

RECORDING REQUESTED BY:

Umbert C. Von Hofen

When Recorded Mail To:

Umbert C. Von Hofen  
9901 Pyramid Way  
Discovery Bay, CA  
94505



KAREN ELLISON, RECORDER

A.P.N.: 1220-24-410-015

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA

COUNTY OF Contra Costa

Umbert C. Von Hofen, being of legal age, and first duly sworn, deposes and says:

1. That Kathleen Ann Von Hofen, the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in that certain Declaration of Trust dated April 6, 2000 executed by Umbert C. von Hofen and Kathleen Ann Hofen, as Trustor(s).
2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 608 Frontage Rd, Gardnerville, NV, which property is described in the Deed which was signed by Sandra J. Jacopetti as Grantor(s) and recorded as instrument no. 0680599 of Official Records on 07/26/2006. The property is situated in the County of Douglas, State of Nevada.

The legal description of said property is as follows: Lot 15, River View Estates, Parcel 1220-24-410-015 Doc# 30403 Douglas County, Nevada 89410  
See Exhibit "A" attached hereto and made a part hereof.

3. I, Umbert C. Von Hofen am the named Successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.
4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of California that the foregoing is true and correct.

INITIALS: U. von Hofen

MAIL TAX STATEMENTS AS DIRECTED ABOVE

Date: April 6, 2022

Umbert C. von Hofen

Umbert C. von Hofen

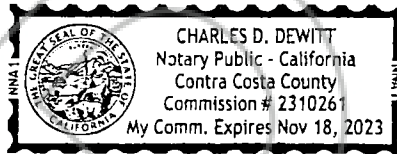
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of CONTRA COSTA

Subscribed and sworn to (or affirmed) before me on this SIXTH day of APRIL,  
2022, by UMBERT C. VON HOFEN

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Charles D. Dewitt (Seal)



**MAIL TAX STATEMENTS AS DIRECTED ABOVE**

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

3052016012124

### CERTIFICATE OF DEATH

3201607000360

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / WITH STAMPS, INITIALS OR ALTERNATION; 1997-2016		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) KATHLEEN		2 MIDDLE ANN		3 LAST (Family) VON HOFEN	
4A ALIEN BORN IN AS - Include full AKA (FIRST, MIDDLE, LAST) KATHY VON HOFEN		4 DATE OF BIRTH mm/dd/yyyy 04/11/1944		5 AGE Yrs 71	
6 BIRTH STATE/FOREIGN COUNTRY WA		10 SOCIAL SECURITY NUMBER [REDACTED]-0029		11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13 EDUCATION - Highest Level (Specify as applicable on back) ASSOCIATE		14 WAS DECEDENT HISPANIC/LATINO/SPANISH? (Specify age in months on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE - Up to 3 races may be listed (and worked on back) WHITE	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CERTIFIED DESIGNER		18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, food distribution, employment agency, etc.) CERTIFIED KITCHEN AND BATH DESIGN		19 YEARS IN OCCUPATION 18	
20 DECEDENT'S RESIDENCE (Street and number, or location) 9901 PYRAMID WAY					
21 CITY DISCOVERY BAY		22 COUNTY/PROVINCE CONTRA COSTA		23 ZIP CODE 94505	
24 YEARS IN COUNTY 3		25 STATE/FOREIGN COUNTRY CA			
26 INFORMANT'S NAME, RELATIONSHIP UMBERT VON HOFEN, HUSBAND			27 INFORMANT'S MAILING ADDRESS (Street and number, or location, city or town, state and zip) 9901 PYRAMID WAY, DISCOVERY BAY, CA 94505		
28 NAME OF SURVIVING SPOUSE/SPOPE--FIRST UMBERT		29 MIDDLE CARL		30 LAST (BIRTH NAME) VON HOFEN	
31 NAME OF FATHER/PARENT--FIRST EDWARD		32 MIDDLE ROGER		33 LAST DUBE	
34 BIRTH STATE MA		35 NAME OF MOTHER/PARENT--FIRST MARIAN		36 MIDDLE THERESA	
37 LAST (BIRTH NAME) CARLSEN		38 BIRTH STATE WA			
39 DISPOSITION DATE mm/dd/yyyy 01/26/2016		40 PLACE OF FINAL DISPOSITION UCSF WILLED BODY PROGRAM 513 PARNASSUS AVENUE, SAN FRANCISCO, CA 94143-0902			
41 TYPE OF DISPOSITION SU		42 SIGNATURE OF EMBALMER NOT EMBALMED		43 LICENSE NUMBER	
44 NAME OF FUNERAL ESTABLISHMENT UCSF WILLED BODY PROGRAM		45 LICENSE NUMBER NONE		46 SIGNATURE OF LOCAL REGISTRAR WILLIAM WALKER M.D.	
47 DATE mm/dd/yyyy 01/22/2016					
101 PLACE OF DEATH WESTMONT OF BRENTWOOD					
102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> LUM <input type="checkbox"/> OTHER		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other <input checked="" type="checkbox"/> Other			
104 COUNTY CONTRA COSTA		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 450 JOHN MUIR PARKWAY		106 CITY BRENTWOOD	
107 CAUSE OF DEATH Enter the exact or proximate, remote, or contributory cause - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular collapse without stating the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final cause or condition resulting in death) A CARDIOVASCULAR EVENT A ATRIAL FIBRILLATION B HYPERTENSION 108 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO DAYS 2016-0254 109 EMPOXY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110 AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111 LINED IN DETERMINED 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 ALZHEIMER'S DISEASE					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES LISTED. Decedent: [REDACTED] Date: [REDACTED] Location: [REDACTED]		115 SIGNATURE AND TITLE OF CERTIFIER APURVA SAMANT PINNAMANANI M.D.		116 LICENSE NUMBER 117 DATE A114984 01/21/2016	
118 TYPE, ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 02/24/2015 01/17/2016 4501 SAND CREEK ROAD, ANTIOCH, CA 94531		APURVA SAMANT PINNAMANANI M.D.			
119 I CERTIFY THAT ANY OTHER DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES LISTED. 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
121 INJURY DATE mm/yyyy					
122 INJURY (Date)					
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	
*010001003143205*					

Effective 06/25/15:

*William Walker M.D.*

WILLIAM WALKER, M.D., Health Officer

### CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF CONTRA COSTA } SS

DATE ISSUED 01/25/2016



\* 0 0 1 1 4 2 8 2 5 \*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

*Wendell Brunner M.D.*  
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

P&VC (Rev) 09/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

