

Recording Requested by:

Alice T. Matson, Trustee
1108 Holmes Avenue
Campbell, California 95008

And When Recorded Mail To

Alice T. Matson, Trustee
1108 Holmes Avenue
Campbell, California 95008

128936

AFFIDAVIT-DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

STATE OF CALIFORNIA)
COUNTY OF SANTA CLARA) ss:

Alice T. Matson, of legal age, being first duly sworn, deposes and says:

That Robert K. Matson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert K. Matson named as one of the parties in that certain Quitclaim Deed Trust Transfer dated January 29, 1989, executed by Robert K. Matson and Alice T. Matson, wherein the decedent was a Settlor and a Co-Trustee of The Matson Living Trust dated January 29, 1989, as well as a beneficiary under said Trust; it being further acknowledged that Alice T. Matson is the surviving Trustee and sole beneficiary of said Declaration of Trust. The original Quitclaim Deed Trust Transfer aforementioned is recorded as File No. 126339, on February 2, 1989, in Book 194, Page 31, of Official Records of Eureka County, State of Nevada, covering the following described property situated in the County of Eureka, State of Nevada:

APN: 3-193-04

Lot 34, shown on map entitled "Section 15, T29N, R48E, M.D.B. & M.", filed in the office of the County Recorder of Eureka County, Nevada, on December 5, 1960, under File No. 35161. Together with any and all mineral rights appurtenant to said property.

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

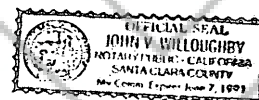
"Alice T. Matson, as Successor
Trustee of The Matson Living Trust
dated January 29, 1989."

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



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CERTIFICATE OF DEATH

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 DECEASED—Print Name		1B. SEX		1C. LAST NAME		1D. DATE OF BIRTH		1E. AGE AT DEATH	
		ROBERT		KURT		MATSON		APR 13 1989		M	
1F. RACE		1G. ETHNIC ORIGIN		1H. DATE OF DEATH		1I. AGE ON DEATH		1J. YEARS I HAVE LIVED		1K. YEARS I HAVE LIVED	
WHITE				7-15-33		35		17		17	
1L. STATE OF BIRTH		1M. CITIZENSHIP		1N. FULL NAME OF FATHER		1O. STATE OF FATHER		1P. FULL NAME OF MOTHER		1Q. STATE OF MOTHER	
CA		U.S.A.		WALTER N. MATSON		CA		WANDA E BLEY		PA	
1R. MILITARY SERVICE		1S. SOCIAL SECURITY		1T. MARITAL STATUS		1U. NAME OF SURVIVING SPOUSE (If used, enter maiden name)					
10-33				MARRIED		ALICE T TIFFANY					
1V. USUAL OCCUPATION		1W. USUAL KIND OF BUSINESS OR INDUSTRY		1X. USUAL EMPLOYER		1Y. YEARS IN USUAL OCCUPATION		1Z. NUMBER OF MONTHS SINCE LAST EMPLOYED		1AA. YEARS SINCE LAST EMPLOYED	
MANAGER		AIR TESTING		MANAGER		17		16		16	
1AB. RESIDENCE—STREET AND NUMBER OR LOCATION		1AC. CITY		1AD. STATE		1AE. ZIP CODE					
1108 HOLMES AVE		CAMPBELL		CA		95008					
1AF. PLACE OF DEATH		1AG. STREET ADDRESS		1AH. CITY		1AI. STATE		1AJ. ZIP CODE		1AK. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF NEXT OF KIN	
70		1108 HOLMES AVE		CAMPBELL		CA		95008		ALICE T MATSON 1108 HOLMES AVE CAMPBELL, CA 95008	
1AL. DEATH WAS CAUSED BY		1AM. ENTER ONLY ONE CAUSE FOR USE FOR A & B. ALSO ENTER TWO OR MORE		1AN. OTHER CAUSE(S) CONTRIBUTED TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 1A		1AO. USUAL CAUSE OF DEATH		1AP. USUAL CAUSE OF DEATH		1AQ. USUAL CAUSE OF DEATH	
15-0		Metastatic malignant melanoma 11 mo.		5-5-88		15-0		15-0		15-0	
1AR. DEATH CERTIFICATE		1AS. DEATH CERTIFICATE		1AT. DEATH CERTIFICATE		1AU. DEATH CERTIFICATE		1AV. DEATH CERTIFICATE		1AW. DEATH CERTIFICATE	
11-1-79		4-3-89		246 Blossom Hill Rd. Los Gatos, CA 95030		DR. JAMES TOBIAS		DR. JAMES TOBIAS		DR. JAMES TOBIAS	
1AX. SIGNATURE OF DECEASED		1AY. SIGNATURE OF DECEASED		1AZ. SIGNATURE OF DECEASED		1BA. SIGNATURE OF DECEASED		1BB. SIGNATURE OF DECEASED		1BC. SIGNATURE OF DECEASED	
1BD. NUMBER OF DEATHS IN THIS FAMILY		1BE. PLACE OF DEATH		1BF. DATE OF DEATH		1BG. DATE OF DEATH		1BH. DATE OF DEATH		1BI. DATE OF DEATH	
1		1108 HOLMES AVE CAMPBELL		4-10-89		4-10-89		4-10-89		4-10-89	
1BJ. LOCATION OF DEATH		1BK. LOCATION OF DEATH		1BL. LOCATION OF DEATH		1BM. LOCATION OF DEATH		1BN. LOCATION OF DEATH		1BO. LOCATION OF DEATH	
1		1		1		1		1		1	
1BP. DISPOSITION		1BQ. PLACE OF FINAL DISPOSITION		1BR. DATE OF DISPOSITION		1BS. SIGNATURE OF REGISTRAR		1BT. LICENSE NUMBER		1BU. LICENSE NUMBER	
CREMATION/RES		1108 HOLMES AVE CAMPBELL		4-10-89		NOT EMBALMED		1BV. SIGNATURE OF LOCAL REGISTRAR		1BW. REGISTRATION DATE	
NEPTUNE SOCIETY-SAN JOSE		F-1322		Stephen A. Coray, MD		APR 7 1989		5C2702		5C2702	

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, MD
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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

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COUNTY of SANTA CLARA

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

AFFIDAVIT TO AMEND A RECORD

☐ BIRTH ☒ DEATH ☐ FETAL DEATH ☐ CHADONAGE 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	1B. MIDDLE NAME	1C. LAST NAME
	ROBERT	KURT	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	8a. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8b. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
	6	7-15-33	JULY 15, 1933
REASON FOR CORRECTION	9. INCORRECT INFORMATION		

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT	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.		
	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1	12. AGE OF PERSON COMPLETING AFFIDAVIT
	<i>[Signature]</i>	COUNSELOR	OVER 21
SECOND SUPPORTING AFFIDAVIT	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.		
	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1	17. AGE OF PERSON COMPLETING AFFIDAVIT
	<i>[Signature]</i>	COUNSELOR	OVER 21
STATE OR LOCAL REGISTRAR USE ONLY	20. DATE ACCEPTED APR 7 1989	21. OFFICE OF THE STATE AND LOCAL REGISTRAR	

H151118



STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

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

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



RECORDED AT THE REQUEST OF

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Robert K. Matson

'89 AUG 17 AM 1:34

OFFICIAL RECORDS
EUREKA COUNTY, CALIFORNIA
F.M. REELEY & SONS, RECORDERS

FILE NO.

FEES 900

128936

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