

ASSESSOR'S PARCEL NO. 1318-09-810-015

WHEN RECORDED MAIL TO:

MARION L. BROWN, ESQ.
ANDERSON YAZDI HWANG MINTON +
HORN LLP
350 PRIMROSE ROAD
BURLINGAME, CA 94010

MAIL TAX NOTICES TO:

ROBERT H. BURNHAM, TRUSTEE
2201 CARMELITA DRIVE
SAN CARLOS, CA 94070

Affidavit of Successor Trustee

The undersigned ROBERT H. BURNHAM, of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. PATRICIA E. BURNHAM is named as Trustee under that certain Survivor's Trust (the "Trust") under the Robert L. Burnham and Patricia E. Burnham Revocable Trust dated March 30, 1993, as amended (herein, the "Trust Agreement").
2. PATRICIA E. BURNHAM, also known as PATRICIA ELAINE BURNHAM, died on June 18, 2021, and is the decedent named in that particular Certificate of Death attached hereto and made a part hereof.
3. PATRICIA E. BURNHAM is the same person named as a trustee grantee in that particular deed recorded as Document No. 0677788, on June 21, 2006, in the office of the Recorder of Douglas County, Nevada.
4. ROBERT H. BURNHAM is designated as the successor trustee under the Trust, to serve upon the death of PATRICIA E. BURNHAM. The Trust was in effect at the date of the death of PATRICIA E. BURNHAM and has not been revoked. ROBERT H. BURNHAM has consented to act as trustee under the Trust.


ROBERT H. BURNHAM, TRUSTEE

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 SAN MATEO)

ss.

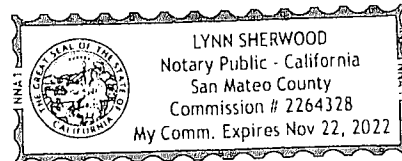
On Jan. 29, 2022, before me, Lynn Sherwood, a Notary Public, personally appeared ROBERT H. BURNHAM, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their 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 _____

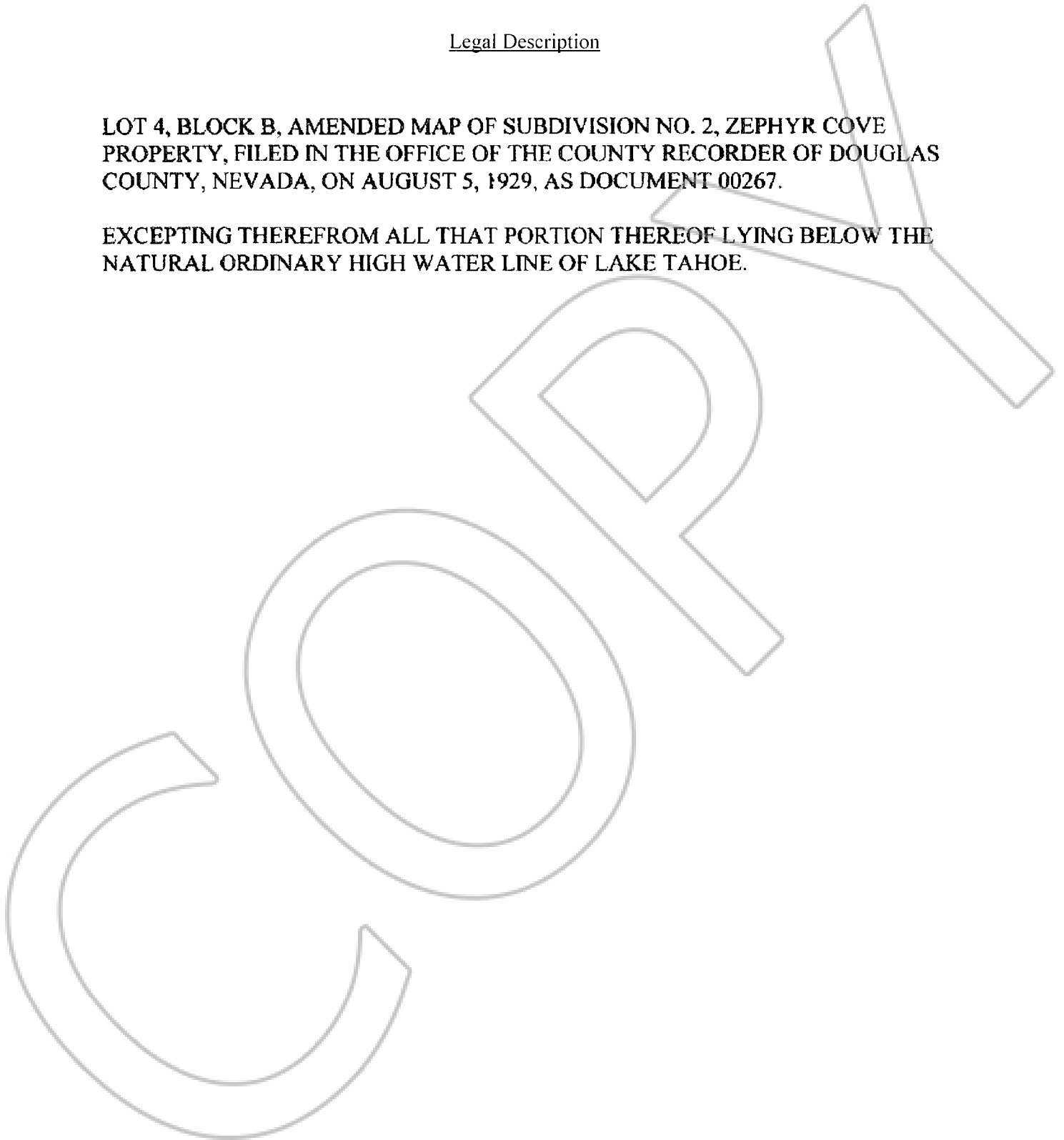
(SEAL)



Legal Description

LOT 4, BLOCK B, AMENDED MAP OF SUBDIVISION NO. 2, ZEPHYR COVE
PROPERTY, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS
COUNTY, NEVADA, ON AUGUST 5, 1929, AS DOCUMENT 00267.

EXCEPTING THEREFROM ALL THAT PORTION THEREOF LYING BELOW THE
NATURAL ORDINARY HIGH WATER LINE OF LAKE TAHOE.

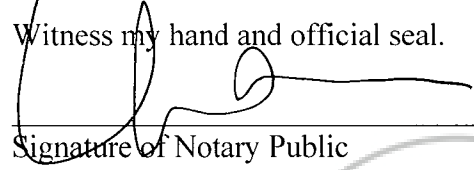


A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

State of California
County of San Mateo

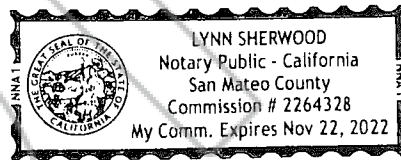
Subscribed and sworn to (or affirmed) before me on this 29 day of January,
2022 by Robert H. Burnham, proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.

Witness my hand and official seal.



Signature of Notary Public

[Affix Notary Seal]



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

HEALTH SYSTEM
SAN MATEO, CALIFORNIA

3052021157977

CERTIFICATE OF DEATH

3202141002461

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 9/05)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT-FIRST (Given) PATRICIA		2 MIDDLE ELAINE		3 LAST (Family) BURNHAM	
AKA, ALSO KNOWN AS - Include NJ AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy 05/26/1926	5 AGE Yrs 95	6 UNDER ONE YEAR Months Days	7 UNDER 24 HOURS Hours Minutes
9 BIRTH STATE/FOREIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER ██████ 1454	11 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12 MARITAL STATUS/SROP (at Time of Death) WIDOWED	8 SEX F
13 EDUCATION - Highest Level/Degree: 14/15 WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7 DATE OF DEATH mm/dd/yyyy 06/18/2021	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19 YEARS IN OCCUPATION 75	
20 DECEDENT'S RESIDENCE (Street and number, or location) 140 MESA VERDE WAY					
21 CITY SAN CARLOS		22 COUNTY/PROVINCE SAN MATEO		23 ZIP CODE 94070	24 YEARS IN COUNTY 70
25 STATE/FOREIGN COUNTRY CA		27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2201 CARMELITA DRIVE, SAN CARLOS, CA 94070			
28 INFORMANT'S NAME, RELATIONSHIP ROBERT BURNHAM, SON					
28 NAME OF SURVIVING SPOUSE/SRDP-FIRST		29 MIDDLE	30 LAST (BIRTH NAME)		
31 NAME OF FATHER/PARENT-FIRST HUGH		32 MIDDLE HENRY	33 LAST MAC DONALD		34 BIRTH STATE MA
35 NAME OF MOTHER/PARENT-FIRST ISABELLE		36 MIDDLE MARIE	37 LAST (BIRTH NAME) HOULE		38 BIRTH STATE WI
39 DISPOSITION DATE mm/dd/yyyy 06/23/2021		40 PLACE OF FINAL DISPOSITION HOLY CROSS CEMETERY SANTA CRUZ AVE. AT AVY AVE., MENLO PARK, CA 94025			
41 TYPE OF DISPOSITION(S) BU		42 SIGNATURE OF EMBALMER DELL CRANE		43 LICENSE NUMBER EMB7239	
44 NAME OF FUNERAL ESTABLISHMENT CRIPPEN & FLYNN CARLMONT CHAPEL		45 LICENSE NUMBER FD1825	46 SIGNATURE OF LOCAL REGISTRAR SCOTT MORROW, MD		
47 DATE mm/dd/yyyy 06/21/2021					
101 PLACE OF DEATH OWN RESIDENCE		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> BDA		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY SAN MATEO		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 140 MESA VERDE WAY		106 CITY SAN CARLOS	
107 CAUSE OF DEATH Enter the cause 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. DIASTOLIC CONGESTIVE HEART FAILURE		Time Interval Between Onset and Death YRS		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
(a) IMMEDIATE CAUSE (If all disease or condition resulting in death)		(b)		109 BICOPS PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(c) Sequentially list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that preceded the events resulting in death) LAST		(c)		110 ALTOPS PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(d)		(d)		111 USED IN DETERMINING 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 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CHRONIC KIDNEY DISEASE STAGE 3, CEREBROVASCULAR DISEASE, STAGE 4 PRESSURE ULCER OF THE SACRUM					
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 STATED. Decedent Ate/Drank Same Decedent Last Seen Alive		115 SIGNATURE AND TITLE OF CERTIFIER NICHOLAS SALPETER BUCKLEY D.O.		116 LICENSE NUMBER 117 DATE mm/dd/yyyy 20A18014 06/21/2021	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NICHOLAS SALPETER BUCKLEY D.O. 66 BOVET RD, SUITE 100, SAN MATEO, CA 94402	
05/26/2021		06/17/2021			
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE mm/dd/yyyy 122 HOUR (24 hours)	
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					
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
010001004984917				FAX AUTH #	
				CENSUS TRACT	

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 **06/24/2021** **Jovana Nuevo**

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



* 001107541 *

Scott Morrow MD
SCOTT MORROW, MD
HEALTH OFFICER AND REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE