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KAREN ELLISON, RECORDER

**Recording Requested by
and when recorded mail to:**
David E. Miller, Attorney at Law
601 Van Ness Ave., Suite 2050
San Francisco, CA 94102

Space above this line for Recorder's use

AFFIDAVIT-DEATH OF TRUSTOR/TRUSTEE

JON M. WHITE, of legal age, being first duly sworn, deposes and says:

- 1. It is noted that JON M. WHITE is the sole Trustee of the WHITE LIVING TRUST dated August 19, 2017.
- 2. That CHRISTINE WHITE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CHRISTINE L. WHITE, named as one of the parties in that certain deed dated August 19, 2017, executed by JON WHITE and CHRISTINE WHITE (his wife), to JON M. WHITE and CHRISTINE L. WHITE, TRUSTEES, WHITE LIVING TRUST dated August 19, 2017, recorded as Instrument No. 2018-916532 on July 9, 2018, of Official Records of the County of Douglas, State of Nevada, covering the following described property: Lot 2, Block A, as shown on the Map of Foothill Estates, filed in the office of the recorder of Douglas County, Nevada on November 13, 1962, Document No. 21266, official records. A.P.N.: 1318-23-611-002, 270 Terrace View Drive, Stateline, Nevada 89449.

Dated: October 3, 2021

JON M. WHITE

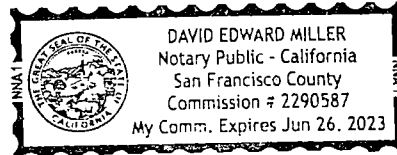
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 3rd day of October, 2021, by JON M. WHITE, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature

DAVID EDWARD MILLER
Name (Typed or Printed)



Mail Tax Statements To:

Mr. Jon M. White
3636 Bloomsbury Way
San Jose, CA 95132

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH


3202143007312

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) CHRISTINE		3. LAST (Family) WHITE	
2. MIDDLE -			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) CHRISTINE LAM WHITE			
4. DATE OF BIRTH mm/dd/yyyy 06/27/1960		5. AGE Yrs. 61	
6. SEX F		7. DATE OF DEATH mm/dd/yyyy 08/07/2021	
9. BIRTH STATE/FOREIGN COUNTRY VIETNAM		10. SOCIAL SECURITY NUMBER 5189	
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) MARRIED	
13. EDUCATION - Highest Level/Degree (See worksheet on back) ASSOCIATE		14. WAS DECEDENT HISPANIC/LATINCA/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED COMMODITY MANAGER		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 COMMODITY MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) TECH	
19. YEARS IN OCCUPATION 30			
20. DECEDENT'S RESIDENCE (Street and number, or location) 3636 BLOOMSBURY WAY			
21. CITY SAN JOSE		22. COUNTY/PROVINCE SANTA CLARA	
23. ZIP CODE 95132		24. YEARS IN COUNTY 40	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JON WHITE, HUSBAND		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3636 BLOOMSBURY WAY, SAN JOSE, CA 95132	
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST JON		29. MIDDLE MACLEAY	
30. LAST (BIRTH NAME) WHITE			
31. NAME OF FATHER/PARENT - FIRST NGUYEN		32. MIDDLE CHUONG	
33. LAST (BIRTH NAME) LAM		34. BIRTH STATE VIETNAM	
35. NAME OF MOTHER/PARENT - FIRST KHANH		36. MIDDLE -	
37. LAST (BIRTH NAME) TRAN		38. BIRTH STATE CHINA	
39. DISPOSITION DATE mm/dd/yyyy 08/12/2021		40. PLACE OF FINAL DISPOSITION MISSION CITY MEMORIAL PARK 420 N. WINCHESTER BLVD, SANTA CLARA, CA 95050	
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER MARK WAYNE COMEAU	
43. LICENSE NUMBER EMB8825			
44. NAME OF FUNERAL ESTABLISHMENT SPANGLER MORTUARY		45. LICENSE NUMBER FD910	
46. SIGNATURE OF LOCAL REGISTRAR SARA H. CODY, MD		47. DATE mm/dd/yyyy 08/11/2021	
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL-SANTA CLARA		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/JC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY SANTA CLARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 700 LAWRENCE EXPY	
106. CITY SANTA CLARA			
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) COMPLICATION OF TRAUMATIC BRAIN INJURY		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. ECOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. ALTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETE. CAUSING 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 "OF") PULMONARY HYPERTENSION AND DIABETES MELLITUS TYPE 2			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list (type of operation and date) CRANIOTOMY (UNKNOWN), CRANIOPLASTY (04/27/2018)		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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: <input type="checkbox"/> (A) mm/dd/yyyy <input type="checkbox"/> (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER SARA H. CODY, MD	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
118. DATE mm/dd/yyyy 08/11/2021		119. DATE mm/dd/yyyy 12/--/2017	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 12/--/2017	
122. HOUR (24 Hour) UNK			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) RESIDENCE			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) REPORT OF FALL WHILE ON A TREADMILL			
125. LOCATION OF INJURY (Street and number, or location, and city and zip) 3636 BLOOMSBURY WAY, SAN JOSE, CA 95132			
126. SIGNATURE OF CORONER/DEPUTY CORONER MEHDI KOOLAE MD		127. DATE mm/dd/yyyy 08/11/2021	
128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER MEHDI KOOLAE MD, ME			
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } DATE ISSUED
COUNTY OF SANTA CLARA } SS By **08/18/2021**

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.


 H 3 5 3 9 9 1 5
Sara H. Cody, MD
 SARA H. CODY
 HEALTH OFFICER AND LOCAL REGISTRAR
 OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

