



KAREN ELLISON, RECORDER

After Recording, Mail to:

Mary Tanner, Successor Trustee  
Marie Jepsen Tanner Family Trust under the Tanner Family Trust  
18 Cotella Court  
Alameda, CA 94502

The undersigned affirms that this document, and all exhibits which may be attached hereto, DOES contain the social security number of a person, pursuant to NRS 443.380.

## AFFIDAVIT OF SUCCESSOR TRUSTEE

Mary Tanner of Alameda, California, being first duly sworn, does hereby swear under penalty of perjury under the laws of the State of Nevada that the following statements are true:

1. By instrument dated May 11, 1981, Marie Jepsen Tanner and Edwin S. Tanner executed the Tanner Family Trust Agreement ("Trust").
2. The Trust appointed Sam R. Morley, Deceased, to serve as Successor Trustee upon the death or incapacity of Marie Jepsen Tanner and Edwin S. Tanner. Upon the death of Sam R. Morley, the Trust appointed Wells Fargo Bank as Successor Trustee. Wells Fargo Bank declined to so serve. On November 22, 2021, the Ninth Judicial District Court of Nevada in and for the County of Douglas appointed and confirmed Mary Tanner as Trustee of the Marie Jepsen Tanner Family Trust under the Tanner Family Trust u/d/t May 11, 1981 in Case No. 2021-PB-00143. A copy of the Order After Hearing on Petition for the Court to Assume Jurisdiction of Non-Testamentary Trust and Appoint Petitioner as Trustee Pursuant to NRS 164,010 and 253.031 is attached hereto as Exhibit "A."
3. Marie Jepsen Tanner died on March 2, 1987, which death was recorded by Document 0637403 on February 24, 2005 in the official records of the Douglas County Recorder. Edwin S. Tanner died on December 24, 2020. Attached hereto as Exhibit "B" is a certified copy of the death certificate of Edwin S. Tanner.
4. Pursuant to the terms of the Trust, Mary Tanner has consented to act and has assumed the powers and duties as the Successor Trustee of the Trust.
5. Mary Tanner is authorized under the terms of the Trust and applicable provisions of Nevada Revised Statutes to act as the Successor Trustee with respect to the Trust's interest in any

property.

6. The following described real property is part of the Trust estate:

Lots 15 and 16 according to the Second Amended Plat of the Elks Subdivision; being a portion of Sections 15 1nd 16, Township 13 North, Range 18 East, M.D.B. & M. Douglas County, Nevada filed June 5, 1952, ass File NO. 8537, together with all personal property and improvements located thereon.

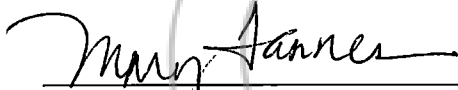
Parcel No. 1318-15-410-013

Commonly known as: 432 Elks Avenue, Elk Point, Nevada

Per NRS 111.312, this legal description was previously recorded on February 24, 2005 as Document No. 0637403 of the official records of the Douglas County Recorder.

7. No other person has a right to the interest of the Trust in the described property
8. The described property shall be transferred to Mary Tanner as Successor Trustee of the Marie Jepsen Tanner Family Trust under the Tanner Family Trust u/d/t May 11, 1981.

DATED This 7<sup>th</sup> day of January, 2022



MARY TANNER, Successor Trustee of  
THE MARIE JEPSEN TANNER FAMILY TRUST under THE TANNER FAMILY  
TRUST

**SEE ATTACHED ACKNOWLEDGEMENT**

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

State of California

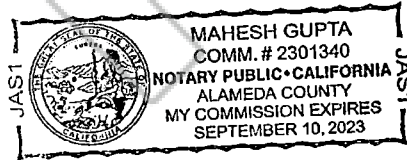
County of Alameda

On 1/7/22 before me, Mahesh Gupta, Notary Public, personally appeared Mary Tanner, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person (s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature [Handwritten Signature] (Seal)



COPY

**EXHIBIT A**

RECEIVED

FILED

1 Case No. 2021-PB-00143

NOV 18 2021

2 Dept. No. II

Douglas County  
District Court Clerk

7:21 NOV 22 PM 1:53

WILLIAMS

A. PONCE

3

4

**IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**

5

**IN AND FOR THE COUNTY OF DOUGLAS**

6

\*\*\*\*\*

7

In the Matter of:

**ORDER AFTER HEARING ON  
PETITION FOR COURT TO ASSUME  
JURISDICTION OF NON-  
TESTAMENTARY TRUST AND  
APPOINT PETITIONER AS TRUSTEE  
PURSUANT TO NRS 164.010 AND  
153.031**

8

THE TANNER FAMILY TRUST  
dated May 11, 1981.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

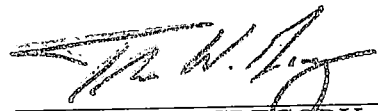
28

This matter came on hearing on November 22, 2021 before the Court on the Petition filed by Mary Tanner on October 13, 2021 asking the Court to assume jurisdiction of the Marie Jepsen Tanner Family Trust under the Tanner Family Trust u/d/t May 11, 1981 and appoint her as the Trustee of the Trust. Appearing on behalf of Petitioner was her attorney of record, Judy M. Sheldrew of the Law Office of Karen L. Winters. It appears that the Marie Jepsen Tanner Family Trust under the Tanner Family Trust u/d/t May 11, 1981 is domiciled in this State by virtue of it owning real property located in Douglas County, Nevada. This Court having considered the Petition, no opposition to the Petition having been received, and good cause appearing,

IT IS HEREBY ORDERED THAT the Court assume jurisdiction of the Marie Jepsen Tanner Family Trust under the Tanner Family Trust u/d/t May 11, 1981 and appoint and confirm Mary Tanner, a beneficiary of the Trust who lives in Alameda, California, as Trustee of the Marie Jepsen Tanner Family Trust under the Tanner Family Trust u/d/t May 11, 1981, with the authority to make decisions in all matters pertaining to administration of the Trust.

DATED this 22<sup>nd</sup> day of November, 2021.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28



1122121

THOMAS W. GREGORY  
DISTRICT COURT JUDGE

21 - PB - 143

Order After Hearing

COPY

COPY

**EXHIBIT B**

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF SAN MATEO

**HEALTH SYSTEM**  
SAN MATEO, CALIFORNIA

3052020295210

**CERTIFICATE OF DEATH**

3202041004720

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1162)(V-2)(S)</small>				LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		2 MIDDLE		3 LAST (Family)			
EDWIN		STANLEY		TANNER			
4A ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy		5 AGE Yrs		6 SEX	
		08/12/1932		88		M	
8 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER		11 EVER IN U.S. ARMED FORCES?		12 MARITAL STATUS (See Instructions)	
IA		[REDACTED] 4693		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13 EDUCATION - Highest Level/Degree (See instructions on back)		14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see code sheet on back)		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		7 DATE OF DEATH mm/dd/yyyy	
MASTER'S		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE		12/24/2020	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)				19 YEARS IN OCCUPATION	
OWNER		MOVING AND STORAGE				44	
20 DECEDENT'S RESIDENCE (Street and number, or location)							
501 SAN BENITO AVE.							
21 CITY		22 COUNTY/PROVINCE		23 ZIP CODE		24 YEARS IN COUNTY	
MENLO PARK		SAN MATEO		94025		63	
25 STATE OF ORIGIN COUNTRY		26 INFORMANT'S NAME, RELATIONSHIP					
CA		LAURA TANNER, WIFE					
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip)							
501 SAN BENITO AVE., MENLO PARK, CA 94025							
28 NAME OF SURVIVING SPOUSE/SPOPE-FIRST		29 MIDDLE		30 LAST (BIRTH NAME)			
LAURA		GENEVIEVE		HERRING			
31 NAME OF FATHER/PARENT-FIRST		32 MIDDLE		33 LAST			
STANLEY		ALBERT		TANNER			
34 BIRTH STATE		35 NAME OF MOTHER/PARENT-FIRST		36 MIDDLE		37 LAST (BIRTH NAME)	
IA		HELEN		MABEL		38 BIRTH STATE	
IA							
39 DISPOSITION DATE mm/dd/yyyy		40 PLACE OF FINAL DISPOSITION (RES OF LAURA TANNER)					
12/28/2020		501 SAN BENITO AVE., MENLO PARK, CA, CA 94025					
41 TYPE OF DISPOSITION:		42 SIGNATURE OF EMBALMER				43 LICENSE NUMBER	
CR/RES		NOT EMBALMED					
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR		47 DATE mm/dd/yyyy	
SPANGLER MORTUARY		FD910		SCOTT MORROW, MD		12/24/2020	
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE		103 IF OTHER THAN HOSPITAL, SPECIFY ONE			
OWN RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ENCP <input type="checkbox"/> OOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106 CITY			
SAN MATEO		501 SAN BENITO AVE.		MENLO PARK			
107 CAUSE OF DEATH		108 DEATH REPORTED TO CORONER?				109 BIOPSY PERFORMED?	
IMMEDIATE CAUSE (Final cause or condition resulting in death)		Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT include terminal events such as cardiac arrest, respiratory arrest, or vascular dysfunction without showing the etiology. DO NOT ABBREVIATE.				Time interval between Death and Death	
(A) CARDIORESPIRATORY ARREST						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) COMPLICATIONS OF PARKINSONS DISEASE						RESPONSE NUMBER	
(C) [REDACTED]						(BT) MIN	
(D) [REDACTED]						(BU) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(E) [REDACTED]						(BV) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(F) [REDACTED]						(BW) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(G) [REDACTED]						(BX) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(H) [REDACTED]						(BY) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(I) [REDACTED]						(BZ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(J) [REDACTED]						(CA) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(K) [REDACTED]						(CB) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(L) [REDACTED]						(CC) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(M) [REDACTED]						(CD) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(N) [REDACTED]						(CE) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(O) [REDACTED]						(CF) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(P) [REDACTED]						(CG) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(Q) [REDACTED]						(CH) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(R) [REDACTED]						(CI) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(S) [REDACTED]						(CJ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(T) [REDACTED]						(CK) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(U) [REDACTED]						(CL) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(V) [REDACTED]						(CM) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(W) [REDACTED]						(CN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(X) [REDACTED]						(CO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(Y) [REDACTED]						(CP) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(Z) [REDACTED]						(CQ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AA) [REDACTED]						(CR) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AB) [REDACTED]						(CS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AC) [REDACTED]						(CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AD) [REDACTED]						(CU) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AE) [REDACTED]						(CV) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AF) [REDACTED]						(CW) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AG) [REDACTED]						(CX) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AH) [REDACTED]						(CY) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AI) [REDACTED]						(CZ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AJ) [REDACTED]						(CA) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AK) [REDACTED]						(CB) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AL) [REDACTED]						(CC) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AM) [REDACTED]						(CD) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AN) [REDACTED]						(CE) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AO) [REDACTED]						(CF) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AP) [REDACTED]						(CG) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AQ) [REDACTED]						(CH) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AR) [REDACTED]						(CI) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AS) [REDACTED]						(CJ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AT) [REDACTED]						(CK) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AU) [REDACTED]						(CL) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AV) [REDACTED]						(CM) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AW) [REDACTED]						(CN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AX) [REDACTED]						(CO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AY) [REDACTED]						(CP) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(AZ) [REDACTED]						(CQ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BA) [REDACTED]						(CR) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BB) [REDACTED]						(CS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BC) [REDACTED]						(CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BD) [REDACTED]						(CU) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BE) [REDACTED]						(CV) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BF) [REDACTED]						(CW) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BG) [REDACTED]						(CX) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BH) [REDACTED]						(CY) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BI) [REDACTED]						(CZ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BJ) [REDACTED]						(CA) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BK) [REDACTED]						(CB) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BL) [REDACTED]						(CC) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BM) [REDACTED]						(CD) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BN) [REDACTED]						(CE) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BO) [REDACTED]						(CF) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BP) [REDACTED]						(CG) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BQ) [REDACTED]						(CH) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BR) [REDACTED]						(CI) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BS) [REDACTED]						(CJ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BT) [REDACTED]						(CK) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BU) [REDACTED]						(CL) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BV) [REDACTED]						(CM) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BW) [REDACTED]						(CN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BX) [REDACTED]						(CO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BY) [REDACTED]						(CP) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(BZ) [REDACTED]						(CQ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CA) [REDACTED]						(CR) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CB) [REDACTED]						(CS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CC) [REDACTED]						(CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CD) [REDACTED]						(CU) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CE) [REDACTED]						(CV) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CF) [REDACTED]						(CW) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CG) [REDACTED]						(CX) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CH) [REDACTED]						(CY) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CI) [REDACTED]						(CZ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CJ) [REDACTED]						(CA) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CK) [REDACTED]						(CB) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CL) [REDACTED]						(CC) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CM) [REDACTED]						(CD) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CN) [REDACTED]						(CE) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CO) [REDACTED]						(CF) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CP) [REDACTED]						(CG) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CQ) [REDACTED]						(CH) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CR) [REDACTED]						(CI) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CS) [REDACTED]						(CJ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CT) [REDACTED]						(CK) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CU) [REDACTED]						(CL) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CV) [REDACTED]						(CM) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CW) [REDACTED]						(CN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CX) [REDACTED]						(CO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CY) [REDACTED]						(CP) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CZ) [REDACTED]						(CQ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CA) [REDACTED]						(CR) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CB) [REDACTED]						(CS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CC) [REDACTED]						(CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CD) [REDACTED]						(CU) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CE) [REDACTED]						(CV) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CF) [REDACTED]						(CW) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CG) [REDACTED]						(CX) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CH) [REDACTED]						(CY) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CI) [REDACTED]						(CZ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CJ) [REDACTED]						(CA) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CK) [REDACTED]						(CB) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CL) [REDACTED]						(CC) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CM) [REDACTED]						(CD) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CN) [REDACTED]						(CE) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CO) [REDACTED]						(CF) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CP) [REDACTED]						(CG) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CQ) [REDACTED]						(CH) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CR) [REDACTED]						(CI) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CS) [REDACTED]						(CJ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CT) [REDACTED]						(CK) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CU) [REDACTED]						(CL) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CV) [REDACTED]						(CM) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CW) [REDACTED]						(CN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CX) [REDACTED]						(CO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CY) [REDACTED]						(CP) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CZ) [REDACTED]						(CQ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CA) [REDACTED]						(CR) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CB) [REDACTED]						(CS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CC) [REDACTED]						(CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CD) [REDACTED]						(CU) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CE) [REDACTED]						(CV) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CF) [REDACTED]						(CW) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CG) [REDACTED]						(CX) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CH) [REDACTED]						(CY) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CI) [REDACTED]						(CZ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CJ) [REDACTED]						(CA) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CK) [REDACTED]						(CB) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CL) [REDACTED]						(CC) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CM) [REDACTED]						(CD) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CN) [REDACTED]						(CE) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CO) [REDACTED]						(CF) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CP) [REDACTED]						(CG) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CQ) [REDACTED]						(CH) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CR) [REDACTED]						(CI) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CS) [REDACTED]						(CJ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CT) [REDACTED]						(CK) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CU) [REDACTED]						(CL) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CV) [REDACTED]						(CM) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CW) [REDACTED]						(CN) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CX) [REDACTED]						(CO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CY) [REDACTED]						(CP) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CZ) [REDACTED]						(CQ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CA) [REDACTED]						(CR) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CB) [REDACTED]						(CS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CC) [REDACTED]						(CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CD) [REDACTED]						(CU) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CE) [REDACTED]						(CV) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CF) [REDACTED]						(CW) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CG) [REDACTED]						(CX) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CH) [REDACTED]						(CY) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CI) [REDACTED]						(CZ) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CJ) [REDACTED]						(CA) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CK) [REDACTED]						(CB) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CL) [REDACTED]						(CC) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CM) [REDACTED]						(CD) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(CN) [REDACTED]						(CE) YES <input type="checkbox"/> NO	



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM

SAN MATEO, CALIFORNIA

3052020295210

AFFIDAVIT TO AMEND A RECORD

3202041004720

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

LOCAL REGISTRATION NUMBER

1.1

BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

Form with fields for 1A NAME-FIRST, 1B MIDDLE, 1C LAST, 2 SEX, 3 DATE OF EVENT, 4 CITY OF EVENT, 5 COUNTY OF EVENT, 6 FULL NAME OF FATHER/PARENT, 7 FULL NAME OF MOTHER/PARENT.

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

Table with 3 columns: 8 ITEM NUMBER TO BE CORRECTED, 9 INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD, 10 CORRECTED INFORMATION AS IT SHOULD APPEAR.

REASON FOR CORRECTION

Affidavits and Signatures section with fields for 12A SIGNATURE OF FIRST PERSON, 12B PRINTED NAME, 12C TITLE/RELATIONSHIP TO PERSON IN PART I, 12D ADDRESS, 12E DATE SIGNED, 13A SIGNATURE OF SECOND PERSON, 13B PRINTED NAME, 13C TITLE/RELATIONSHIP TO PERSON IN PART I, 13D ADDRESS, 13E DATE SIGNED, 14 OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR, 15 DATE ACCEPTED FOR REGISTRATION.

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS FORM VS 24a (REV. 1/08) 1.1

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

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

DATE ISSUED 01/04/2021 Herminia Gabe



\* 001078996 \*

Signature of Scott Morrow, MD, Health Officer and Registrar

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

