

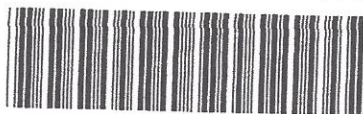
RECORDING REQUESTED BY:  
Charlotte D. Reinhard  
17960 Blackbird Drive  
Reno, NV 89508

AND WHEN RECORDED MAIL TO:  
Brandy L. Garrison  
3621 Pitcairn Way  
San Jose, CA 95111

Order No.:  
Escrow No.:

APN: 494-21-074

DOCUMENT: 20679461



Pages: 3

Fees.... 41.00 \*  
Taxes...  
Copies...  
AMT PAID 41.00

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

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

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA )  
COUNTY OF WASHOE ) SS.

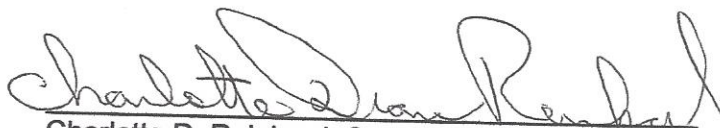
Charlotte D. Reinhard of legal age, being first duly sworn, deposes and says:

1. Dwaine O. 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 Rhonda Huff

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

(This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY of SANTA CLARA

## SAN JOSE, CALIFORNIA

### CERTIFICATE OF DEATH

3199843004173

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN) <b>DWAINE</b>		2. MIDDLE <b>OLIVER</b>		3. LAST (FAMILY) <b>GARRISON</b>	
4. DATE OF BIRTH MM/DD/CCYY <b>03/18/1922</b>		5. AGE YRS. <b>76</b>		6. SEX <b>M</b>	
7. DATE OF DEATH MM/DD/CCYY <b>05/30/1998</b>		8. HOUR <b>1830</b>			
9. STATE OF BIRTH <b>NE</b>		10. SOCIAL SECURITY NO. <b>506-16-9342</b>		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>8</b>			
14. RACE <b>CAUCASIAN</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>SALINAS VALLEY MOTOR EXPRESS</b>	
17. OCCUPATION <b>TEAMSTER</b>		18. KIND OF BUSINESS <b>TRANSPORTATION</b>		19. YEARS IN OCCUPATION <b>52</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>3621 PITCAIRN WAY</b>		21. CITY <b>SAN JOSE</b>		22. COUNTY <b>SANTA CLARA</b>	
23. ZIP CODE <b>95111</b>		24. YRS IN COUNTY <b>37</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>	
26. NAME, RELATIONSHIP <b>RUBY E. GARRISON-SPOUSE</b>		27. MAILING ADDRESS (STREET AND NUMBER OR ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>3621 PITCAIRN WAY, SAN JOSE, CA 95111</b>			
28. NAME OF SURVIVING SPOUSE—FIRST <b>RUBY</b>		29. MIDDLE <b>EVELYN</b>		30. LAST (MAIDEN NAME) <b>KIBBY</b>	
31. NAME OF FATHER—FIRST <b>EZRA</b>		32. MIDDLE <b>GLENN</b>		33. LAST <b>GARRISON</b>	
34. NAME OF MOTHER—FIRST <b>LYDIA</b>		35. MIDDLE <b>LOUISE</b>		36. LAST (MAIDEN) <b>DOOLEY</b>	
37. DATE MM/DD/CCYY <b>06/03/1998</b>		38. PLACE OF FINAL DISPOSITION <b>OAK HILL MEMORIAL PARK, SAN JOSE, CA 95125</b>			
39. TYPE OF DISPOSITION(S) <b>BURIAL</b>		40. SIGNATURE OF EMBALMER <i>Kenneth Bruton</i>		41. LICENSE NO. <b>6021</b>	
42. NAME OF FUNERAL DIRECTOR <b>OAK HILL FUNERAL HOME</b>		43. LICENSE NO. <b>FD-991</b>		44. SIGNATURE OF LOCAL REGISTRAR <i>Matthew J. Pensthorpe</i>	
45. DATE MM/DD/CCYY <b>06/01/1998</b>					
101. PLACE OF DEATH <b>SANTA TERESA KAISER</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> INPAT <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY <b>SANTA CLARA</b>		105. CITY <b>SAN JOSE</b>			
106. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>250 HOSPITAL PARKWAY</b>		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) cardiac pulmonary arrest</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. IMMEDIATE CAUSE <b>(B) metastatic adenocarcinoma</b>		110. TIME INTERVAL BETWEEN ONSET AND DEATH <b>9mo</b>		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. DUE TO <b>(C) (from GI tract)</b>				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. DUE TO (D) <b>111. USED IN DETERMINING CAUSE</b>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>chronic obstructive disease, COPD, w/ bronchial hyperreactivity</b>					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? IF YES, LIST TYPE OF OPERATION AND DATE. <b>Bronch &amp; C. cancerous tumor 01/98</b>					
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTACHED SIGN. I WITNESS LAST SIGNATURE MM/DD/CCYY <b>01/01/90 05/30/98</b>		116. SIGNATURE AND TITLE OF CERTIFIER <i>John C. Alcomendras</i> <b>John C. Alcomendras, MD, Internist, Circle, St. Clare 95119</b>		117. DATE MM/DD/CCYY <b>06/01/98</b>	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
121. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		122. INJURY DATE MM/DD/CCYY		123. HOUR	
124. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		125. SIGNATURE OF CORONER OR DEPUTY CORONER		126. DATE MM/DD/CCYY	
127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		128. FAX AUTH. # <b>26959</b>		129. CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA  
COUNTY OF SANTA CLARA

SS

\*R01155711\*

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 of September, 2008.

By

REGINA ALCOMENDRAS,  
COUNTY CLERK-RECORDER

Deputy



STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA  
SAN JOSE, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS  
USE BLACK INK ONLY

3499843004173

STATE/LOCAL REGISTRAR USE ONLY		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
PART I INFORMATION TO LOCATE RECORD			
1. NAME—FIRST (GIVEN) DWAINE		2. MIDDLE OLIVER	
3. LAST (FAMILY) GARRISON		4. SEX M	
5. DATE OF EVENT—MM/DD/CCYY 05/30/1998		6. CITY OF OCCURRENCE SAN JOSE	
7. COUNTY OF OCCURRENCE SANTA CLARA			
PART II STATEMENT OF CORRECTIONS			
8. CERTIFICATE ITEM NUMBER 109	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD NO		10. INFORMATION AS IT SHOULD APPEAR YES
<p>LIST ONE ITEM PER LINE</p> <p>AMENDED</p> <p>2 OF 2</p>			
<p>DECLARATION OF CERTIFYING PHYSICIAN OR CORONER</p> <p>11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>John C. Mar</i></p> <p>12. DATE SIGNED—MM/DD/CCYY 06/03/98</p> <p>13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER JOHN C, MAR MD,</p> <p>14. ADDRESS—STREET AND NUMBER 260 INTERNATIONAL CIR</p> <p>15. CITY SAN JOSE</p> <p>16. STATE CA</p> <p>17. ZIP CODE 95119</p> <p>18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR <i>Maria Antonia...</i></p> <p>19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY 06/04/1998</p>			

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 748 (Rev. 3/95)  
94 27733

CERTIFIED COPY OF VITAL RECORD

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  
of September, 2000

By

*Regina Alcomendras*  
REGINA ALCOMENDRAS,  
COUNTY CLERK-RECORDER  
*Dawn S...*  
Deputy

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

\*R01155710\*

