

APN# 1320-33-811-037



SHAWNYNE GARREN, RECORDER

**Recording Requested by/Mail to:**

Name: Laurel B. Lyman

Address: 1200 California St., #14D

City/State/Zip: San Francisco, CA 94109

**Mail Tax Statements to:**

Name: Laurel B. Lyman

Address: 1200 California St., #14D

City/State/Zip: San Francisco, CA 94109

Affidavit - Death of Trustee

**Title of Document** (required)

**Please complete the Affirmation Statement below:**

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death** – NRS 440.380 (1)(A) & NRS 40.525 (5)
- Military Discharge** – NRS 419.020 (2)
- Other NRS** \_\_\_\_\_ (state specific law)

**-OR-**

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

\_\_\_\_\_  
Signature  
Laurel B. Lyman  
\_\_\_\_\_  
Printed Name

This document is being (re-)recorded to correct document # 0785328, and is correcting  
the title on property at 1319 Penn Lane, Gardnerville  
NV 89410

Recording requested by:

Laurel B. Lyman

And when recorded, mail to:  
Laurel B. Lyman  
1200 California St., #14D  
San Francisco, CA 94109

APN: 1320-33-811-037

For recorder's use

### AFFIDAVIT OF DEATH OF TRUSTEE

State of California )  
 ) ss.  
County of San Francisco )

Laurel B. Lyman, of legal age, being first duly sworn, deposes and says:

1. William Reed Lyman, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William R. Lyman named as Trustee in the Declaration of Trust dated April 15, 2011, and executed by William R. Lyman and Laurel B. Lyman as Settlers and Trustees.
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1319 Penn Lane, Gardnerville, NV 89410, which property is described in a Deed which was executed by William R. Lyman and Laurel B. Lyman, joint tenants with right of survivorship, as Grantors on June 7, 2011, and recorded as Document No. 0785328, in Book 0611, Page 4505, of Official Records of Douglas County, Nevada.
3. The legal description of said property is as follows:  
Lot 49, Block D, CHICHESTER ESTATES PH. 4, filed in the office of the County Recorder of Douglas County, Nevada and recorded December 11, 1997 in Book 1297, Page 2264, as Document No. 428220.
4. I am the named surviving 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 has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

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

Dated 1-25-24

Laurel B. Lyman  
Laurel B. Lyman

# CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

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 Francisco }

On January 25<sup>th</sup>, 2024 before me, Jose R. Hernandez Notary  
Date Insert Name and Title of the officer

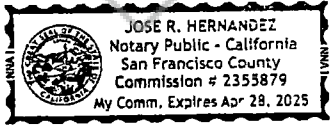
Public, personally appeared Laurel B. Lyman

Name(s) of Signer(s)

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]

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signers Name: \_\_\_\_\_

- Corporate Officer – Title(s) \_\_\_\_\_
- Partner -  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian or Conservator
- Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signers Name: \_\_\_\_\_

- Corporate Officer – Title(s) \_\_\_\_\_
- Partner -  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian or Conservator
- Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# CITY AND COUNTY OF SAN FRANCISCO

3052020271005

CERTIFICATE OF DEATH

3202038005869

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/06)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>WILLIAM</b>		2. MIDDLE <b>REED</b>		3. LAST (Family) <b>LYMAN</b>			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>10/20/1943</b>		5. AGE Yrs. <b>77</b>		IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes
6. SEX <b>M</b>		9. BIRTH STATE/FOREIGN COUNTRY <b>OR</b>		10. SOCIAL SECURITY NUMBER <b>-6040</b>		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SRDP (at Time of Death) <b>MARRIED</b>
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>MASTER'S</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/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>INTERNATIONAL BANKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>INTERNATIONAL BANKING</b>				19. YEARS IN OCCUPATION <b>40</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1200 CALIFORNIA STREET #14</b>							
21. CITY <b>SAN FRANCISCO</b>		22. COUNTY/PROVINCE <b>SAN FRANCISCO</b>		23. ZIP CODE <b>94109</b>		24. YEARS IN COUNTY <b>11</b>	25. STATE/FOREIGN COUNTRY <b>CA</b>
26. INFORMANT'S NAME, RELATIONSHIP <b>LAUREL LYMAN, SPOUSE</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1200 CALIFORNIA STREET #14, SAN FRANCISCO, CA 94109</b>					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>LAUREL</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>BEACH</b>			
31. NAME OF FATHER/PARENT - FIRST <b>VICTOR</b>		32. MIDDLE <b>VERNON</b>		33. LAST <b>LYMAN</b>		34. BIRTH STATE <b>NE</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>LOUISE</b>		36. MIDDLE <b>-</b>		37. LAST (BIRTH NAME) <b>GUERNEY</b>		38. BIRTH STATE <b>NE</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>12/02/2020</b>		40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF LAUREL LYMAN 1200 CALIFORNIA STREET #14, SAN FRANCISCO, CA 94109</b>					
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>TULIP CREMATION</b>		45. LICENSE NUMBER <b>FD2322</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>TOMAS ARAGON, MD, DR.P.H.</b>		47. DATE mm/dd/yyyy <b>12/02/2020</b>	
101. PLACE OF DEATH <b>SAGEBROOK AT SAN FRANCISCO</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home...TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY <b>SAN FRANCISCO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2750 GEARY BLVD.</b>				106. CITY <b>SAN FRANCISCO</b>	
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal event(s) such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE. <b>(A) RESPIRATORY ARREST</b> <b>(B) ACUTE MYOCARDIAL INFARCTION</b> <b>(C) ATHEROSCLEROTIC HEART DISEASE</b>		Time Interval Between Death and Death Referral Number (A) MINS (B) 1 HR (C) YRS (D)		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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 <b>ALZHEIMER'S DISEASE</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>11/11/2020</b> Decedent Last Seen Alive: <b>11/18/2020</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>RICHARD PAUL MOSKOWITZ M.D.</b>		116. LICENSE NUMBER <b>G49392</b>	
117. DATE <b>12/01/2020</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RICHARD PAUL MOSKOWITZ M.D. 42808 CHRISTY STREET SUITE 216, FREMONT, CA 94538</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"/> Accidental <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. HOUR (24 Hours)	
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	

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.

DATE ISSUED

DEC 31 2020



003780976

*Tomás Aragón*  
TOMÁS ARAGON, MD, DRPH  
COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASANFRADJ

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

3052020271005

AFFIDAVIT TO AMEND A RECORD

3202038005869

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 Name (First, Middle, Last), Sex, Date of Event, City of Event, County of Event, and Full Name of Father/Mother.

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

Table with 3 columns: Item Number to be Corrected, Incorrect Information that Appears on Original Record, and Corrected Information as it should appear.

REASON FOR CORRECTION

Affidavits and Signatures section with fields for 12A-12C, 13A-13E, and 14-15.

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



FORM VS 24e (REV. 1/08)

1.1

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.

DATE ISSUED

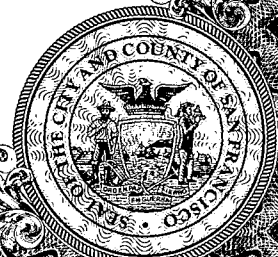
DEC 31 2020



Tomás Aragón, MD, MPH COUNTY HEALTH OFFICER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CASANFRADJ