

DOC #

679361

10/09/2013

03:28 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. **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** 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:

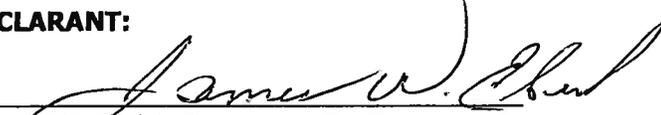
TOWNSHIP 33 NORTH, RANGE 57 EAST, M.D.B.&M.

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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: 9/13/2013

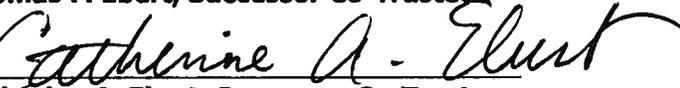
DECLARANT:



James W. Ebert, Successor Co-Trustee



Thomas F. Ebert, Successor Co-Trustee



Catherine A. Ebert, Successor Co-Trustee



679361

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



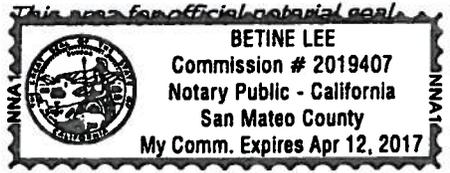
State of California)
County of San Mateo)^{SS}

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. Ekeit, 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 Betinee

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



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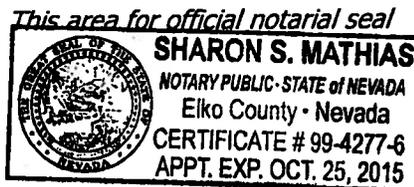
State of NEVADA)
)ss
County of ELKO)

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, 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

CERTIFICATE OF DEATH

3200643005014

| | | | | | |
|--|--|--|--|---|--|
| STATE FILE NUMBER | | USE BLACK INK ONLY / NO ERASURES, WRITINGS OR ALTERATIONS VS-1 (REV 1/04) | | LOCAL REGISTRATION NUMBER | |
| 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/yyyy 05/07/1921 | | 5. AGE Yrs. 85 | |
| 9. BIRTH STATE/FOREIGN COUNTRY NE | | 10. SOCIAL SECURITY NUMBER 508-14-6216 | | 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| 12. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR | | 14/15. WAS DECEDENT HISPANIC/LATINO (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) WHITE | |
| 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED | | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) | | 19. YEARS IN OCCUPATION | |
| OWNER | | PIPELINE UTILITIES | | 50 | |
| 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 | | | |
| 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 | | |
| 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 | | | |
| 39. DISPOSITION DATE mm/dd/yyyy 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/yyyy 07/07/2006 | | | | | |
| 101. PLACE OF DEATH GOOD SAMARITAN HOSPITAL | | 102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other | |
| 104. COUNTY SANTA CLARA | | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2425 SAMARITAN DRIVE | | 106. CITY SAN JOSE | |
| 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 Underlying Cause (disease or injury that initiated the events resulting in death) LAST | | 108. DEATH REPORTED TO CORONER? Days (1) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Weeks (2) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Months (3) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Yrs (4) YES <input type="checkbox"/> NO <input type="checkbox"/> | | 109. DEATH REPORTED TO CORONER? Referal (5) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (6) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (7) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (8) YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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 | | | |
| 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: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/> | | 115. SIGNATURE AND TITLE OF CERTIFIER JANE C YIEH M.D. | | 116. LICENSE NUMBER A54853 | |
| (A) mm/dd/yyyy 06/30/2006 | | (B) mm/dd/yyyy 07/06/2006 | | 117. DATE mm/dd/yyyy 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 | | | | | |
| 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"/> Accident <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) | | 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 | |

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

DATE ISSUED
By **JUL 12 2006**

H02023876

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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10/09/2018
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