

**DOC# 232724**

03/24/2017

12:54PM

**Official Record**

Requested By  
U.S. DEEDS

**Eureka County - NV**

**Lisa Hoehne - Recorder**

Page: 1 of 5

Fee: \$43.00

Recorded By CH

RPTT: \$0.00

Book- 0600 Page- 0046



0232724

**ASSESSOR'S PARCEL NO. 005-400-09**

**WHEN RECORDED MAIL TO:**

NADINE JAGUNICH  
KRAMER RADIN, LLP  
280 SECOND STREET  
SUITE 100  
LOS ALTOS, CA 94022

**MAIL TAX NOTICES TO:**

HELEN E. LAMBERT  
EDWARD E. LAMBERT  
1255 MILDRED AVENUE  
SAN JOSE, CA 95125

**Affidavit of Death of Trustees**

The undersigned, being first duly sworn, deposes and says:

1. Affiants are the successor trustees of The Lambert Family Trust. Armand V. Lambert and Nelly H. Lambert were the then serving trustees of The Lambert Family Trust. Armand V. Lambert passed away on December 5, 2015 and Nelly H. Lambert passed away on July 28, 2015, who are named in those particular Certificates of Death attached hereto and made a part hereof.

2. Affiant knows the said Armand V. Lambert and Nelly H. Lambert, deceased, to be one and the same persons as who are named as trustees of The Lambert Family Trust in that particular Deed recorded in Book 153, Page 508, on 01/2987, in the office of the Recorder of Eureka County, Nevada.

*Helen M. Lambert*

Helen M. Lambert

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

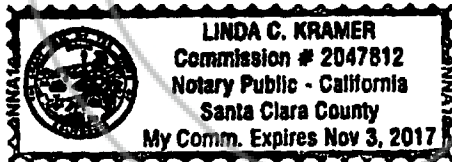
STATE OF CALIFORNIA )  
COUNTY OF SANTA CLARA )

On 2-23-17, before me, LINDA C. KRAMER, the Notary Public, personally appeared HELEN M. LAMBERT, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature(s) on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

*Linda C. Kramer* (Seal)  
Signature of Notary Public



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*[Handwritten Signature]*

Edward E. Lambert

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

STATE OF California  
COUNTY OF Santa Clara

On 2/24/2017, before me, Mauju Kamboj, the Notary Public, personally appeared Edward E. Lambert who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature(s) on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Mauju Kamboj (Seal)  
Signature of Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT  
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201543010001

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
ARMAND		VICTOR		LAMBERT	
4. DATE OF BIRTH - Month/Day/Year					
12/15/1917		5. AGE Yrs.		97	
6. SEX					
M					
7. EDUCATION - Highest Level (School, College, University, etc.)		8. SOCIAL SECURITY NUMBER		9. EVER IN U.S. ARMED FORCES	
BELGIUM				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
10. US CITIZENSHIP STATUS		11. MARITAL STATUS (In Case of Death)		12. DATE OF DEATH - Month/Day/Year	
MASTER'S		WIDOWED		12/05/2015	
13. US HOUR (of Day)		14. RACE		15. YEARS IN OCCUPATION	
1311		CAUCASIAN		30	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED (See back for details)					
ELECTRICAL ENGINEER					
17. USUAL RESIDENCE (Street and number, or location)					
1617 EDMONTON AVENUE					
18. CITY		19. COUNTY/PROVINCE		20. ZIP CODE	
SUNNYVALE		SANTA CLARA		94087	
21. DECEASED'S NAME, RELATIONSHIP		22. PLACE OF BIRTH (City and State)			
HELEN LAMBERT, DAUGHTER		1288 MADRED AVENUE, SAN JOSE, CA 95128			
23. NAME OF BIRTH RECORD (First, Middle, Last)		24. MIDDLE		25. LAST (Family Name)	
EMILE				LAMBERT	
26. NAME OF BIRTH RECORD (First, Middle, Last)		27. MIDDLE		28. LAST (Family Name)	
IDA		UNKNOWN		BELGIUM	
29. DATE OF DEATH		30. PLACE OF DEATH (City, State, and Country)			
12/10/2015		LOS ALITOS UNITED METHODIST CHURCH 865 MAGDALENA AVENUE, LOS ALITOS, CA 94024			
31. TYPE OF DEATH		32. BURIAL OR CREMATION		33. LICENSE NUMBER	
CRREL		NOT EMBALMED			
34. NAME OF PLACE OF DEATH		35. NAME OF LOCAL DEATH REGISTRAR		36. DATE OF DEATH	
LIMA S. CAMPAGNA SUNNYVALE		SARA H. COOY, MD		12/08/2015	
37. PLACE OF DEATH		38. TYPE OF DEATH		39. CAUSE OF DEATH	
RESIDENCE		HOSPITAL		OTHER THAN HOSPITAL	
SANTA CLARA		1617 EDMONTON AVENUE		SUNNYVALE	
40. CAUSE OF DEATH (Full Cause of Death - ICD-10 Code)					
COMPLICATIONS OF NEURODEGENERATIVE DISEASE					
41. UNDERLYING CAUSE OF DEATH (Full Cause of Death - ICD-10 Code)					
NONE					
42. TIME OF DEATH (Month/Day/Year)					
NO					
43. COUNTY OF DEATH		44. COUNTY OF BIRTH		45. LICENSE NUMBER	
SANTA CLARA		SANTA CLARA		A98874	
46. DATE OF DEATH		47. DATE OF BIRTH		48. DATE OF DEATH	
02/26/2015		12/05/2015		12/08/2015	
49. NAME OF DEATH REGISTRAR		50. NAME OF DEATH REGISTRAR		51. LICENSE NUMBER	
KULJEET KAUR MOLTANI M.D.		KULJEET KAUR MOLTANI M.D.		A98874	
52. ADDRESS OF DEATH REGISTRAR		53. ADDRESS OF DEATH REGISTRAR		54. ADDRESS OF DEATH REGISTRAR	
301 OLD SAN FRANCISCO RD, SUNNYVALE, CA 94088		301 OLD SAN FRANCISCO RD, SUNNYVALE, CA 94088		301 OLD SAN FRANCISCO RD, SUNNYVALE, CA 94088	
55. PLACE OF BIRTH (City, State, and Country)					
SUNNYVALE, CALIFORNIA, USA					
56. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)					
57. LOCATION OF INJURY (Street and number, or location, and City and State)					
58. SIGNATURE OF DECEASED (If applicable)					
59. DATE (Month/Day/Year)					
60. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
61. SIGNATURE OF CORONER/DEPUTY CORONER					
62. DATE (Month/Day/Year)					
63. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SANTA CLARA

DATE ISSUED

By DEC 14 2015 \* H 0 3 1 4 5 6 1 1 \*

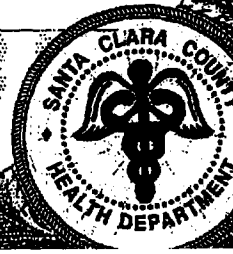
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

SARA H. COOY  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

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COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT  
VITAL RECORDS AND REGISTRATION

CERTIFICATE OF DEATH

3201543006282

1. NAME OF OCCIDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
NELLY		HORTENSE		LAMBERT	
4. DATE OF BIRTH (month/year) 5. AGE (years) 6. SEX (M/F)					
10/09/1919 95 F					
7. DATE OF DEATH (month/year)		8. HOUR (of hour)		9. SEX	
07/28/2015		2020		F	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED SERVICES		12. MARITAL STATUS (at Time of Death)	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MARRIED	
13. EDUCATION - Highest Level (Type of work for most of the 10 years prior to death)		14. RACE (Specify if other than White)		15. YEARS BY OCCUPATION	
HS GRADUATE		CAUCASIAN		18	
17. USUAL OCCUPATION - Type of work for most of the 10 years prior to death		18. KIND OF BUSINESS OR INDUSTRY (Specify if other than Retail, Wholesale, or Service)		19. YEARS BY OCCUPATION	
BANK OFFICER		BANKING		18	
20. DECEASED'S RESIDENCE (Street and number, including apartment or room number)					
1617 EDMONTON AVENUE					
21. CITY		22. ZIP CODE		23. STATE (Foreign Country)	
SUNNYVALE		94085		CA	
24. INFORMANT'S NAME, RELATIONSHIP					
HELEN LAMBERT, DAUGHTER					
25. NAME OF SURVIVING SPONSOR (First)		26. LAST BIRTH (Given)		27. BIRTH STATE	
ARMOND		LAMBERT		BELGIUM	
28. NAME OF FATHER (First)		29. MIDDLE		30. BIRTH STATE	
EMILE		LECLERC		BELGIUM	
31. NAME OF MOTHER (First)		32. MIDDLE		33. BIRTH STATE	
HELENE		HARTIGNIES		BELGIUM	
34. DEPOSITION DATE (month/year)					
08/03/2015					
35. PLACE OF DEATH (Street and number, including apartment or room number)					
656 MARLBOROUGH AVENUE, LOS ALTOS, CA 94024					
36. TYPE OF DEATH (Specify if other than Natural)					
CR/REL NOT TREATED					
37. NAME OF FUNERAL HOME (Street and number, including apartment or room number)					
LIMA & CAMPAGNA, SUNNYVALE, CA 94085					
38. NAME OF PHYSICIAN (Street and number, including apartment or room number)					
SARA H. BODY, MD					
39. PLACE OF DEATH (Specify if other than Home)					
RESIDENCE					
40. COUNTY		41. COUNTY		42. CITY	
SANTA CLARA		SANTA CLARA		SUNNYVALE	
43. CAUSE OF DEATH (Specify if other than Natural)					
SEVERE AORTIC STENOSIS					
44. MANNER OF DEATH (Specify if other than Natural)					
None					
45. SIGNATURE AND TITLE OF CERTIFIER					
STEPHANIE WONG M.D.					
46. LICENSE NUMBER					
A78243					
47. DATE (month/year)					
08/01/2015					
48. SIGNATURE AND TITLE OF CORONER / DEPUTY CORONER					
SARA H. CODY, HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS					

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } DATE ISSUED: AUG 05 2015  
COUNTY OF SANTA CLARA } SS. By AUG 05 2015 \*H03109116\*

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.

SARA H. CODY  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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