

WHEN RECORDED MAIL TO:
MRS. PATRICIA A. WILSON
4453 RANCHERO DRIVE
SOQUEL, CA 95073

AFFIDAVIT - DEATH OF TRUSTEE

PATRICIA A. WILSON, of legal age being first duly sworn, deposes and says that: Naming themselves as trustees, on APRIL 20, 1995, KENNETH R. WILSON & PATRICIA A. WILSON, established a revocable living trust titled:

WILSON FAMILY TRUST, DATED APRIL 20, 1995.

Concurrent with the establishment of the living trust KENNETH R. WILSON & PATRICIA A. WILSON executed a notarized deed formally & validly transferring ownership interest of the real property to the above named living trust. SAID DEED WAS RECORDED ON THE SAME DATE AS THIS AFFIDAVIT CONCURRENT WITH AND ONE INSTRUMENT PRIOR TO THIS AFFIDAVIT. SAID PROPERTY IS DESCRIBED AS FOLLOWS:

EUREKA COUNTY, STATE OF NEVADA
THE NORTH ONE-HALF OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 27, TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B. & M. LOT 11 IN BLOCK 3, AS SHOWN ON THE MAP OF CRESCENT VALLEY RANCH & FARMS, UNIT NO. 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF EUREKA COUNTY, NEVADA, ON APRIL 6, 1959.
Unfortunately, due to death (verified by the attached copy of the death certificate - THE DECEDENT BEING KENNETH R. WILSON), the duty for managing the trust now falls to PATRICIA A. WILSON the successor trustee - who now has rightful signature power for transferring or encumbering all the property owned by the trust including said real property.

SUCCESSOR TRUSTEE STATEMENT

THIS IS TO VERIFY THAT I AM THE NAMED AND RIGHTFUL SUCCESSOR TRUSTEE OF THE ABOVE REFERENCED TRUST, AND THAT ALL THE STATEMENTS AND EXHIBITS ARE TRUE AND CORRECT.

DATE: April 11, 1996

STATE OF CALIFORNIA

)
) SS.

COUNTY OF SANTA CLARA

SUBSCRIBED AND SWORN TO BEFORE ME, THE UNDERSIGNED A NOTARY PUBLIC IN AND FOR THE STATE OF CALIFORNIA ON

APR 11 1996

WITNESS MY HAND AND OFFICIAL SEAL.

Patricia A. Wilson
NOTARY PUBLIC



MAIL TAX STATEMENTS AS
DIRECTED ABOVE

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COUNTY OF SANTA CRUZ

SANTA CRUZ, CALIFORNIA

CERTIFICATE OF DEATH

3-1996-44-000424

1. NAME OF DECEASED—FIRST (GIVEN)		Kenneth	
2. MIDDLE		Reuel	
3. LAST (FAMILY)		Wilson Sr	
4. DATE OF BIRTH M/M/DD/CCYY	5. AGE YRS.	6. SEX	7. DATE OF DEATH M/M/DD/CCYY
06/07/1913	82	M	03/29/1996
8. STATE OF BIRTH	9. SOCIAL SECURITY NO.	10. MILITARY SERVICE	11. EDUCATION—YEARS COMPLETED
CA			12
12. MARRIAGE STATUS		13. USUAL EMPLOYER	
Married		U.S. Government	
14. RACE		15. KIND OF BUSINESS	
White		Construction/Maintenance	
16. USUAL RESIDENCE		17. OCCUPATION	
4453 Ranchoero Dr Santa Cruz CA		Public Works Supervisor	
18. NAME, RELATIONSHIP		19. YEARS IN OCCUPATION	
Patricia Wilson Spouse		30	
20. NAME OF SURVIVING SPOUSE—FIRST		21. MIDDLE	
Patricia		Alleen	
22. NAME OF FATHER—FIRST		23. MIDDLE	
Arthur		Leonard	
24. BIRTH STATE		25. BIRTH STATE	
CA		NY	
26. NAME OF MOTHER—FIRST		27. MIDDLE	
Catherine		Brown	
28. DATE M/M/DD/CCYY		29. PLACE OF FINAL DEPOSITION	
04/03/1996		Res Patricia Wilson 4453 Ranchoero Dr Soquel CA	
30. TYPE OF DEPOSITION		31. SIGNATURE OF REGISTRAR	
CR/RES		[Signature]	
32. NAME OF FUNERAL DIRECTOR		33. LICENSE NO.	
Smith and Arnold's		799	
34. PLACE OF DEATH		35. STREET ADDRESS—STREET AND NUMBER OR LOCATION	
Dominican R.C.U.		700 Frederick St Santa Cruz	
36. DEATH OF		37. DATE M/M/DD/CCYY	
101. PLACE OF DEATH		03/29/1996	
102. STREET ADDRESS—STREET AND NUMBER OR LOCATION		103. PLACE OF DEATH	
700 Frederick St		Santa Cruz	
104. COUNTY		105. CITY	
Santa Cruz		Santa Cruz	
106. DEATH REPORTED TO CORONER		107. DEATH REPORTED TO CORONER	
YES		YES	
108. DEATH REPORTED TO CORONER		109. DEATH REPORTED TO CORONER	
YES		YES	
110. AUTOPSY PERFORMED		111. USED IN DETERMINING CAUSE	
YES		YES	
112. OTHER SIGNIFICANT CONTRIBUTION TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IN YES, LIST TYPE OF OPERATION AND DATE.	
		Infected right foot with gangrene	
114. CAUSE THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED		115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP	
Death occurred at the hour, date and place stated from the cause stated		Surinder Kumar MD 1595 Soquel Dr. #210 Santa Cruz CA 95065	
116. SIGNATURE AND TITLE OF CENTER		117. DATE M/M/DD/CCYY	
[Signature]		03/29/1996	
118. LICENSE NO.		119. LICENSE NO.	
A32024		A32024	
120. NATURE AT WORK		121. NATURE DATE M/M/DD/CCYY	
Surinder Kumar MD 1595 Soquel Dr. #210 Santa Cruz CA 95065		03/29/1996	
122. HOUR		123. PLACE OF DEATH	
		Santa Cruz	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. SIGNATURE OF CORONER OR DEPUTY CORONER	
		[Signature]	
126. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		127. DATE M/M/DD/CCYY	
		03/29/1996	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		129. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
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BOOK 294 PAGE 521
RECORDED AT THE REQUEST OF
David M. Mayberry
96 MAY - 3 AM 11:14
EUREKA COUNTY NEVADA
M.N. REBALANCE, RECORDER
FILE NO.
FEES \$9.00