



RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:

RONALD W. HILLBERG
Attorney at Law
630 Crane Avenue, Suite C
Turlock, California 95380

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA §
 §
COUNTY OF STANISLAUS §

I, ALBERT H. TIBBETS, of legal age, being first duly sworn, depose and say:

That the decedent described in the attached certified copy of Certificate of Death is the same person as LOIS A. TIBBETS, named as Trustee in that certain Declaration of Trust dated April 19, 1999, executed by LOIS A. TIBBETS, as Settlor, and named as the party in that certain Grant Deed dated April 19, 1999, executed by LOIS A. TIBBETS to LOIS A. TIBBETS, Trustee of the LOIS A. TIBBETS REVOCABLE TRUST, recorded on May 6, 1999, as Document No. 172213, in Book 327, at Page 152, Official Records of Eureka County, Nevada, covering the real property situated in the County of Eureka, State of Nevada, more particularly described as follows:

Lot 5 in Block 27, 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.

Lot 1 in Block 9, as shown on the map of CRESCENT VALLEY RANCH & FARMS, UNIT NO. 3, filed in the office of the County Recorder of Eureka County, Nevada on November 5, 1959.

A.P.N.: 2-058-02 & 3-042-04

I, ALBERT H. TIBBETS, designated as Successor Trustee in that certain Declaration of Trust dated April 19, 1999, shall succeed to all title of the Trustee of the trust estate as Trustee, and I hereby accept and shall have all powers, rights, discretions, and obligations conferred on such Trustee by said trust instrument.

Dated: Sept 28, 2011


ALBERT H. TIBBETS, Affiant

STATE OF CALIFORNIA §
 §
COUNTY OF STANISLAUS §

SUBSCRIBED AND SWORN to (or affirmed) before me on Sept 28, 2011, by ALBERT H. TIBBETS, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.


Signature of Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY
PUBLIC HEALTH SERVICES
STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

3201039002982

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS VS-11 (REV 3/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT-- FIRST (Given) LOIS		2. MIDDLE ANNA		3. LAST (Family) TIBBETS	
AKA, ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 06/03/1917	5. AGE Yrs. 93
9. BIRTH STATE/FOREIGN COUNTRY AR		10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/ROP (at Time of Death) WIDOWED	7. DATE OF DEATH mm/dd/yyyy 09/04/2010
13. EDUCATION -- Highest Level/Degree (Use worksheet on back) 08		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED HOMEMAKER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 76
20. DECEDENT'S RESIDENCE (Street and number, or location) 355 W GRANT LINE ROAD #319					
21. CITY TRACY		23. COUNTY/PROVINCE SAN JOAQUIN		23. ZIP CODE 95376	24. YEARS IN COUNTY 39
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MARING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2021 SPRING VALLEY DRIVE, TURLOCK, CA 95382			
26. INFORMANT'S NAME, RELATIONSHIP ALBERT H TIBBETS, SON		27. INFORMANT'S MARING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2021 SPRING VALLEY DRIVE, TURLOCK, CA 95382			
28. NAME OF SURVIVING SPOUSE/SRCP--FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT--FIRST FRED		32. MIDDLE		33. LAST BARNES	
34. BIRTH STATE AR		35. NAME OF MOTHER/PARENT--FIRST VERNA		36. MIDDLE	
37. LAST (BIRTH NAME) WALLACE		38. BIRTH STATE AR		39. DISPOSITION DATE mm/dd/yyyy 09/10/2010	
40. PLACE OF FINAL DISPOSITION CHEROKEE MEMORIAL PARK HIGHWAY 99 & HARNEY LANE, LODI, CA 95240		41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER KRISTI DAVIS	
43. LICENSE NUMBER EMB8374		44. NAME OF FUNERAL ESTABLISHMENT CHEROKEE MEMORIAL FUNERAL HOME		45. LICENSE NUMBER FD1672	
46. SIGNATURE OF LOCAL REGISTRAR KAREN FURST, MD		47. DATE mm/dd/yyyy 09/08/2010		48. SIGNATURE OF LOCAL REGISTRAR KAREN FURST, MD	
101. PLACE OF DEATH THE EMERITUS AT HERITAGE PLACE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 355 W. GRANT LINE ROAD		106. CITY TRACY	
107. CAUSE OF DEATH Enter the chain of events -- disease, injury, 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) CONGESTIVE HEART FAILURE (B) CORONARY ARTERY DISEASE		108. DEATH REPORTED TO CORONER? (R) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1 YR		109. BIOPSY PERFORMED? (B1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5 YRS	
110. AUTOPSY PERFORMED? (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? (D) <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 TYPE II DIABETES MELLITUS, ATRIAL FIBRILLATION, DEEP VEIN THROMBOSIS	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" 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. Decedent Attended Since: [REDACTED] Decedent Last Seen Alive: [REDACTED]	
115. SIGNATURE AND TITLE OF CERTIFIER JAGDISH AMBALAL PATEL M.D.		116. LICENSE NUMBER A31816		117. DATE mm/dd/yyyy 09/08/2010	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JAGDISH AMBALAL PATEL M.D. 644 W 12TH STREET, TRACY, CA 95326		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JAGDISH AMBALAL PATEL M.D. 644 W 12TH STREET, TRACY, CA 95326		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. 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.#	

CERTIFIED COPY OF VITAL RECORDS

* 000562349 *

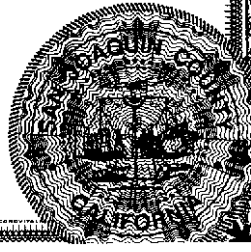
STATE OF CALIFORNIA }
COUNTY OF SAN JOAQUIN } SS

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

DATE ISSUED: **SEP 13 2010**

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

Karen Furst, MD
KAREN FURST, MD, MPH
LOCAL REGISTRAR



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021864 Page: 91

STATE OF NEVADA
DECLARATION OF VALUE FORM

Recording requested By
ALBERT H TIBBETS

Eureka County - NV
Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$16.00
Recorded By: FES RPTT:
Book- 523 Page- 0089

- 1. Assessor Parcel Number(s)
 - a) 2-058-02
 - b) 3-042-04
 - c) _____
 - d) _____

- 2. Type of Property:
 - a) Vacant Land
 - b) Single Fam. Res.
 - c) Condo/Twnhse
 - d) 2-4 Plex
 - e) Apt. Bldg
 - f) Comm'l/Ind'l
 - g) Agricultural
 - h) Mobile Home
 - Other _____

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property \$ None

Deed in Lieu of Foreclosure Only (value of property) (_____)

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due \$ _____

- 4. **If Exemption Claimed:**
 - a. Transfer Tax Exemption per NRS 375.090, Section _____
 - b. Explain Reason for Exemption: Ownership remains the same (in Trust); death of trustee, designation of Successor Trustee
- 5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity Grantor

Signature [Signature] Capacity Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Lois A. Tibbets, deceased

Address: _____

City: _____

State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Albert H. Tibbets, Succ. Trustee

Address: 2021 Spring Valley Drive

City: Turlock

State: California Zip: 95382

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____ Escrow #: _____

Address: _____

City: _____ State: _____ Zip: _____