

The correct vesting of title on the aforementioned real property
is now:

"Alice T. Matson, as Successor
Trustee of The Matson Living Trust
dated January 29, 1989."

Dated: June 26, 1989

Alice T. Matson
Alice T. Matson, Trustee

SUBSCRIBED AND SWORN TO before me, John V. Willoughby, on
this 26 day of June, 1989.

John V. Willoughby
Notary Public



BOOK 200 PAGE 537

CERTIFICATE OF VITAL RECORD

COUNTY OF SANTA CLARA

HEALTH DEPARTMENT
2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER		1A. NAME OF DECEDENT—Print (Last, First, Middle)		1B. SEX		1C. LAST OCCUR		1D. DATE OF BIRTH		1E. SEX	
		ROBERT		KURT		MATSON		APR 13 1989		M	
1F. RACE		1G. ETHNIC ORIGIN		1H. DATE OF DEATH		1I. AGE IN YEARS		1J. MARRIED 1 YEAR		1K. MARRIED	
WHITE				7-15-33		35					
2. STATE OF BIRTH		3. CITIZENSHIP		4. FULL NAME OF FATHER		5. STATE OF BIRTH		6. FULL MAIDEN NAME OF MOTHER		7. STATE OF BIRTH	
CA		U.S.A.		WALTER N. MATSON		CA		WANDA E BLEY		PA	
8. MILITARY SERVICE		9. SOCIAL SECURITY		10. MARITAL STATUS		11. NAME OF SURVIVING SPOUSE (If used, enter maiden name)					
NONE				MARRIED		ALICE T TIFFANY					
12. USUAL OCCUPATION		13. USUAL KIND OF BUSINESS OR INDUSTRY		14. USUAL EMPLOYER		15. YEARS IN USUAL OCCUPATION		16. NUMBER OF MARRIAGES (19-17)			
MANAGER		AIR TESTING		RAY AREA AIR MANAGER		17		16			
17. RESIDENCE—Street and Number or Location		18. CITY		19. ZIP CODE							
1108 HOLMES AVE		CAMPBELL		95008							
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE (If necessary)		21. COUNTY		22. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE (If necessary)							
ALICE T MATSON		SANTA CLARA		1108 HOLMES AVE							
1108 HOLMES AVE		SANTA CLARA		CAMPBELL, CA 95008							
23. STREET ADDRESS—Street and Number or Location		24. CITY		25. COUNTY		26. STATE		27. ZIP CODE			
1108 HOLMES AVE		CAMPBELL		SANTA CLARA		CA		95008			
28. DEATH CAUSED BY—Enter only one cause for use for A. & B. Also enter two or more causes		29. DATE OF DEATH		30. TIME OF DEATH		31. PLACE OF DEATH		32. MANNER OF DEATH		33. OTHER CAUSES	
Metastatic disease		11-1-79		11:00		HOME		NATURAL		NONE	
Carcinoma of duodenum		4-3-89		12:00		HOME		NATURAL		NONE	
34. OTHER CAUSES (Indicate conditions contributing to death but not related to cause listed in 28)		35. OTHER CAUSES (Indicate conditions contributing to death but not related to cause listed in 28)		36. OTHER CAUSES (Indicate conditions contributing to death but not related to cause listed in 28)		37. OTHER CAUSES (Indicate conditions contributing to death but not related to cause listed in 28)		38. OTHER CAUSES (Indicate conditions contributing to death but not related to cause listed in 28)		39. OTHER CAUSES (Indicate conditions contributing to death but not related to cause listed in 28)	
Metastatic malignant melanoma 11 mo.		5-5-88		HOME		NATURAL		NONE		NONE	
37. DECEASED APPROXIMATE DEATH DATE (Month, Day, Year)		38. DECEASED APPROXIMATE DEATH DATE (Month, Day, Year)		39. DECEASED APPROXIMATE DEATH DATE (Month, Day, Year)		40. DECEASED APPROXIMATE DEATH DATE (Month, Day, Year)		41. DECEASED APPROXIMATE DEATH DATE (Month, Day, Year)		42. DECEASED APPROXIMATE DEATH DATE (Month, Day, Year)	
11-1-79		4-3-89		5-5-88		11-1-79		11-1-79		11-1-79	
43. COUNTY THAT DEATH OCCURRED AT THE PLACE STATED		44. COUNTY THAT DEATH OCCURRED AT THE PLACE STATED		45. COUNTY THAT DEATH OCCURRED AT THE PLACE STATED		46. COUNTY THAT DEATH OCCURRED AT THE PLACE STATED		47. COUNTY THAT DEATH OCCURRED AT THE PLACE STATED		48. COUNTY THAT DEATH OCCURRED AT THE PLACE STATED	
SANTA CLARA		SANTA CLARA		SANTA CLARA		SANTA CLARA		SANTA CLARA		SANTA CLARA	
49. MANNER OF DEATH (Indicate if natural, homicide, suicide, or accident)		50. PLACE OF DEATH		51. DATE OF DEATH		52. TIME OF DEATH		53. MANNER OF DEATH		54. MANNER OF DEATH	
NATURAL		HOME		11-1-79		11:00		NATURAL		NATURAL	
55. LOCATION (Street and Number or Location and City)		56. LOCATION (Street and Number or Location and City)		57. LOCATION (Street and Number or Location and City)		58. LOCATION (Street and Number or Location and City)		59. LOCATION (Street and Number or Location and City)		60. LOCATION (Street and Number or Location and City)	
1108 HOLMES AVE, CAMPBELL		1108 HOLMES AVE, CAMPBELL		1108 HOLMES AVE, CAMPBELL		1108 HOLMES AVE, CAMPBELL		1108 HOLMES AVE, CAMPBELL		1108 HOLMES AVE, CAMPBELL	
61. DISPOSITION		62. PLACE OF FINAL DISPOSITION		63. DATE OF BURIAL		64. SIGNATURE OF REGISTRAR		65. LICENSE NUMBER		66. LICENSE NUMBER	
CREMATION/RES		1108 HOLMES AVE, CAMPBELL		4-10-89		STEPHEN A. CORAY, M.D.		5C2702		5C2702	
67. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS DIRECTOR		68. LICENSE NO.		69. SIGNATURE OF LOCAL REGISTRAR		70. REGISTRATION DATE					
NEPTUNE SOCIETY-SAN JOSE		F-1322		STEPHEN A. CORAY, M.D.		APR 7 1989					
71. STATE REGISTRAR		72. STATE REGISTRAR		73. STATE REGISTRAR		74. STATE REGISTRAR		75. STATE REGISTRAR		76. STATE REGISTRAR	
A		B		C		D		E		F	

H151091

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED APR 13 1989

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.

STEPHEN A. CORAY, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This copy not valid unless accompanied by original seal and signature of Registrar.

BOOK 200 PAGE 538



CERTIFICATE OF VITAL RECORDS

COUNTY OF SANTA CLARA

HEALTH DEPARTMENT
2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

AFFIDAVIT TO AMEND A RECORD

STATE CERTIFICATE NUMBER: BIRTH DEATH FETAL DEATH MARRIAGE LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER:

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1A. FIRST NAME ROBERT	1B. MIDDLE NAME KURT	1C. LAST NAME MATSON
	2. SEX M	3. DATE OF EVENT APRIL 5, 1989	4. PLACE OF OCCURRENCE—CITY AND COUNTY CAMPBELL - SANTA CLARA
	5. NAME OF FATHER WALTER N. MATSON	6. BIRTH NAME OF MOTHER WANDA E BLEY	

2 OF 2

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	7. ITEM NUMBER 6	8a. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD 7-15-33	8b. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE JULY 15, 1933
REASON FOR CORRECTION	9. INCORRECT INFORMATION		

PART III SUPPORTING AFFIDAVITS

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

FIRST SUPPORTING AFFIDAVIT	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>[Signature]</i>	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 COUNSELOR	12. AGE OF PERSON COMPLETING AFFIDAVIT OVER 21
	13. DATE SIGNED APRIL 7, 1989	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (CITY, STATE) 2084 ALAMEDA WAY SAN JOSE, CA 95126	

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

SECOND SUPPORTING AFFIDAVIT	15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>[Signature]</i>	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 COUNSELOR	17. AGE OF PERSON COMPLETING AFFIDAVIT OVER 21
	18. DATE SIGNED APRIL 7, 1989	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (CITY, STATE) 2084 ALAMEDA WAY SAN JOSE, CA 95126	

STATE OR LOCAL REGISTRAR USE ONLY

20. DATE ACCEPTED APR 7 1989	21. OFFICE OF THE STATE OR LOCAL REGISTRAR <i>[Signature]</i>
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STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

H151118

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED **APR 13 1989**

BY

[Signature]
STEPHEN A. CORAY, MD
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

BOOK 200 PAGE 539

This copy not valid unless prepared on engraved header displaying seal and signature of Registrar.

RECORDED AT THE REQUEST OF

BOOK 200 PAGE 536

Robert K. Matson

'89 AUG 17 AM 1:34

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
FIN. DEPT. T. L. NEUGRUBER

FILE NO.

FEE \$ 9.00

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BOOK 200 PAGE 540