

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

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

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

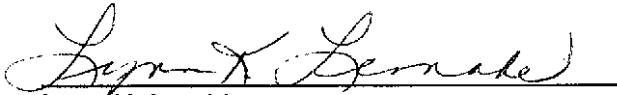
Lynn K. Lembke

Notary Jurat Attached

State of California)
County of Placer)

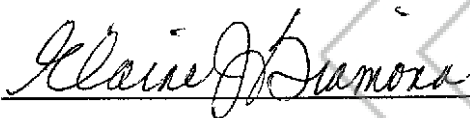
The undersigned, being duly sworn says:

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

32003 31

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS) VS 11 (REV 1/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Elmer		2. MIDDLE Fred		3. LAST (Family) Sommers	
AKA, ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 01/03/1915	5. AGE Yrs. 88 Months Days Hours Minutes
8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]		12. MARITAL STATUS (at Time of Death) Widowed	
13. EDUCATION -- Highest Level/Degree (See worksheet on back) Associate		14/15. WAS DECEDENT SPANISH/SPANIC/LATINO? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		16. DATE OF DEATH mm/dd/yyyy 02/14/2003	
17. USUAL OCCUPATION -- Type of work for most of life; DO NOT USE RETIRED Mailer		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Mail Distribution		19. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) White	
20. DECEDENT'S RESIDENCE (Street and number or location) 3120 Aspen Drive					
21. CITY Penryn		23. COUNTY/PROVINCE Placer		25. ZIP CODE 95663	
27. INFORMANT'S NAME, RELATIONSHIP Lynn Lembke - Daughter		28. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 3120 Aspen Drive - Penryn, Ca. 95663			
29. NAME OF SURVIVING SPOUSE - FIRST -		31. NAME OF FATHER - FIRST Fred		33. LAST Sommers	
35. NAME OF MOTHER - FIRST Anna		37. LAST (maiden) Schwabenland		39. BIRTH STATE CA	
39. DISPOSITION DATE mm/dd/yyyy 02/21/2003		40. PLACE OF FINAL DISPOSITION Chapel of the Chimes - 4499 Piedmont Ave. - Oakland, Ca. 94611			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT Chapel of the Chimes		45. LICENSE NUMBER FD 1023		47. DATE mm/dd/yyyy 02/21/2003 KT	
101. PLACE OF DEATH Foothill Oaks Care Center		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> GOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY Placer		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 3400 Bell Rd		108. CITY 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.		109. DEATH REPORTED TO CORONER? Delayed Death <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. DEATH REPORTED TO CORONER? Immediate Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (A) Cardiac Arrest		(B) Atherosclerotic Heart Disease		(C) Yrs	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 None		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) No			
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 05/--/1997 Decedent Last Seen Alive 12/06/2002		115. SIGNATURE AND TITLE OF DECEASER <i>[Signature]</i>		116. LICENSE NUMBER A032542	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Myo Shin MD 2025 Morse Avenue, Sacramento, CA 95825		118. DATE mm/dd/yyyy 02/20/2003			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input 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.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

132502

STATE REGISTRAR A B C D E CERTIFIED COPY OF VITAL RECORDS FAX AUTH. # 43630 CENSUS TRACT

STATE OF CALIFORNIA
COUNTY OF PLACER

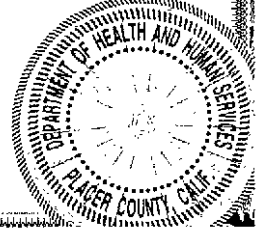
SS DATE ISSUED

02/25/2003

[Signature]
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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