

**174918**

RECORDING REQUESTED BY:

BRUCE C. CHESTER, INC.

WHEN RECORDED RETURN TO:

BRUCE C. CHESTER, INC.

Attorneys at Law

6073 N. Fresno St., Suite 101

Fresno, CA 93710

FOR RECORDER'S USE

AFFIDAVIT OF DEATH OF TRUSTEE AND  
CONTINUING AUTHORITY OF SUCCESSOR TRUSTEE

I, VERONICA SANDRA GIOLLI, being duly sworn, state as follows:

1. I am eighteen (18) years of age or older.
2. Attached hereto and by this reference made a part hereof, is certified copy number 245440 of the Certificate of Death of LORRAINE LOLA NEGUS ("Decedent"), who died on May 18, 2000.
3. The Decedent named in the Certificate of Death is the same person as LORRAINE L. NEGUS, the original Trustee of the unrecorded LORRAINE L. NEGUS FAMILY TRUST OF 1996 dated January 11, 1996, as amended, executed by LORRAINE L. NEGUS, as Trustee, containing real property located in Eureka County, state of Nevada, legally described as set forth on Exhibit "A" and by this reference made a part hereof.

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4. I, VERONICA SANDRA GIOLLI, am the successor Trustee named in the said LORRAINE L. NEGUS FAMILY TRUST OF 1996, as amended, and I have the sole and full authority to administer said Trust by virtue of its terms and provisions and that certain unrecorded ACCEPTANCE OF SUCCESSOR TRUSTEE dated June 29, 2000, attached hereto as Exhibit "B" and by this reference made a part hereof.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Dated: June 29, 2000.

Veronica Sandra Giolli  
VERONICA SANDRA GIOLLI, Affiant

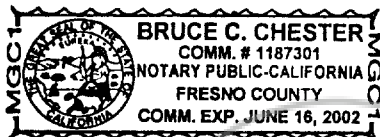
STATE OF CALIFORNIA )

) ss.

COUNTY OF FRESNO )

On JUNE 29, 2000, before me, BRUCE C. CHESTER,  
the undersigned Notary Public, personally appeared VERONICA  
SANDRA GIOLLI, known to me to be the individual described in and  
who executed the foregoing instrument, and, being by me duly  
sworn, did depose and say that the statements therein contained  
are true.

Subscribed and sworn to before me this 29<sup>TH</sup> day of  
JUNE, 20 00, by VERONICA SANDRA GIOLLI.



Bruce C. Chester  
Notary's Signature

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STATE OF CALIFORNIA )

) ss.

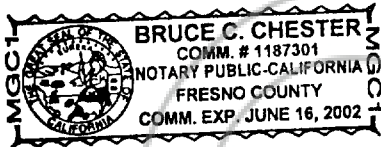
COUNTY OF FRESNO )

On JUNE 29, 2000, before me, BRUCE C. CHESTER,  
Notary Public, personally appeared VERONICA SANDRA GIOLLI,  
personally known to me (or proved to me on the basis of satisfac-  
tory evidence) to be the person whose name is subscribed to the  
within instrument and acknowledged to me that she executed the  
same in her authorized capacity, and that by her signature on the  
instrument the person, or the entity upon behalf of which the  
person acted, executed the instrument.

WITNESS my hand and official seal.

Bruce C. Chester

Notary's Signature



## COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

## CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE		3. LAST (FAMILY)	
	LORRAINE	LOLA		NEGUS	
	4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	6. SEX	7. DATE OF DEATH MM/DD/CCYY 8. HOUR	
	03/17/1919	81	F	05/18/2000 1630	
	9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	
CA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	Widowed		
USUAL RESIDENCE	14. RACE	15. HISPANIC—SPECIFY		16. USUAL EMPLOYER	
	White	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Self-employed	
	17. OCCUPATION	18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
	Homemaker	Own Home		56	
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION)				
4721 East Fillmore					
INFORMANT	21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
	Fresno	Fresno	93702	56	CA
	26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)		
	Santee Giolli - Daughter		16401 San Pablo Avenue #433, San Pablo, CA 94806		
	28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST
	Gustave				Koch
	35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)
	Johanna				Mortisen
	39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION		43. LICENSE NO.
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		47. DATE MM/DD/CCYY
	BU		<i>Joseph L. George</i>		7889
	44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR
	Lisle Funeral Home		FD 176		<i>Wendel Brunner MD</i>
	47. DATE MM/DD/CCYY		48. SIGNATURE OF LOCAL REGISTRAR		05/22/2000 <i>ell</i>
PLACE OF DEATH	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL
	Residence - Santee Giolli		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER
	108. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		109. CITY		110. COUNTY
	16401 San Pablo Avenue #433		San Pablo		Contra Costa
	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER
CAUSE OF DEATH	(A) Respiratory Failure		mos		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DUE TO (B) Chronic Obstructive Pulmonary Disease		2 yrs		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (C) Tobacco Abuse		yrs		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (D)				<input type="checkbox"/> YES <input type="checkbox"/> NO
	111. USED IN DETERMINING CAUSE				
PHYSICIAN'S CERTIFICATION	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.
	DECEDENT ATTENDED SINCE MM/DD/CCYY		<i>Sharon Jones MD</i>		G70338
	DECEDENT LAST SEEN ALIVE MM/DD/CCYY		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		117. DATE MM/DD/CCYY
	04/26/2000 05/18/2000		Sharon Jones, MD, 2023 Vale Road, San Pablo, CA 94806		05/22/2000
CORONER'S USE ONLY	119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE MM/DD/CCYY
	<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO		122. HOUR
	<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		123. PLACE OF INJURY		
	124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)				
STATE REGISTRAR	126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
	<i>Wendel Brunner MD</i>				
	245440				
	A B C D E F G H		FAX AUTH. # 0233JA		CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF CONTRA COSTA

SS

DATE ISSUED

MAY 24 2000

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

*Wendel Brunner MD*  
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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EXHIBIT "A"

REAL PROPERTY

Real property situated in the county of Eureka, state of Nevada, more particularly described as follows:

Lot 1 of Block 20 of CRESCENT VALLEY RANCH & FARMS UNIT NO. 1, as per map recorded in said county as File No. 34081.

APN: 2-018-06

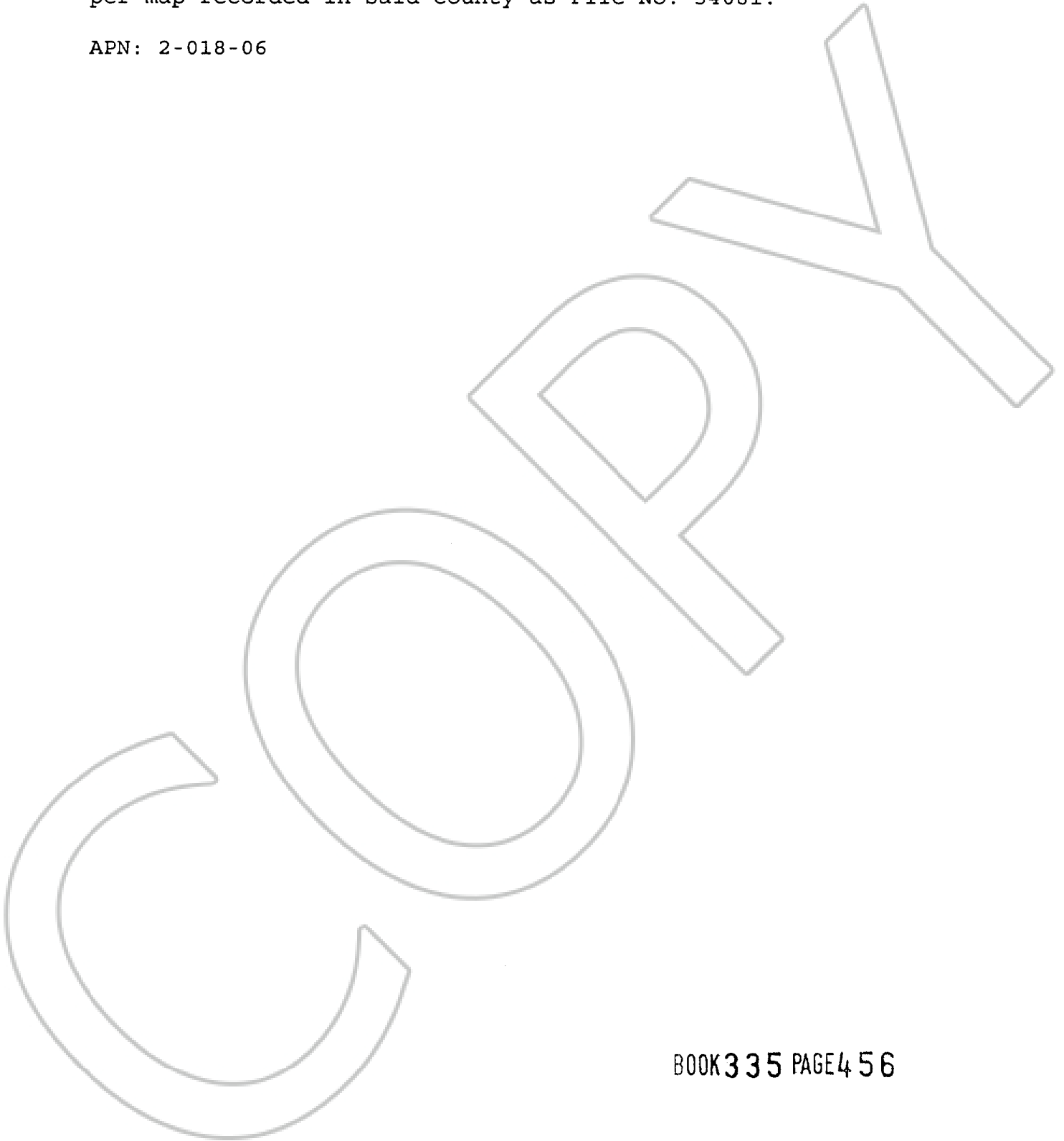


EXHIBIT "B"

ACCEPTANCE OF SUCCESSOR TRUSTEE

I, VERONICA SANDRA GIOLLI, hereby accept the position of successor Trustee of the LORRAINE L. NEGUS FAMILY TRUST OF 1996 dated January 11, 1996, as amended, pursuant to Paragraph 12(a) of said Trust.

Dated: June 29, 2000

Veronica Sandra Giolli  
VERONICA SANDRA GIOLLI, Trustee

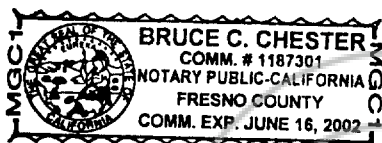
STATE OF CALIFORNIA )

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COUNTY OF FRESNO )

On JUNE 29, 2000, before me, BRUCE C. CHESTER,  
Notary Public, personally appeared VERONICA SANDRA GIOLLI,  
personally known to me (or proved to me on the basis of  
satisfactory evidence) to be the person whose name is subscribed  
to the within instrument and acknowledged to me that she executed  
the same in her authorized capacity, and that by her signature on  
the instrument the person, or the entity upon behalf of which the  
person acted, executed the instrument.

WITNESS my hand and official seal.



*Bruce C. Chester*

Notary's Signature

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OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Bruce C. Chester*  
00 JUL 14 PM 1:08

EUREKA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 14.00

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**174918**