

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*

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 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 *76.00*

191831

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT: Death of Trustee
 (Document Title)

COOPER

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 Duty Sworn, deposes and says:

~~(Plw) Patricia A. Wilson, of legal age being first duty sworn, deposes and says 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., 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.

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

Kim Oanh Ngo
Notary Public in and for said State

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CRUZ

SANTA CRUZ, CALIFORNIA
CERTIFICATE OF DEATH

3-1997-44-001178

STATE FILE NUMBER

USE BLACK INK ONLY. NO ERASURES, WHITENOUTS OR ALTERATIONS
VR-11 (REV. 11/98)

LOCAL REGISTRATION NUMBER

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		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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS WIDOWED		13. EDUCATION—YEARS COMPLETED 12			
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF	
17. OCCUPATION HOMEMAKER		18. KIND OF BUSINESS OWN HOME		19. YEARS IN OCCUPATION 62	
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			
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			
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			
39. DATE MM/DD/CCYY 09/27/1997		40. PLACE OF FINAL DISPOSITION SANTA CRUZ MEMORIAL PARK SANTA CRUZ CA			
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 BY LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE MM/DD/CCYY 09/23/1997					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> HOSP. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER	
104. COUNTY SANTA CRUZ		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 4453 RANCHERO DR		106. CITY SOQUEL	
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE (A) LUNG CANCER		TIME INTERVAL BETWEEN ONSET AND DEATH 1 YR		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 97-R-0466	
DUE TO (B) TOBACCO ABUSE		40 YRS		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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					
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 11/25/1996		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G083228	
DECEDENT LAST SEEN ALIVE 08/26/1997		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					
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> 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	

58542

STATE REGISTRAR } CERTIFIED COPY OF VITAL RECORDS } FAX AUTH. # 001169 } CENSUS TRACT

STATE OF CALIFORNIA }
COUNTY OF SANTA CRUZ } SS

DATE ISSUED **SEP 24 1997**

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

[Signature]
CHIEF PUBLIC HEALTH OFFICER
SANTA CRUZ, CALIFORNIA

This copy not valid unless accompanied by original or certified copy displaying seal and signature of Registrar.

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