

RECORDING REQUESTED BY:

MICHAEL L. GIANELLI

AND WHEN RECORDED MAIL TO:

GIANELLI & FORES
A Professional Law Corporation
P. O. Box 3212
Modesto, CA 95353

AFFIDAVIT - DEATH OF CO-TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF STANISLAUS)

WILLIAM G. MANLEY, of legal age, being first duly sworn, deposes and says:

That **MARIEHELEN MANLEY**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **MARIEHELEN MANLEY**, named as one of the trustees in that certain Trust Agreement, dated May 23, 1990, executed by **MARIEHELEN MANLEY** and **WILLIAM G. MANLEY**, Trustors and named as one of the parties in that certain Deed of Trust dated September 28, 1992, executed by **RONALD A. CARRION** and **BETSY A. CARRION**, to **MARIEHELEN MANLEY** and **WILLIAM G. MANLEY**, Trustees of the **MANLEY LIVING TRUST**, under instrument dated May 23, 1990, recorded as Instrument No. 142504 on September 29, 1992, in Book 239, Page 276, Official Records of Eureka County, Nevada, covering the following described property situated in the County of Eureka, State of Nevada:

Township 20 North, Range 53 East, MDB&M; Section 11: S1/2

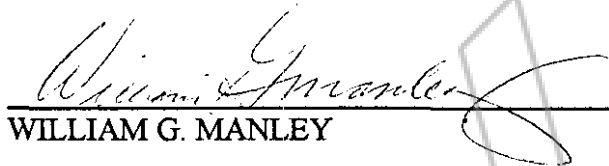
APN:007 330 09

WILLIAM G. MANLEY, designated as co-trustee in that certain Trust Agreement dated May 23, 1990, shall succeed to all title of the trustee of the trust estate as

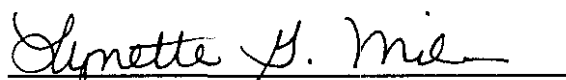
APN: 007 330 09

sole trustee, and hereby accepts and shall have all powers, rights, discretions, and obligations conferred on such trustee by said trust instrument.

Dated: June 11, 1997

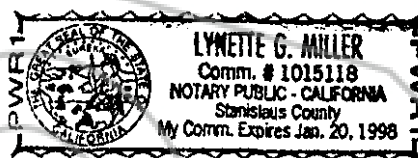

WILLIAM G. MANLEY

Subscribed and sworn (affirmed) to before
me this 11 day of June, 1997.



Notary Public

My Commission Expires: 1/20/98



F:\PRO\MANLEY.MLG\AFF.3

BOOK 331 PAGE 524

CERTIFICATION OF VITAL RECORD

COUNTY of STANISLAUS MODESTO, CALIFORNIA

CERTIFICATE OF DEATH

3 96 50 000937

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITESOUTS OR ALTERATIONS VS-11 (REV. 7/94)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (KNOWN)		2. MIDDLE		3. LAST (FAMILY)	
Marihelen				Manley	
4. DATE OF BIRTH MM/DD/YYYY		5. AGE YRS.		6. SEX	
5/24/1928		67		F	
7. DATE OF DEATH MM/DD/YYYY		8. HOUR		9. MINUTE	
03/31/1996		2000			
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
CA		None		Married	
13. RACE		14. SEX—SPECIFY		15. USUAL EMPLOYER	
Caucasian		Yes		Self-Employed	
16. OCCUPATION		17. KIND OF BUSINESS		18. YEARS IN OCCUPATION	
Homemaker		Home		46	
19. RESIDENCE—STREET AND NUMBER OR LOCATION					
2701 Lake Front Ct.					
20. CITY		21. COUNTY		22. ZIP CODE	
Modesto		Stanislaus		95355	
23. NAME, RELATIONSHIP		24. MARITAL ADDRESS (STREET AND NUMBER OR RURAL ROUTE ADDRESS, CITY OR TOWN, STATE, ZIP)			
William G. Manley - Husband		2701 Lake Front Ct., Modesto, CA 95355			
25. NAME OF SURVIVING SPOUSE—FIRST		26. MIDDLE		27. LAST (FAMILY NAME)	
William		G.		Manley	
28. NAME OF FATHER—FIRST		29. MIDDLE		30. LAST (FAMILY NAME)	
Robert		E.		Bering	
31. NAME OF MOTHER—FIRST		32. MIDDLE		33. LAST (FAMILY NAME)	
Helen				Kane	
34. DATE MM/DD/YYYY		35. PLACE OF FUNERAL DISPOSITION			
04/04/1996		Lakewood Memorial Park, Hughson, California			
36. TYPE OF DISPOSITION		37. SIGNATURE OF SQUALOR		38. LIC. NO.	
BU		[Signature]		8029	
39. NAME OF FUNERAL DIRECTOR		40. LICENSE NO.		41. SIGNATURE OF LOCAL REGISTRAR	
Franklin & Downs Funeral Home		1259		W.E. Torrey [Signature]	
42. DATE MM/DD/YYYY		43. DATE MM/DD/YYYY			
04/02/1996					
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. FACILITY OTHER THAN HOSPITAL	
English Oaks Convalescent		In		Other	
104. STREET ADDRESS—STREET AND NUMBER OR LOCATION		105. CITY			
2633 W. Rumble Rd.		Modesto			
106. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		107. TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER	
(A) Acute Renal Failure		14 hrs		Yes ☒ No ☐	
(B) Congestive Heart Failure		7 yrs		109. SCOPED PERFORMED	
(C) Cardiac Myopathy		10 yrs		Yes ☒ No ☐	
(D)				110. AUTOPSY PERFORMED	
				Yes ☒ No ☐	
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? IF YES, LIST TYPE OF OPERATION AND DATE.			
Cerebrovascular Accident		None			
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		114. SIGNATURE AND TITLE OF CERTIFIER		115. LICENSE NO.	
DECEDENT ATTENDED UNDER DECEDENT LAST BEEN ALIVE MM/DD/YYYY		[Signature]		631923	
1996 03/30/1996		116. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS & ZIP		117. DATE MM/DD/YYYY	
		RICHARD C. HOLIHAN, M.D., 600 COFFEE RD., MODESTO, CA 95355		04/04/1996	
118. MANNER OF DEATH		119. PLACED AT WORK		120. PLACE OF PLACED	
Natural ☐ Suicide ☐ Homicide ☐		Yes ☐ No ☐			
121. DESCRIBE HOW PLACED OCCURRED (EVENTS WHICH PRECEDED PLACED)		122. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)			
123. SIGNATURE OF CORONER OR DEPUTY CORONER		124. DATE MM/DD/YYYY		125. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
[Signature]					
50-020029		CERTIFIED COPY OF VITAL RECORDS			

STATE OF CALIFORNIA
COUNTY OF STANISLAUS

DATE ISSUED

OCT 23 1996

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Stanislaus County Clerk-Recorder.

KAREN MATHEWS, Clerk-Recorder
STANISLAUS COUNTY, CALIFORNIA

BOOK 331 PAGE 525

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BOOK 331 PAGE 523
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Diannelli & Loes
99 DEC 13 AM 9:09

EUREKA COUNTY NEVADA
M.H. REBALEATI, RECORDER
FILE NO. **173566** FEES 10.00

COPY

BOOK 331 PAGE 526

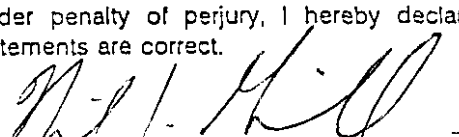
DECLARATION OF VALUE
EUREKA COUNTY, NEVADA

Recording Date 12/13/99 Book 331 Page 523 Instrument # 173566

Full Value of Property Interest Conveyed \$ _____
Less Assumed Liens & Encumbrances -- _____
Taxable Value (NRS 375.010, Section 4) \$ _____
Real Property Transfer Tax Due \$ _____

If exempt, state reason. NRS 375.090, Section (8). Explain:
A transfer of title to or from a trust.

☐ Escrow Holder only. Check if Real Property Transfer Tax is to be deferred under NRS 375.030, Section 3.

INDIVIDUAL	ESCROW HOLDER
Under penalty of perjury, I hereby declare that the above statements are correct.	Under penalty of perjury, I hereby declare that the above statements are correct to the best of my knowledge based upon the information available to me in the documents contained in the escrow file.
 Signature of Declarant	_____ Signature of Declarant
<u>Michael L. Gianelli</u> Name (Please Print)	_____ Name (Please Print)
<u>GIANELLI & FORES</u> <u>1014 16th Street</u> Address	_____ Escrow Number
<u>Modesto</u> <u>CA</u> <u>95354</u> City State Zip	_____ Firm Name
	_____ Address
	_____ City State Zip

• Tax paid for the above transfer per NRS 375.030 Sec. 3 on 12/13/99