

DOCUMENT: 20679462

Pages: 2



Fees.... 38.00 *
 Taxes...
 Copies...
 AMT PAID 38.00

REGINA ALCOMENDRAS
 SANTA CLARA COUNTY RECORDER
 Recorded at the request of
 Declarant

RDE # 012
 4/15/2010
 12:09 PM

RECORDING REQUESTED BY:

Charlotte D. Reinhard
 17960 Blackbird Drive
 Reno, NV 89508

AND WHEN RECORDED MAIL TO:

Brandy L. Garrison
 3621 Pitcairn Way
 San Jose, CA 95111

Order No.:

Escrow No.:

APN: 494-21-074

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) SS.
 COUNTY OF WASCO)


Charlotte D. Reinhard of legal age, being first duly sworn, deposes and says:

1. Ruby E. Garrison is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Trustee in that certain Declaration of Trust dated April 23, 1991, executed by Dwaine O. Garrison as trustor(s).
2. At the time of decedent's death, decedent was the owner, as Trustee, of certain real property acquired by a deed recorded on April 23, 1991, as Instrument No. 10878376, in Official Records of Santa Clara County, California, describing the following real property:

LOT 34, AS SHOWN UPON THAT CERTAIN MAP ENTITLED, "TRACT NO. 2356 MEADOW LANES", WHICH, MAP WAS FILED FOR THE RECORD IN THE OFFICE OF THE COUNTY RECORDER OF THE SANTA CLARA COUNTY, STATE OF CALIFORNIA, ON APRIL 16, 1959 IN BOOK 105 OF MAPS, PAGES 6 AND 7. EXCEPTING THEREFROM THE UNDERGROUND WATER RIGHTS, AS GRANTED IN THE DEED FROM FLETCHER ASSOCIATES, INC. TO SAN JOSE WATER WORKS, A CALIFORNIA CORPORATION, DATED MAY 12, 1959, RECORDED MAY 14, 1959, BOOK 4415 OF OFFICIAL RECORDS, PAGE 234

3. I am the surviving or successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated: 3-5-2010


 Charlotte D. Reinhard, Successor Trustee

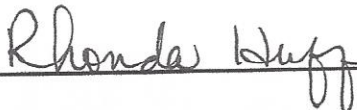
Subscribed and sworn to (or affirmed) before me on this

5 day of March, 2010, by

CHARLOTTE D REINHARD

proved to me on the basis of satisfactory evidence to
 be the person(s) who appeared before me.

Signature



(This area for notary stamp)

 RHONDA HUFF
 Notary Public - State of Nevada
 Appointment Number 07-2165-2
 My Appt. Expires March 13, 2011

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

COUNTY OF SANTA CLARA

SAN JOSE, CALIFORNIA

CERTIFICATE OF DEATH

3200843000372

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASERS, WHITE OUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		2 MIDDLE		3 LAST (Family)	
RUBY		EVELYN		GARRISON	
4 DATE OF BIRTH (month/day/year)					
09/14/1924					
5 AGE (Years)					
83					
6 SEX					
F					
8 BIRTH - STATE/COUNTRY		10 SOCIAL SECURITY NUMBER		11 EVER IN U.S. ARMED FORCES?	
QK		447-28-5920		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12 MARITAL STATUS (at Time of Death)		13 DATE OF DEATH (month/day/year)		14 HOUR (24 Hours)	
WIDOWED		01/14/2008		2320	
15 EDUCATION - Highest Level (degrees, years, school, or grade)		16 WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)		17 DECEDENT'S RACE - Up to 3 races may be listed (see instruction on back)	
12 NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CAUCASIAN	
18 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		19 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		20 YEARS IN OCCUPATION	
ASSEMBLER		MANUFACTURING		25	
21 DECEDENT'S RESIDENCE (Street and number or location)					
3621 PITCAIRN WAY					
22 CITY		23 COUNTY/PROVINCE		24 ZIP CODE	
SAN JOSE		SANTA CLARA		95111	
25 YEARS IN COUNTY		26 STATE/PROVINCE/COUNTRY			
50		CA			
27 INFORMANT'S NAME, RELATIONSHIP					
DIANE REINHARD, DAUGHTER					
28 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
17960 BLACKBIRD DR, RENO, NV 85908					
29 NAME OF SURVIVING SPOUSE - If not					
30 NAME OF FATHER - If not					
JESS					
31 NAME OF MOTHER - If not					
ETHEL					
32 LAST Maiden Name					
JENNINGS					
33 BIRTH STATE					
AR					
34 BIRTH STATE					
AR					
35 PLACE OF FINAL DISPOSITION					
OAK HILL MEMORIAL PARK					
300 CURTNER AVE, SAN JOSE, CA 95125					
36 TYPE OF DISPOSITION					
BURIAL					
37 SIGNATURE OF EMPLOYER					
NOT EMBALMED					
38 NAME OF FUNERAL ESTABLISHMENT					
OAK HILL FUNERAL HOME					
39 LICENSE NUMBER					
FD 991					
40 SIGNATURE OF LOCAL REGISTRAR					
MARTIN D FENSTERSHEIB, MD					
41 DATE OF DEATH					
01/18/2008					
42 PLACE OF DEATH					
KAISER SANTA TERESA					
43 COUNTY					
SANTA CLARA					
44 PLACE OF DEATH ADDRESS OR LOCATION (Street and number or location)					
250 HOSPITAL PARKWAY					
45 CAUSE OF DEATH					
Enter the date of events - symptoms, signs, 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.					
(1) COMPLICATIONS OF PELVIC FRACTURE					
(2) CHRONIC OBSTRUCTIVE PULMONARY DISEASE; ATRIAL FIBRILLATION, SYSTEMIC HYPERTENSION					
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					
ON THE DATE AND PLACE STATED FROM THE CAUSE STATED					
Decedent's Manner of Death: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Undetermined					
115. SIGNATURE AND TITLE OF CERTIFIER					
JOSEPH PATRICK O'HARA					
116. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS ZIP CODE					
JOSEPH PATRICK O'HARA, MD					
117. PLACE OF DEATH (See instruction on back)					
OWN RESIDENCE					
118. PLACE OF DEATH (See instruction on back)					
FELL WHILE WALKING IN OWN HOME					
119. LOCATION OF DEATH (Street and number or location, city and state and ZIP)					
3621 PITCAIRN WAY, SAN JOSE, CA 95111					
120. SIGNATURE OF CORONER/DEPUTY CORONER					
JOSEPH PATRICK O'HARA					
121. DATE (month/day/year)					
01/17/2008					
122. TYPE NAME TITLE OF CORONER/DEPUTY CORONER					
JOSEPH PATRICK O'HARA, MD					
STATE REGISTRAR					
A B C D E					
FAX AUTH #					
CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORD

R01155712

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

SS

I, Regina Alcomendras, Santa Clara County Clerk-Recorder, do hereby certify that this is a true and exact reproduction of the document officially registered in my office.

Witness my hand and official seal this

15th

day

By

Regina Alcomendras
REGINA ALCOMENDRAS,
COUNTY CLERK-RECORDER

Deputy

of September 20, 2008

This copy not valid unless prepared on engraved border displaying seal and signature of Deputy County Clerk-Recorder.