

RECORDING REQUESTED BY

Edward E. Hawkins, Esq.
103 Providence Mine Rd., #102,
Nevada City CA 95959

AND WHEN RECORDED MAIL TO:

Kerttu McCray
3720 Wisconsin St.
Oakland, CA 94619

DOC # 0217411

06/06/2011

02:02 PM

Official Record

Recording requested By
EDWARD E. HAWKINS, ATTY

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$41.00

Page 1 of 3

RPTT:

Recorded By: FES

Book- 516 Page- 0276



0217411

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

APN: 005-470-15

DOCUMENT:

AFFIDAVIT OF DEATH OF TRUSTEE

Recording Requested By:
Edward E. Hawkins
And when recorded, mail to:
Kerttu McCray
3720 Wisconsin St.
Oakland, CA 94619

APN:
005-470-15

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE

State of California)

) ss.

County of Nevada)

Kerttu McCray, of legal age, being first duly sworn, deposes and says:

1. Lloyd Anthony McCray, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lloyd A. McCray named as Trustee in the Declaration of Trustee dated May 27, 2009 and executed by Lloyd A. McCray and Kerttu K. McCray as Trustor(s).

2. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property commonly known as 10.85 acres, located in Eureka County, NV, which property is described in a Deed which was executed by Lloyd A. McCray and Kerttu K. McCray as Grantor(s) on

6-8-2009 and recorded as Instrument No. 213329 in Book/Reel
0487, Page/Image 268, of Official Records of Eureka County, Nevada

3. The legal description of said property is as follows:
TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B. & M.

SECTION 33: SE 1/4 NE 1/4 SE 1/4

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.

5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above

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

Dated May 19, 2011

Kerttu K. McCray
SIGNATURE

State of California

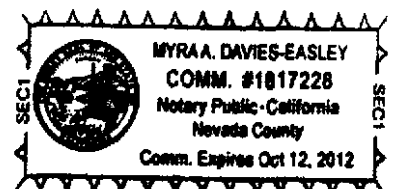
County of Nevada

Subscribed and sworn to (or affirmed) before me on this 19th day of May, 2011 by Kerttu McCray proved to me on the basis of satisfactory evidence to be the persons(s) who appeared before me.

Date: 5-19-2011

Myra A. Davies-Easley
Notary Signature

NOTARY SEAL



NONJC-100 (Rev. 01/2011)



AFFIDAVIT OF DEATH OF TRUSTEE

0217411 Book 516 06/06/2011
Page 277 Page 2 of 3

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3201101002221

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-10002 (04/05)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) LLOYD		2. MIDDLE ANTHONY		3. LAST (Family) MCCRAY	
4. DATE OF BIRTH mm/dd/yyyy 03/10/1945		5. AGE Yrs. 66		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY LA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDRP (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 03/31/2011		8. HOUR (24 Hours) 0215	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATIN(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) BLACK	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) PRINTING		19. YEARS IN OCCUPATION 25	
20. DECEDENT'S RESIDENCE (Street and number, or location) 3720 WISCONSIN STREET					
21. CITY OAKLAND		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94619	
24. YEARS IN COUNTY 40		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP KERTTU MCCRAY, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 3720 WISCONSIN STREET, OAKLAND, CA 94619			
28. NAME OF SURVIVING SPOUSE/SDRP - FIRST KERTTU		29. MIDDLE [REDACTED]		30. LAST (BIRTH NAME) PELKONEN	
31. NAME OF FATHER/PARENT - FIRST ALEX		32. MIDDLE [REDACTED]		33. LAST MCCRAY	
34. BIRTH STATE LA		35. NAME OF MOTHER/PARENT - FIRST MARY		36. MIDDLE G.	
37. LAST (BIRTH NAME) WATSON		38. BIRTH STATE LA			
39. DISPOSITION DATE mm/dd/yyyy 04/05/2011		40. PLACE OF FINAL DISPOSITION RES KERTTU MCCRAY 3720 WISCONSIN STREET, OAKLAND, CA 94619			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF NORTHERN CALIFORNIA		45. LICENSE NUMBER FD1325		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
47. DATE mm/dd/yyyy 04/05/2011					
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> EVOP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 280 WEST MACARTHUR BLVD		106. CITY OAKLAND	
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. (A) SEPTIC SHOCK (B) BACTERIAL PNEUMONIA (C) B-CELL LYMPHOMA		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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) LIVER BIOPSY 03/28/2011		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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. Decedent Attended Since: 03/26/2011 Decedent Last Seen Alive: 03/30/2011		115. SIGNATURE AND TITLE OF CERTIFIER DALVINDER SINGH DHILLON M.D.		116. LICENSE NUMBER A75155	
117. DATE mm/dd/yyyy 04/05/2011		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DALVINDER SINGH DHILLON M.D. 280 W MACARTHUR BLVD, OAKLAND, CA 94611			
119. I CERTIFY THAT 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 checked="" type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. 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	

STATE REGISTRAR		A		B		C		D		E		FAX AUTH.#		*000815961*	
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED

APR 11 2011

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

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY CALIFORNIA

06/06/2011
Page 3 of 3

Book 516
Page 278
0217411

