RECORDING REQUESTED BY

Kenneth R. Wilson, Jr.

AND WHEN RECORDED MAIL TO

Name: Kenneth R. Wilson, Jr.
Street Address: 312 Bagshaw Ct.
City & State: San Jose, Cal. 95123

BOOK 392 PAGE 336-338
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Kenneth R Wilson Jr
2004 AUG 30 PM 1:36

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 16.00

191831

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT: Death of Trustee
(Document Title)

COPY

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION (Cal. Gov. Code §27361.6)

AFFIDAVIT: Death of Trustee
GENERAL

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA } SS.

Brian A. Wilson, Douglas L. Wilson & Kenneth R. Wilson Jr.
Being First ~~Duly Sworn~~, deposes and says:

(BW) ~~Patricia A. Wilson, of legal age being first duly sworn, deposes and says~~ (BW) ~~That, Naming Themselves as~~ Trustees, Kenneth R. Wilson & Patricia A. Wilson, established a revocable living trust titled:

Wilson Family Trust, created on April 20, 1995.

Unfortunately, due to the death (verified by attached copy of the death certificate - The decedent being Patricia A. Wilson), the duty for managing the trust now falls to Kenneth R. Wilson Jr. or Douglas L. Wilson or Brian A. Wilson, all successor co-Trustees, who now have rightful signature power on all assets

'Successor Trustee Statement' - This is to verify that we are the named and rightful successor trustees of the above referenced trust, and that all the statements and exhibits are true & correct.

THE FOLLOWING DESCRIBED REAL PROPERTY IN THE:
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.

APN- 05-230-17 APN- 02-026-11

Brian A. Wilson
Douglas L. Wilson
Kenneth R. Wilson Jr.

KIM OANH NGO
Comm. #1141293
NOTARY PUBLIC - CALIFORNIA
Santa Clara County
My Comm. Expires June 30, 2001

Subscribed and sworn to before me this 22nd December 97
day of _____, _____.

Kim Oanh Ngo
Notary Public in and for said State

BOOK 392 PAGE 337

WOLCOTTS FORM 294 Rev. 5-84(8) (prior class 3A)
AFFIDAVIT - GENERAL (JURAT)
©1984 WOLCOTTS FORMS, INC.

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CRUZ

SANTA CRUZ, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 11/96)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER: 3-1997-44-001178

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): PATRICIA
2. MIDDLE: AILEEN
3. LAST (FAMILY): WILSON
4. DATE OF BIRTH MM/DD/CCYY: 04/13/1917
5. AGE YRS.: 80
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: F
7. DATE OF DEATH MM/DD/CCYY: 09/20/1997
8. HOUR: 2315
9. STATE OF BIRTH: CA
10. SOCIAL SECURITY NO.: [redacted]
11. MILITARY SERVICE: ☐ YES ☒ NO
12. MARITAL STATUS: WIDOWED
13. EDUCATION—YEARS COMPLETED: 12
14. RACE: WHITE
15. HISPANIC—SPECIFY: ☐ YES ☒ NO
16. USUAL EMPLOYER: SELF
17. OCCUPATION: HOMEMAKER
18. KIND OF BUSINESS: OWN HOME
19. YEARS IN OCCUPATION: 62

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 4453 RANCHERO DR
21. CITY: SOQUEL
22. COUNTY: SANTA CRUZ
23. ZIP CODE: 95073
24. YRS IN COUNTY: 22
25. STATE OR FOREIGN COUNTRY: CA

INFORMANT

26. NAME, RELATIONSHIP: BRIAN WILSON SON
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 4453 RANCHEO DR SOQUEL CA 95073

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: –
29. MIDDLE: –
30. LAST (MAIDEN NAME): –
31. NAME OF FATHER—FIRST: HUGH
32. MIDDLE: –
33. LAST: LEONARD
34. BIRTH STATE: IRELAND
35. NAME OF MOTHER—FIRST: GRACE
36. MIDDLE: –
37. LAST (MAIDEN): O'CONNOR
38. BIRTH STATE: CA

DISPOSITION(S)

39. DATE MM/DD/CCYY: 09/27/1997
40. PLACE OF FINAL DISPOSITION: SANTA CRUZ MEMORIAL PARK SANTA CRUZ CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): CR/BU
42. SIGNATURE OF EMBALMER: ▶ NOT EMBALMED
43. LICENSE NO.: –
44. NAME OF FUNERAL DIRECTOR: CHAPEL OF THE FOUR SEASONS
45. LICENSE NO.: 799
46. SIGNATURE OF LOCAL REGISTRAR: ▶ B Wolfe mo Deputy Clerk
47. DATE MM/DD/CCYY: 09/23/1997

PLACE OF DEATH

101. PLACE OF DEATH: RESIDENCE
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA
103. FACILITY OTHER THAN HOSPITAL: ☐ CONV. HOSP. ☐ RES. CARE ☐ OTHER
104. COUNTY: SANTA CRUZ
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 4453 RANCHERO DR
106. CITY: SOQUEL

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)	LUNG CANCER	1 YR
DUE TO (B)	TOBACCO ABUSE	40 YRS
DUE TO (C)		
DUE TO (D)		

108. DEATH REPORTED TO CORONER: ☒ YES ☐ NO — REFERRAL NUMBER: 97-R-0466
109. BIOPSY 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: COPD; HYPERTENSION; CORONARY ARTERY DISEASE; NON ULCER DRY SEPSIS

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: CORONARY ARTERY BYPASS GRAFT 12/00/1988; LEFT UPPER LOBE SEGMENTAL RESECTION 01/15/1997

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: 11/25/1996 — DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 08/26/1997
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ M Patz MD
116. LICENSE NO.: G083228
117. DATE MM/DD/CCYY: 09/22/1997
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: M PATZ 2025 SOQUEL AVE SANTA CRUZ CA 95062

CORONER'S USE ONLY

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, ZIP)
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. # 001169 | CENSUS TRACT

58542

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CRUZ } SS

DATE ISSUED SEP 24 1997

B Wolfe mo

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Santa Cruz County Public Health Department.

191831

BOOK 392 PAGE 338

CHIEF PUBLIC HEALTH OFFICER
SANTA CRUZ, CALIFORNIA

This copy not valid unless issued on security paper displaying seal and signature of Registrar.

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

SANTA CRUZ COUNTY CALIFORNIA — COUNTY REGISTRAR

© MIDWEST BANK NOTE COMPANY — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE