

Official Record

Requested By
GOICOECHEA & DIGRAZIA

Elko County - NV

D. Mike Smales - Recorder

Page 1 of 6 Fee: \$19.00
Recorded By: ST RPTT:

RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Goicoechea & DiGrazia
530 Idaho Street
Elko, NV 89801



Space Above This Line for
Recorder's Use Only

A.P.N. 007-080-034 & 007-080-0BK

File No.: 151-2453346 (JH)

Affidavit - Death of Trustee

State of NV)
)ss.
County of Elko)

James W. Ebert, Thomas F. Ebert and Catherine A. Ebert ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Rachel Ann Ebert** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **1/18/2010** at **Saratoga, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **July 25, 1985** executed by **William H. Ebert and Rachel Ann Ebert** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed Trust Transfer** dated **9/23/1992** which was recorded as Instrument No. **356942** in Book **865**, Page **894**, of Official Records of **Elko** County, Nevada as legally described as follows:

AN UNDIVIDED ONE-THIRD (1/3) INTEREST IN AND TO THE FOLLOWING DESCRIBED PROPERTY:

PARCEL 1:

TOWNSHIP 33 NORTH, RANGE 58 EAST, M.D.B.& M.



**SECTION 30: LOTS 1, 2, 3 AND 4; EAST HALF OF THE WEST HALF (WEST HALF)
SECTION 31: LOTS 1, 2, 3 AND 4; EAST HALF OF THE WEST HALF.**

EXCEPTING THEREFROM ALL THAT PORTION OF SAID LAND AS CONVEYED TO THE COUNTY OF ELKO, STATE OF NEVADA, A POLITICAL SUBDIVISION OF THE STATE OF NEVADA, BY DEED RECORDED SEPTEMBER 15, 1972 IN BOOK 168, PAGE 62, OFFICIAL RECORDS OF ELKO COUNTY, NEVADA.

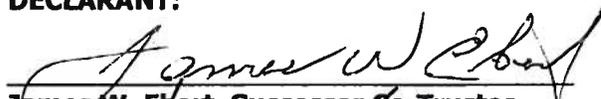
PARCEL 2:

PARCEL 2 AS SHOWN ON THAT CERTAIN PARCEL MAP FOR TOM AND NANCY EBERT FILED IN THE OFFICE OF THE COUNTY RECORDER OF ELKO COUNTY, STATE OF NEVADA, ON JULY 07, 1997, AS FILE NO. 409329, BEING A PORTION OF SECTION 19, TOWNSHIP 33 NORTH, RANGE 58 EAST, M.D.B.&M.

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 9/18/2013

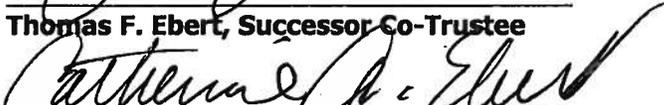
DECLARANT:



James W. Ebert, Successor Co-Trustee



Thomas F. Ebert, Successor Co-Trustee



Catherine A. Ebert, Successor Co-Trustee



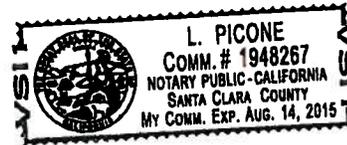
State of California)
)ss
County of Santa Clara)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Santa Clara and State California, this 30 day of September, 20 13 by James William Ebert, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

This area for official notarial seal

Signature L. Picone



My Commission Expires: August 14, 2015

Notary Name: L. Picone Notary Phone: 408-279-8590

Notary Registration Number: 1948267 County of Principal Place of Business Santa Clara



State of California)
)ss
County of San Mateo)

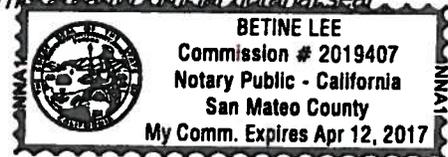
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County San Mateo and State California, this 1st day of October, 2013 by Catherine A. Ebert, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Betina Lee

My Commission Expires: 4-12-17

This area for official notarial seal



Notary Name: BETINE LEE Notary Phone: 650-851-2560
Notary Registration Number: 2019407 County of Principal Place of Business San Mateo



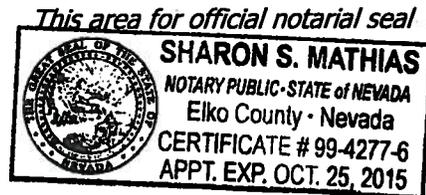
State of NEVADA)
)ss
County of ELKO)

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County ELKO and State NEVADA, this 4th day of October, 2013 by Thomas F. Ebert, personally know to me or 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 Sharon S. Mathias

My Commission Expires: October 25, 2015



Notary Name: Sharon S. Mathias Notary Phone: (775) 738-8091

Notary Registration Number: 99-4277-6 County of Principal Place of Business ELKO

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128
CURRENT ADDRESS: 976 LENZEN AVE, SAN JOSE, CA 95126, EFFECTIVE: 04/13/2009

CERTIFICATE OF DEATH

3201043000433

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) RACHEL		3. LAST (Family) EBERT	
2. MIDDLE ANN		4. DATE OF BIRTH mm/dd/yyyy 12/09/1925	
5. AGE Yrs. 84		6. SEX F	
7. DATE OF DEATH mm/dd/yyyy 01/18/2010		8. HOUR (24 Hour) 1435	
9. BIRTH STATE/FOREIGN COUNTRY NV		10. SOCIAL SECURITY NUMBER 573-24-6358	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/PROP. at Time of Death WIDOWED	
13. EDUCATION - Highest Level/Degree BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/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 HOMEMAKER		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. YEARS IN OCCUPATION 55		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AT HOME	
19. DECEDENT'S RESIDENCE (Street and number, or location) 14915 BARANGA LANE			
20. CITY SARATOGA		21. COUNTY/PROVINCE SANTA CLARA	
22. ZIP CODE 95070		23. YEARS IN COUNTY 58	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP JAMES W. EBERT, SON	
26. NAME OF SURVIVING SPOUSE/PROP - FIRST -		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1690 LAURELWOOD DR, SAN JOSE, CA 95125	
28. MIDDLE -		29. LAST (BIRTH NAME) -	
30. NAME OF FATHER/PARENT - FIRST HARRY		31. MIDDLE -	
32. LAST MC NEIL		33. BIRTH STATE UNKNOWN	
34. NAME OF MOTHER/PARENT - FIRST ETHEL		35. MIDDLE -	
36. LAST WELSH		37. BIRTH STATE NV	
38. DISPOSITION DATE mm/dd/yyyy 01/23/2010		39. PLACE OF FINAL DISPOSITION MADRONIA CEMETERY 14766 OAK STREET, SARATOGA, CA 95070	
40. TYPE OF DISPOSITION(S) BU		41. SIGNATURE OF EMBALMER NOT EMBALMED	
42. LICENSE NUMBER -		43. NAME OF FUNERAL ESTABLISHMENT DF CHAPEL OF THE HILLS	
44. LICENSE NUMBER FD940		45. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD	
46. DATE mm/dd/yyyy 01/21/2010		47. PLACE OF DEATH OWN RESIDENCE	
48. CITY SARATOGA		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 14915 BARANGA LANE	
50. CITY SARATOGA		51. CAUSE OF DEATH HEART FAILURE	
52. IMMEDIATE CAUSE (Final disease or condition resulting in death) HEART FAILURE		53. TIME INTERVAL BETWEEN ONSET AND DEATH 5 DAYS	
54. CEREBRAL THROMBOSIS LATE EFFECTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		55. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
56. ISCHEMIC STROKE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		57. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. ARTERIOSCLEROTIC HEART DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		59. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PARKINSON'S DISEASE			
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 127? (If yes, list type of operation and date.) -			
62. IF FEMALE, PRESENT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		63. SIGNATURE AND TITLE OF CERTIFIER ERNEST M THOMAS JR M.D.	
64. SIGNATURE AND TITLE OF CERTIFIER ERNEST M. THOMAS JR. MD		65. LICENSE NUMBER C23340	
66. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 360 DARDANELLI LANE, LOS GATOS, CA 95030		67. DATE mm/dd/yyyy 01/21/2010	
68. 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		69. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unk	
70. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) -		71. INJURY DATE mm/dd/yyyy -	
72. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) -		73. HOUR (24 Hour) -	
74. LOCATION OF INJURY (Street and number, or location, and city, and zip) -		75. SIGNATURE OF CORONER / DEPUTY CORONER -	
76. DATE mm/dd/yyyy -		77. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER -	
78. STATE REGISTRAR A		79. FAX AUTH.# -	
80. CENSUS TRACT -		81. STATE REGISTRAR -	



079358
10/09/2013
008 of 8

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
JAN 22 2010



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.

Martin D. Fenstersheib MD
MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

