

RECORDING REQUESTED BY:

RITCHEY FISHER WHITMAN & KLEIN

161837

WHEN RECORDED MAIL TO:

Gillian G. Hays, Esq.  
Ritchey Fisher Whitman & Klein  
1717 Embarcadero Road  
Palo Alto, California 94303

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF CALIFORNIA )  
COUNTY OF SONOMA )  
ss. )

Lillian Mary Thomas, of legal age, being first duly sworn, deposes and says:

That Frank Allen Thomas, the decedent mentioned in the attached certified copy of certificate of death, is the same person as Frank Allen Thomas named as Trustee of The Frank Allen Thomas and Lillian Mary Thomas Revocable Trust dated November 13, 1990, in that certain Deed dated November 13, 1990, executed by Lillian Mary Thomas, grantor, to Frank Allen Thomas and Lillian Mary Thomas, Trustees under The Frank Allen Thomas and Lillian Mary Thomas Revocable Trust, dated November 13, 1990, grantees, recorded on December 14, 1990, as Instrument No. 134981 of Official Records of Eureka County, Nevada, transferring the following described property situated in the County of Eureka, State of Nevada:

The west half of Lot 4 of Section 19, Township 31 North, Range 49 East, M.D.B.M., as per government survey. RESERVING THEREFROM an easement of 30 feet along all boundaries for ingress and egress, with power to dedicate.

APN: 05-090-06

Dated: April 5, 1996.

*Lillian Mary Thomas*  
Lillian Mary Thomas, Surviving Trustee of The Frank Allen Thomas and Lillian Mary Thomas Revocable Trust dated November 13, 1990

Subscribed and sworn to before me on 4-3, 1996.

WITNESS my hand and official seal.

*J. Glaze*  
NOTARY PUBLIC



BOOK 294 PAGE 438

**CERTIFICATION OF VITAL RECORD**  
**COUNTY OF SONOMA**  
 SANTA ROSA, CALIFORNIA

3-1996-49-000366

STATE FILE NUMBER: [REDACTED] REV. 7/83  
 USE BLACK INK ONLY AND ENCLOSED WRITERS OR ALTERNATIONS  
 LOCAL REGISTRATION NUMBER: [REDACTED]

**DECEASED PERSONAL DATA**

1. NAME OF DECEASED - FIRST GIVEN: **Frank Allen Thomas**  
 2. MIDDLE: **Allen**  
 3. LAST NAME (NATALITY): **Thomas**

4. DATE OF BIRTH: M/D/CCYY: **06/10/1918**  
 5. AGE YRS. M/D: **77**  
 6. SEX: **M**  
 7. DATE OF DEATH: M/D/CCYY: **01/27/1996**  
 8. HOUR: **0500**

9. STATE OF BIRTH: **MO**  
 10. SOCIAL SECURITY NO.: [REDACTED]  
 11. MILITARY SERVICE: **None**  
 12. MARITAL STATUS: **Married**  
 13. EDUCATION - YEARS COMPLETED: **18**

14. RACE: **White**  
 15. HISPANIC - SPECIFY: **NO**  
 16. USUAL EMPLOYER: **Hewlett-Packard**  
 17. OCCUPATION: **Storekeeper**  
 18. KIND OF BUSINESS: **Electronics Manufacturing**  
 19. YEARS IN OCCUPATION: **19**

**USUAL RESIDENCE**

20. RESIDENCE - STREET AND NUMBER OR LOCATION: **36452 East Ridge**  
 21. CITY: **The Sea Ranch**  
 22. COUNTY: **Sonoma**  
 23. STATE OR FOREIGN COUNTRY: **CA**

**INFORMANT**

24. NAME, RELATIONSHIP: **Lillian Thomas, Wife**  
 25. NAME OF SURVIVING SPOUSE - FIRST LAST MIDDLE: **Lillian, Thomas, Walker**  
 26. LAST KNOWN ADDRESS - STREET AND NUMBER OR BOX NO. CITY OR TOWN, STATE, ZIP: **Box 246, The Sea Ranch, CA 95497**

**SPOUSE AND PARENT INFORMATION**

27. NAME OF MOTHER - FIRST MIDDLE LAST: **Mildred Victoria Peterson**  
 28. BIRTH STATE: **MO**  
 29. NAME OF FATHER - FIRST MIDDLE LAST: **Frank Allen Thomas**  
 30. BIRTH STATE: **MO**

**Funeral and Local Director (Informations)**

31. TYPE OF BURIAL: **CR/RES**  
 32. SIGNATURE OF FUNERAL DIRECTOR: **Not Embalmed**  
 33. DATE: M/D/CCYY: **01/30/1996**  
 34. NAME OF FUNERAL DIRECTOR: **RESS, Lillian Thomas, 36452 East Ridge, The Sea Ranch, CA 95497**

**Place of Death**

101. PLACE OF DEATH: **Residence**  
 102. STREET ADDRESS - STREET AND NUMBER OR LOCATION: **36452 East Ridge**  
 103. FACILITY OTHER THAN HOSPITAL: **Home**  
 104. COUNTY: **Sonoma**  
 105. CITY: **The Sea Ranch**

**Immediate Cause**

107. DEATH WAS CAUSED BY (ENTER ONE OR MORE CAUSES PER THE RULES AND REGULATIONS): **Cardiopulmonary Arrest**  
 108. DEATH REPORTED TO COMMISSIONER: **YES**  
 109. REPORT NUMBER: **None**

**Causes of Death**

(M) IMMEDIATE CAUSE: **Cardiopulmonary Arrest**  
 (B) WADENECTOMY'S FACTOR (PHYSICIAN'S): **None**  
 (C) DUE TO: **COPD**  
 (D) DUE TO: **Hypertension, Prostate Cancer**  
 111. OTHER SIGNIFICANT CONDITIONS CONTINUING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: **None**  
 112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? **YES** LAST TYPE OF OPERATION AND DATE: **None**  
 113. OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? **NO**

**Physician's Certificate**

114. (CERTIFY THAT TO THE BEST OF MY KNOWLEDGE PLACE STATED AT THE HOUR, DATE AND DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED SINCE DECEASED HAS BEEN ALIVE) SIGNATURE AND TITLE OF PHYSICIAN: **[Signature] M.D./CCYY**  
 115. LICENSE NO.: **A15497**  
 116. DATE: M/D/CCYY: **01/27/1996**

117. SIGNATURE AND TITLE OF REGISTRAR: **[Signature] REGISTRAR**  
 118. PLACE STATED FROM THE CAUSE STATED: **None**  
 119. MANNER OF DEATH: **None**  
 120. NUMBER AT HOUR: **None**  
 121. PLACED DATE: M/D/CCYY: **None**  
 122. HOUR: **None**  
 123. PLACE OF DEATH: **None**  
 124. DESCRIBE HOW MANY OCCURRED (EVENTS WHICH RESULTED IN INJURY): **None**

**Commoners' Certificate**

125. SIGNATURE OF COMMONER OR DEPUTY COMMONER: **[Signature]**  
 126. DATE: M/D/CCYY: **01/27/1996**  
 127. TYPED NAME, TITLE OF COMMONER OR DEPUTY COMMONER: **[Signature]**

**Registration**

128. SIGNATURE OF COMMONER OR DEPUTY COMMONER: **[Signature]**  
 129. DATE: M/D/CCYY: **01/27/1996**  
 130. PLACE OF DEATH: **None**

**Physician's Certificate**

131. SIGNATURE AND TITLE OF PHYSICIAN: **[Signature] M.D./CCYY**  
 132. LICENSE NO.: **A15497**  
 133. DATE: M/D/CCYY: **01/27/1996**

134. (CERTIFY THAT TO THE BEST OF MY KNOWLEDGE PLACE STATED AT THE HOUR, DATE AND DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED SINCE DECEASED HAS BEEN ALIVE) SIGNATURE AND TITLE OF PHYSICIAN: **[Signature] M.D./CCYY**  
 135. LICENSE NO.: **A15497**  
 136. DATE: M/D/CCYY: **01/27/1996**

**Funeral and Local Director (Informations)**

41. TYPE OF BURIAL: **CR/RES**  
 42. SIGNATURE OF FUNERAL DIRECTOR: **Not Embalmed**  
 43. DATE: M/D/CCYY: **01/30/1996**  
 44. NAME OF FUNERAL DIRECTOR: **NEPTUNE SOCIETY OF SONOMA, 36452 East Ridge, The Sea Ranch, CA 95497**

**Place of Death**

101. PLACE OF DEATH: **Residence**  
 102. STREET ADDRESS - STREET AND NUMBER OR LOCATION: **36452 East Ridge**  
 103. FACILITY OTHER THAN HOSPITAL: **Home**  
 104. COUNTY: **Sonoma**  
 105. CITY: **The Sea Ranch**

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 109. REPORT NUMBER: **None**

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 (B) WADENECTOMY'S FACTOR (PHYSICIAN'S): **None**  
 (C) DUE TO: **COPD**  
 (D) DUE TO: **Hypertension, Prostate Cancer**  
 111. OTHER SIGNIFICANT CONDITIONS CONTINUING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: **None**  
 112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? **YES** LAST TYPE OF OPERATION AND DATE: **None**  
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 119. MANNER OF DEATH: **None**  
 120. NUMBER AT HOUR: **None**  
 121. PLACED DATE: M/D/CCYY: **None**  
 122. HOUR: **None**  
 123. PLACE OF DEATH: **None**  
 124. DESCRIBE HOW MANY OCCURRED (EVENTS WHICH RESULTED IN INJURY): **None**

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125. SIGNATURE OF COMMONER OR DEPUTY COMMONER: **[Signature]**  
 126. DATE: M/D/CCYY: **01/27/1996**  
 127. TYPED NAME, TITLE OF COMMONER OR DEPUTY COMMONER: **[Signature]**

**Registration**

128. SIGNATURE OF COMMONER OR DEPUTY COMMONER: **[Signature]**  
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 130. PLACE OF DEATH: **None**

**Physician's Certificate**

131. SIGNATURE AND TITLE OF PHYSICIAN: **[Signature] M.D./CCYY**  
 132. LICENSE NO.: **A15497**  
 133. DATE: M/D/CCYY: **01/27/1996**

LOCAL REGISTRAR  
 SONOMA COUNTY, CALIFORNIA

DATE ISSUED  
**02/08/1996**

STATE OF CALIFORNIA  
 COUNTY OF SONOMA  
 SS  
 This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.  
 This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

COPY

BOOK 294 PAGE 438

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BOOK 294 PAGE 438  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*William Klein*  
96 APR 18 AM 11:43  
EUREKA COUNTY NEVADA  
M.N. REBAL EATL. RECORDER  
FILE NO. \_\_\_\_\_  
FEES 9.00