DOC # 679359
10/09/2013 03:27 PM
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. **William H. Ebert** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **7/6/2006** at **San Jose, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 9/13/2013

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

L. PICONE
COMM. # 1948267
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
MY COMM. EXP. AUG. 14, 2015

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.

This area for official notarial seal

BETINE LEE
Commission # 2019407
Notary Public - California
San Mateo County
My Comm. Expires Apr 12, 2017

Signature Betine Lee

My Commission Expires: 4-12-17

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.

This area for official notarial seal

SHARON S. MATHIAS
NOTARY PUBLIC · STATE of NEVADA
Elko County • Nevada
CERTIFICATE # 99-4277-6
APPT. EXP. OCT. 25, 2015

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

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV 1/96)

STATE FILE NUMBER: 3200643005014
LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): WILLIAM
2. MIDDLE: HENRY
3. LAST (Family): EBERT
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: 05/07/1921
5. AGE Yrs: 85
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: M
8. BIRTH STATE/FOREIGN COUNTRY: NE
10. SOCIAL SECURITY NUMBER: 508-14-6216
11. EVER IN U.S. ARMED FORCES? YES [X] NO UNK
12. MARITAL STATUS (at Time of Death): MARRIED
7. DATE OF DEATH mm/dd/ccyy: 07/06/2006
8. HOUR (24 Hours): 1320
13. EDUCATION — Highest Level/Degree (see worksheet on back): BACHELOR
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) YES [X] NO
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): WHITE
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: OWNER
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): PIPELINE UTILITIES
19. YEARS IN OCCUPATION: 50

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 14915 BARANGA LANE
21. CITY: SARATOGA
22. COUNTY/PROVINCE: SANTA CLARA
23. ZIP CODE: 95070
24. YEARS IN COUNTY: 56
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: THOMAS EBERT, SON
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 645 HALE AVENUE, MORGAN HILL, CA 95037

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: RACHEL
29. MIDDLE: -
30. LAST (Maiden Name): MCNEIL
31. NAME OF FATHER — FIRST: WILLIAM
32. MIDDLE: HENRY
33. LAST: EBERT
34. BIRTH STATE: NE
35. NAME OF MOTHER — FIRST: SARAH
36. MIDDLE: -
37. LAST (Maiden): SPEICH
38. BIRTH STATE: NE

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy: 07/10/2006
40. PLACE OF FINAL DISPOSITION: MADRONIA CEMETERY 14766 OAK STREET, SARATOGA, CA 95070
41. TYPE OF DISPOSITION(S): BU
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: D-F CHAPEL OF THE HILLS
45. LICENSE NUMBER: FD 940
46. SIGNATURE OF LOCAL REGISTRAR: MARTIN D FENSTERSHEIB, MD
47. DATE mm/dd/ccyy: 07/07/2006

PLACE OF DEATH

101. PLACE OF DEATH: GOOD SAMARITAN HOSPITAL
102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: SANTA CLARA
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 2425 SAMARITAN DRIVE
106. CITY: SAN JOSE

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
(A) ASPIRATION PNEUMONIA
(B) ACUTE RENAL FAILURE
(C) CONGESTIVE HEART FAILURE
(D) DIABETES MELLITUS

Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

Time Interval Between Onset and Death: (AT) DAYS; (BT) WEEKS; (CT) MONTHS; (DT) YRS

108. DEATH REPORTED TO CORONER? YES [ ] NO [X] REFERRAL NUMBER
109. BIOPSY PERFORMED? YES [ ] NO [X]
110. AUTOPSY PERFORMED? YES [ ] NO [X]
111. USED IN DETERMINING CAUSE? YES [ ] NO [ ]

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: DEMENTIA
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

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: (A) mm/dd/ccyy 06/30/2006
Decedent Last Seen Alive: (B) mm/dd/ccyy 07/06/2006
115. SIGNATURE AND TITLE OF CERTIFIER: JANE C YIEH M.D.
116. LICENSE NUMBER: A54853
117. DATE mm/dd/ccyy: 07/07/2006
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: JANE C YIEH M.D. 2425 SAMARITAN DR, SAN JOSE, CA 95124

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? YES [ ] NO [ ] UNK
121. INJURY DATE mm/dd/ccyy
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/ccyy
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR: A | B | C | D | E | *012006000274231* | FAX AUTH. # | CENSUS TRACT

673350
10/09/2013
006 of 6

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA } SS

DATE ISSUED JUL 12 2006
By

H02023878

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.

THE GREAT SEAL OF THE STATE OF CALIFORNIA EUREKA

SANTA CLARA COUNTY HEALTH DEPARTMENT