

DOC #

679360

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. 006-520-006 & 006-510-007

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** dated **December 1, 1987** which was recorded as Instrument No. **662267** in Book **n/a**, Page **n/a**, 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 32 NORTH, RANGE 57 EAST, M. D. B. & M.



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SECTION 1: LOTS 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13 AND 14, SOUTHEAST QUARTER OF THE NORTHWEST QUARTER.

PARCEL 2:

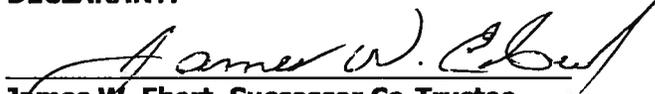
TOWNSHIP 33 NORTH, RANGE 57 EAST, M.D.B.&M.

SECTION 36: EAST HALF; SOUTHEAST QUARTER OF THE NORTHWEST QUARTER; EAST HALF OF THE SOUTHWEST QUARTER.

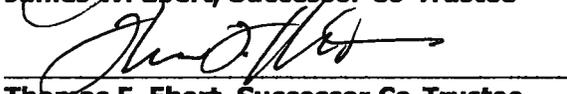
4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: 9/18/2013

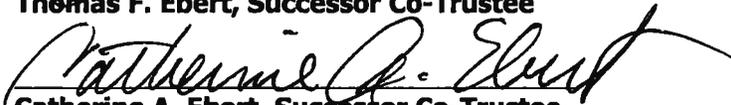
DECLARANT:



James W. Ebert, Successor Co-Trustee



Thomas F. Ebert, Successor Co-Trustee



Catherine A. Ebert, Successor Co-Trustee



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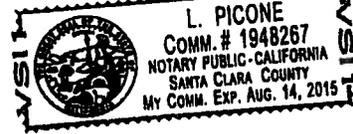
State of California)
)ss
County of Santa Clara)

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



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State of California)
County of San Mateo)^{SS}

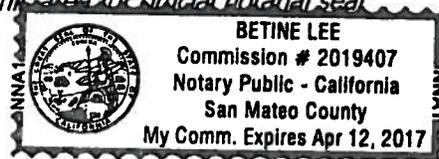
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County San Mateo and State California, this 1st day of October, 20 13 by Catherine A. Ebert, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before 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



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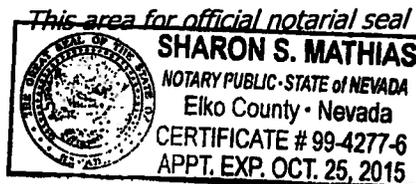
State of NEVADA)
)ss
County of ELKO)

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, 20 13 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

1. NAME OF DECEDENT—FIRST (Given)		2. MIDDLE		3. LAST (Family)	
RACHEL		ANN		EBERT	
4. DATE OF BIRTH mm/dd/yyyy					
12/09/1925					
5. AGE Yrs. <u>84</u>					
6. SEX <u>F</u>					
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 <input type="checkbox"/> LINK					
12. MARITAL STATUS/PROP (at time of death)					
WIDOWED					
7. DATE OF DEATH mm/dd/yyyy					
01/18/2010					
8. HOUR <u>1435</u>					
13. EDUCATION—Highest Level/Grade (See worksheet on back)					
BACHELOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)					
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES					
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					
HOMEMAKER					
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)					
AT HOME					
19. YEARS IN OCCUPATION					
55					
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					
58					
25. STATE/FOREIGN COUNTRY					
CA					
26. INFORMANT'S NAME, RELATIONSHIP					
JAMES W. EBERT, SON					
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. NAME OF SURVIVING SPOUSE/PROP—FIRST					
-					
29. MIDDLE					
-					
30. LAST (BIRTH NAME)					
-					
31. NAME OF FATHER/PARENT—FIRST					
HARRY					
32. MIDDLE					
-					
33. LAST					
MC NEIL					
34. BIRTH STATE					
UNKNOWN					
35. NAME OF MOTHER/PARENT—FIRST					
ETHEL					
36. MIDDLE					
-					
37. LAST (BIRTH NAME)					
WELSH					
38. BIRTH STATE					
NV					
39. DEPOSITION DATE mm/dd/yyyy					
01/23/2010					
40. PLACE OF FINAL DEPOSITION					
MADRONIA CEMETERY					
14766 OAK STREET, SARATOGA, CA 95070					
41. TYPE OF DEPOSITION(S)					
BU					
42. SIGNATURE OF EMBALMER					
▶ NOT EMBALMED					
43. LICENSE NUMBER					
-					
44. NAME OF FUNERAL ESTABLISHMENT					
DF CHAPEL OF THE HILLS					
45. LICENSE NUMBER					
FD940					
46. SIGNATURE OF LOCAL REGISTRAR					
▶ MARTIN D FENSTERSHEIB, MD					
47. DATE mm/dd/yyyy					
01/21/2010					
101. PLACE OF DEATH					
OWN RESIDENCE					
102. IF HOSPITAL—SPECIFY ONE					
<input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
103. CITY					
SARATOGA					
104. COUNTY					
SANTA CLARA					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)					
14915 BARANGA LANE					
106. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
HEART FAILURE					
107. TIME INTERVAL BETWEEN ONSET AND DEATH					
5 DAYS					
108. TOOTH REFERRED 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					
PARKINSON'S DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
-					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSES ENTERED					
115. SIGNATURE AND TITLE OF CERTIFIER					
▶ ERNEST M THOMAS JR M.D.					
116. LICENSE NUMBER					
C23340					
117. DATE mm/dd/yyyy					
01/21/2010					
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSES ENTERED					
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
ERNEST M. THOMAS JR. MD					
360 DARDANELLI LANE, LOS GATOS, CA 95030					
120. 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					
121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK					
122. INJURY DATE mm/dd/yyyy					
123. HOUR (24 Hours)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (e.g., home, construction site, wooded area, etc.)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
127. DATE mm/dd/yyyy					
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
MARTIN D FENSTERSHEIB MD					
STATE REGISTRAR					
A B C D E					
FAX AUTH#					
CENSUS TRACT					
"010001001408892"					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

DATE ISSUED
By JAN 22 2010

* H 2 4 4 7 8 9 4 *

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.



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