173566

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 **MARIHELEN MANLEY**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARIHELEN MANLEY, named as one of the trustees in that certain Trust Agreement, dated May 23, 1990, executed by MARIHELEN 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 MARIHELEN 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: SI/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

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

LYNETTE G. MILLER
Comm. # 1015118
NOTARY PUBLIC - CALIFORNIA
Stanislaus County
My Comm. Expires Jan. 20, 1998

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

CERTIFICATION OF VITAL RECORD

COUNTY of STANISLAUS

MODESTO, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-11 (REV. 7/93)

STATE FILE NUMBER: 3 96 50 000937 — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Marihelen	–	Manley

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
05/24/1928	67			F	03/31/1996	2000

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
CA	[redacted]	19__ TO 19__ ☐ None	Married	16

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
Caucasian	☐ YES _____ ☒ NO	Self-Employed

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Homemaker	Home	46

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 2701 Lake Front Ct.

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Modesto	Stanislaus	95355	39	California

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
William G. Manley - Husband	2701 Lake Front Ct., Modesto, CA 95355

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)
William	G.	Manley

31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Robert	E.	Bering	TX

35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
Helen	–	Kane	MT

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
04/04/1996	Lakewood Memorial Park, Hughson, California

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BU	▶ Darrick Lewis	8029

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
Franklin & Downs Funeral Home	1259	W.E. Forney per M.M.Bunnell	04/02/1996

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY OTHER	103. FACILITY OTHER THAN HOSPITAL	104. COUNTY
English Oaks Convalescent	☐ IP ☐ ER/OP ☐ DOA	☐ CONV. HOSP. ☐ RES. ☐ Other	Stanislaus

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 2633 W. Rumble Rd.

106. CITY: Modesto

CAUSE OF DEATH

107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Acute Renal Failure	14 days
DUE TO (B)	Congestive Heart Failure	7 yrs
DUE TO (C)	Cardiomyopathy	10 yrs
DUE TO (D)		

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER

109. MORBY PERFORMED: ☐ YES ☑ NO

110. AUTOPSY PERFORMED: ☐ YES ☑ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: Cerebrovascular Accident

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: None

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
1963	03/01/1996

115. SIGNATURE AND TITLE OF CERTIFIER: ▶ Richard C. Holihan M.D.

116. LICENSE NO.: G31923

117. DATE MM/DD/CCYY: 04/04/1996

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: RICHARD C. HOLIHAN, M.D., 600 COFFEE RD., MODESTO, CA95355

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK: ☐ YES ☐ NO

121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

50-020029

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF STANISLAUS } ss

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

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
Gianelli & Lores
99 DEC 13 AM 9:09

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

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

Under penalty of perjury, I hereby declare that the above statements are correct.

Signature of Declarant

Michael L. Gianelli
Name (Please Print)

GIANELLI & FORES
1014 16th Street
Address

Modesto CA 95354
City State Zip

ESCROW HOLDER

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

Name (Please Print)

Escrow Number

Firm Name

Address

City State Zip

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

Nevada Legal Forms, Inc. (702) 870-8977 • Declaration of Value • DEC 102-2 NCR
C 1992 • 940613 • 20 pk