

DOC #

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10/23/2013

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Official Record

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GOICEOCHEA ETAL

Elko County - NV

D. Mike Smales - Recorder

Page 1 of 6

Fee: \$19.00

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Recording Requested by and Return To:

Name Goicochea etal

Address 530 Idaho St

City/State/Zip Elko, NV 89801



Certificate of Trust

(Title of Document)

This cover page must be type or printed.



AFFIDAVIT OF CERTIFICATION OF TRUST

STATE OF ~~NEVADA~~ *California*)
) SS.
COUNTY OF ~~ELKO~~ *Santa Clara*)

JAMES W. EBERT, of San Jose, California, CATHERINE A. EBERT of Woodside, California and THOMAS F. EBERT of Morgan Hill, California, swear (or affirm) under penalty of perjury, that the following assertions are true of their own personal knowledge:

1. That the "Ebert Living Trust" was executed on July 25, 1985, amended and restated on June 10, 1982, amended on July 25, 1994, and amended on July 24, 2002.
2. That William H. Ebert and Rachel A. Ebert were the Settlor and original Trustees.
3. That Rachel A. Ebert died on January 18, 2010, as evidenced by the certified copy of the Death Certificate attached hereto.
4. That William H. Ebert, also known as William Henry Ebert, died on July 7, 2006, as evidenced by a certified copy of the Death Certificate attached hereto.
5. That upon the death of a Settlor, the Trust Estate was to be divided into three (3) separate trusts, designated the "Survivors Trust," the "Marital Trust" and the "Family Trust."
6. That upon the death of the surviving Settlor, all balances of the "Survivor's Trust" and "Marital Trust" were to be added to the Family Trust.
7. That James W. Ebert, Thomas F. Ebert and Catherine A. Ebert are the designated successor Trustees of the "Ebert Living Trust" and upon the death of the surviving Settlor, became Trustees of the Ebert Survivors Trust, the Ebert Marital Trust and Ebert Family Trust.
8. That under the authority in the Ebert Living Trust as restated and amended, the assets of the Trust are to be distributed as to one equal share to each living child of the Settlor or their



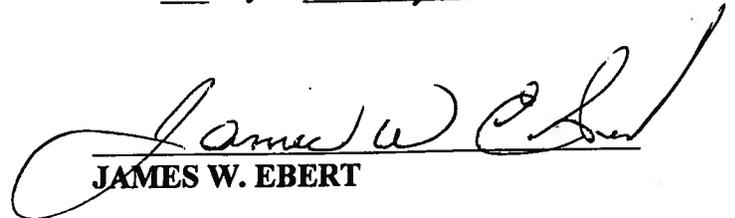
children.

9. The Co-Trustees under the trust agreements are authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real and personal property, and participate in the operation of any business or other enterprise in the trust name.

10. The Trusts have not been revoked and there have been no amendments limiting the powers of the Trustees over Trust property.

11. No person or entity paying money to or delivering to any Trustee shall be required to see to its application. All persons relying on this documents regarding the Trustees and their powers over Trust property shall be held harmless for any resulting loss or liability from such reliance. A copy of this Certificate of Trust shall be just as valid as the original.

THIS CERTIFICATE OF TRUST is made this 12 day of July, 2018. 3



JAMES W. EBERT



CATHERINE A. EBERT

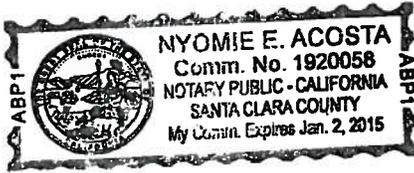


THOMAS F. EBERT



STATE OF CALIFORNIA)
)
COUNTY OF Santa Clara) SS.

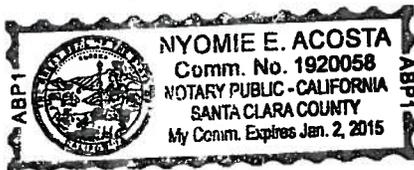
This instrument was acknowledged before me on this 12th day of July, 2012³,
by JAMES W. EBERT.



Nyomie E. Acosta
NOTARY PUBLIC

STATE OF CALIFORNIA)
)
COUNTY OF Santa Clara) SS.

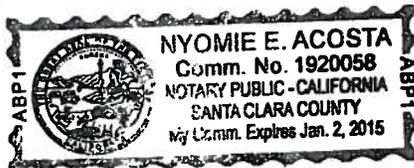
This instrument was acknowledged before me on this 12th day of July, 2012³,
by CATHERINE A. EBERT.



Nyomie E. Acosta
NOTARY PUBLIC

STATE OF CALIFORNIA)
)
COUNTY OF Santa Clara) SS.

This instrument was acknowledged before me on this 12th day of July, 2012³,
by THOMAS F. EBERT.



Nyomie E. Acosta
NOTARY PUBLIC

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		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS V9-15(REV. 1/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given): WILLIAM		2. MIDDLE HENRY		3. LAST (Family) EBERT	
4. AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 05/07/1921		5. AGE Yrs. / Months / Days 85 / /	
8. BIRTH STATE/FOREIGN COUNTRY NE		10. SOCIAL SECURITY NUMBER 508-14-6216		12. MARITAL STATUS (at time of death) MARRIED	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		7. DATE OF DEATH mm/dd/yyyy 07/08/2008		8. HOUR (24 Hours) 1320	
13. EDUCATION - (Highest Level Degree (see worksheet on back)) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. 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	
20. DECEDENT'S RESIDENCE (Street and number or location) 14915 BARANGA LANE					
21. CITY SARATOGA		23. COUNTY/PROVINCE SANTA CLARA		25. STATE/FOREIGN COUNTRY CA	
22. ZIP CODE 95070		24. YEARS IN COUNTY 56		26. INFORMANT'S NAME, RELATIONSHIP THOMAS EBERT, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number or road 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		34. BIRTH STATE NE	
31. NAME OF FATHER - FIRST WILLIAM		32. MIDDLE HENRY		33. LAST EBERT	
35. NAME OF MOTHER - FIRST SARAH		36. MIDDLE -		37. LAST (Maiden) SPEICH	
38. BIRTH STATE NE		39. DISPOSITION DATE mm/dd/yyyy 07/10/2008			
40. PLACE OF FINAL DISPOSITION MADRONIA CEMETERY 14766 OAK STREET, SARATOGA, CA 95070		43. LICENSE NUMBER			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		47. DATE mm/dd/yyyy 07/07/2008	
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	
101. PLACE OF DEATH GOOD SAMARITAN HOSPITAL					
104. COUNTY SANTA CLARA		106. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2425 SAMARITAN DRIVE		105. 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		108. DEATH REPORTED TO CORONER? Date and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? NORMAL HAND <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. ACUTE RENAL FAILURE		110. SHOUPY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. CONGESTIVE HEART FAILURE		113. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		114. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
115. DIABETES MELLITUS		116. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DEMENTIA			
117. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO					
118. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
119. 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 Decedent Last Seen Alive		110. SIGNATURE AND TITLE OF CERTIFIER JANE C YIEH M.D.		111. LICENSE NUMBER A54853	
112. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JANE C YIEH M.D. 2425 SAMARITAN DR, SAN JOSE, CA 95124		113. DATE mm/dd/yyyy 07/07/2008		114. DATE mm/dd/yyyy 06/30/2006	
115. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		116. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		117. INJURY DATE mm/dd/yyyy	
118. 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		119. HOUR (24 Hours) 1320			
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
121. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
122. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
123. SIGNATURE OF CORONER / DEPUTY CORONER		124. DATE mm/dd/yyyy		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
CENSUS TRACT		"012006000274231"			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

By **JUL 12 2006**

* H02023877 *

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

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10/28/2018
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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		2. MIDDLE ANN	
3. LAST (Family) EBERT		4. DATE OF BIRTH mm/dd/yyyy 12/09/1925	
5. AGE Yrs. 84		6. SEX F	
8. 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/POSP (at Time of Death) WIDOWED	
13. EDUCATION - Highest Level/Degree BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see instructions on back. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - List in 3 races only be listed (see worksheet on back) WHITE		7. DATE OF DEATH mm/dd/yyyy 01/18/2010	
16. HOURS (24 Hours) 1435		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 full care number, city of origin, state and zip) 1690 LAURELWOOD DR, SAN JOSE, CA 95124		28. NAME OF SURVIVING SPOUSE/SADP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST HARRY		32. MIDDLE -	
33. NAME OF MOTHER/PARENT - FIRST ETHEL		34. BIRTH STATE UNKNOWN	
35. MIDDLE -		36. BIRTH STATE NV	
37. LAST (BIRTH NAME) WELSH		38. DISPOSITION DATE mm/dd/yyyy 01/23/2010	
39. PLACE OF FINAL DISPOSITION MADRONIA CEMETERY 14768 OAK STREET, SARATOGA, CA 95070		40. TYPE OF DISPOSITION BU	
41. SIGNATURE OF EMBALMER NOT EMBALMED		42. LICENSE NUMBER FDB40	
43. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD		44. DATE mm/dd/yyyy 01/21/2010	
101. PLACE OF DEATH OWN RESIDENCE		102. IF HOSPITAL, SPECIFY ONE... <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/ED <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Home/UTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. CITY SARATOGA		104. COUNTY SANTA CLARA	
105. FACILITY ADDRESS OR LOCATION WHERE FOLDED (Street and number, or location) 14915 BARANGA LANE		106. CITY SARATOGA	
107. CAUSE OF DEATH HEAR FAILURE CEREBRAL THROMBOSIS LATE EFFECTS ISCHEMIC STROKE ARTERIOSCLEROTIC HEART DISEASE		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. IMMEDIATE CAUSE (Final disease or condition resulting in death) HEAR FAILURE		110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. UNDERLYING CAUSE (First disease or condition resulting in death) LAST ISCHEMIC STROKE		112. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PARKINSON'S DISEASE		114. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PARKINSON'S DISEASE		116. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
117. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 PARKINSON'S DISEASE		118. TYPE OF OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 115? (If yes, list type of operation and date) -	
119. COPY THIS TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE SHOWN FROM THE CAUSE LISTED Decedent Attended Since: Decedent Last Seen Alive		120. SIGNATURE AND TITLE OF CERTIFIER ERNEST M THOMAS JR M.D.	
121. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ERNEST M. THOMAS JR. MD 360 DARDANELLI LANE, LOS GATOS, CA 95030		122. LICENSE NUMBER C23340	
123. DATE mm/dd/yyyy 01/05/2010		124. DATE mm/dd/yyyy 01/21/2010	
125. 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		126. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK	
127. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		128. INJURY DATE mm/dd/yyyy	
128. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		129. HOUR (24 Hours)	
129. LOCATION OF INJURY (Street and number, or location, and city, and zip)		130. SIGNATURE OF CORONER / DEPUTY CORONER	
130. DATE mm/dd/yyyy		131. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRATION		FAX AUTH.#	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED JAN 22 2010
COUNTY OF SANTA CLARA } By



* H 2 4 7 8 9 2 *

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

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