

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**

Lynn K. Lembke
1957 Viola View Court
Lincoln, CA 95648

MAIL TAX STATEMENTS TO:

Lynn K. Lembke
1957 Viola View Court
Lincoln, CA 95648

DOC # 0211705

03/07/2008

1:20 PM

Official Record

Recording requested By
ADAMS & HAYES LAW

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$41.00

Page 1 of 3

RPTT:

Recorded By: LLH

Book- 0471 Page- 0001



0211705

APN: 005-090-08

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF TRUSTEE
BY SUCCESSOR TRUSTEE**

State of Nevada)
County of Eureka)

Lynn K. Lembke, of legal age, being first duly sworn, deposes and says:

That Elmer Fred Sommers, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Elmer F. Sommers, named as the Trustee of the Sommers Living Trust created by Trust Agreement dated March 17, 1992, wherein Elmer F. Sommers is the "Settlor" and the "Trustee".

The undersigned further declares that ARTICLE XII, SECTION A of said trust agreement provides that:

A. Co-Trustors as Trustees and Successors. Upon the death, resignation or incapacity of either ELMER F. SOMMERS or DOROTHY L. SOMMERS as Trustee, the successor Trustee shall be the survivor of them. Upon the death, resignation or incapacity of both ELMER F. SOMMERS and DOROTHY L. SOMMERS, the successor Trustee shall be LYNN LEMBKE. Upon the death, resignation or incapacity of LYNN LEMBKE, the successor Trustee shall be JUDITH BROWN.

Lynn K. Lembke, is the daughter of decedent Elmer F. Sommers and is the successor Trustee of said Trust. By her signature hereto she agrees to serve as Sole Successor Trustee and therefore declares that from and after February 14, 2003, she has been and still remains the sole Trustee of the Sommers Living Trust.

The undersigned further declares that Elmer Fred Sommers referred to in this document is the same Elmer F. Sommers that is named as the conveying party in that certain Grant Deed dated May 30, 2001, and recorded on June 6, 2001, as Document No. 176514 at 1:33 PM, Records of Eureka County, State of Nevada, covering the following described real property situated in the County of Eureka, State of Nevada, described as Section 19, Township 31N, Range 49E, E2 SE4 SW4:

Dated: February 29, 2008


Notary Jurat Attached

Lynn K. Lembke

State of California)
County of Placer)

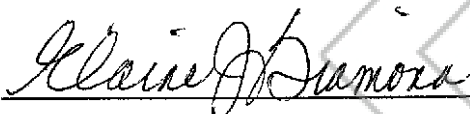
The undersigned, being duly sworn says:

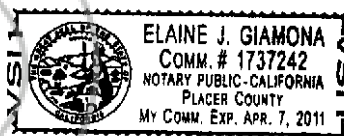
That she is the person signing the above document; that she has read the same, and knows the contents thereof, and that the acts stated therein are true.


Lynn K. Lembke

Subscribed and sworn to before me on this 29th day of February, 2008, by Lynn K. Lembke, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Date: February 29, 2008

Notary Signature 



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER

Auburn, California 95603

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS)
VS 11 (REV 1/06)

32003 31

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
		Elmer		Fred		Sommers	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX			
01/03/1915		88		M			
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
CA				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		Widowed	
13. EDUCATION — Highest Level/Degree (see worksheet on back)		14. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back)		15. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)		16. DATE OF DEATH mm/dd/yyyy	
Associate		<input type="checkbox"/> YES <input type="checkbox"/> NO		White		02/14/2003	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
Mailer		Mail Distribution		27			
20. DECEDENT'S RESIDENCE (Street and number or location)							
3120 Aspen Drive							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
Penryn		Placer		95663		6	
25. STATE/FOREIGN COUNTRY		26. INFORMATION'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
California		3120 Aspen Drive—Penryn, Ca. 95663					
27. NAME OF SURVIVING SPOUSE — FIRST		28. MIDDLE		29. LAST (Maiden Name)			
30. NAME OF FATHER — FIRST		31. MIDDLE		32. LAST		33. BIRTH STATE	
Fred				Sommers		NE	
34. NAME OF MOTHER — FIRST		35. MIDDLE		36. LAST (Maiden)		37. BIRTH STATE	
Anna				Schwabensland		CA	
38. DISPOSITION DATE mm/dd/yyyy		39. PLACE OF FINAL DISPOSITION					
02/21/2003		Chapel of the Chimes -4499 Piedmont Ave.- Oakland, Ca. 94611					
40. TYPE OF DISPOSITION(S)		41. SIGNATURE OF EMBALMER		42. LICENSE NUMBER			
CR/BU		Not Embalmed					
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER		45. SIGNATURE OF LOCAL REGISTRAR		46. DATE mm/dd/yyyy	
Chapel of the Chimes		Sunset Lawn		FD 1023		02/21/2003 KT	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
Foothill Oaks Care Center		<input type="checkbox"/> IP <input type="checkbox"/> SNCP <input type="checkbox"/> GOA		<input checked="" type="checkbox"/> Hospicu <input type="checkbox"/> Home/LTC <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY			
Placer		3400 Bell Rd		Auburn			
107. CAUSE OF DEATH		Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		108. DEATH REPORTED TO CORONER?			
IMMEDIATE CAUSE (A) Cardiac Arrest				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
(B) Atherosclerotic Heart Disease				109. BIOPSY PERFORMED?			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(C) Underlying Cause (disease or injury that initiated the events resulting in death) LAST				110. AUTOPSY PERFORMED?			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107				111. USED IN DETERMINING CAUSE?			
None				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)				113. IF FEMALE, PREGNANT IN LAST YEAR?			
No				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
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 DECLARER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
Decedent Attended Since Decedent Last Seen Alive		Myo Shin MD		A032542		02/20/2003	
(A) mm/dd/yyyy (B) mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
05/--/1997 12/06/2002		2025 Morse Avenue, Sacramento, CA 95825		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		125. SIGNATURE OF CORONER / DEPUTY CORONER	
						126. DATE mm/dd/yyyy	
						127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

132502

STATE OF CALIFORNIA

COUNTY OF PLACER

CERTIFIED COPY OF VITAL RECORDS

FAX AUTH. #

43630

CENSUS TRACT

STATE OF CALIFORNIA

COUNTY OF PLACER

DATE ISSUED

02/25/2003

Richard J. Burton, M.D.
HEALTH OFFICER
AND LOCAL REGISTRAR

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

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