 1996, in Book 896, Page 2588, as Document No. 394289.

APN: 1420-18-510-003

