WHEN RECORDED MAIL TO: Zephra Cove NV 89448 CONSENT TO ACT AS TRUSTEE

The undersigned, DENICE DeLONG and ROBERT L. PERALA are named as successor co-trustees under the Janice E. Perala Revocable Trust dated November 28, 1992 and accepts the duties as

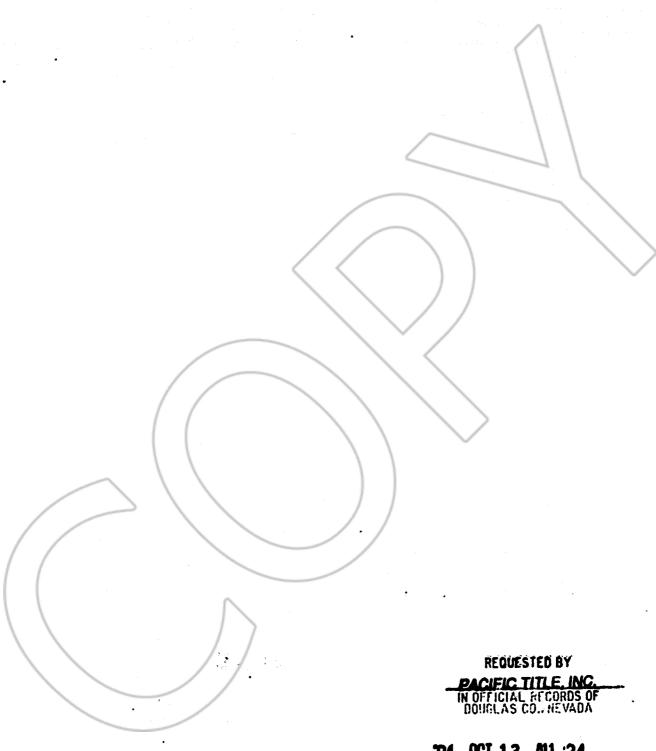
co-trustees. Janice E. Perala, the original trustee, died on or
about July 28, 1994 and a certified copy of the Death Certificate
is attached.
DATED this 24 day of SEPTEMBER,
1997. Of 100 A 1 Pol
DENICE DELONG ROBERT L. PERALA
DENICE DELONG / ROBERT E. PERSER
ACKNOWLEDGMENT
STATE OF IDAHO)
) ss.
COUNTY OF)
on SEPTEMBER 26, 1994, personally appeared
before me, a Notary Public, DENICE DeLONG who acknowledged that
she executed the above instrument.
Lav Kunko Zum
NOTARY PUBLIC
NOTARY POBLIC
ACKNOWLEDGMENT NOTARY
STATE OF CALIFORNIA)
) ss.
COUNTY OF SARAMONTO;
On oct 4th., 1994, personally appeared
before me, a Notary Public, ROBERT L. PERALA who acknowledged
that he executed the above instrument.
B. M. DUPONT 3 1 Sunupol
Comm. #969207

NOTARY PUBLIC

(c:\wp51\docs\perala.consent)

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	STATE FILE N	uMaco	_()_	use (ERTI	/NO BRAS	FE OF CAUPORNIA UNRS, WHITE	DEAT OUTS OR A	LTD	3	15(); 3	GAL REGISTRA			
	1. NAME OF DECEDENT—FIRST (GIVEN)					VS-11 (NEV. 7/93) LO 2. MIDDLE 3. LAST (FAMILY)								MOLR	
	Janice				El	aine		•		Perala					
	4. DATE OF SIRTH MM/DD/CCYY S. AGE YR									7. (MM/DD/GCYY B. HOUR			
DEGET PERSONAL	9. STATE OF SHITE	O. SOCIAL SEC	68	 -	11. MILITARY SERVICE			F		07/28/1			1145		
	OK	" I'		-9897				M	Ι.	Marri		13. abuca	110H	YEARS COMPLETED	
DATA	14. RACE	HISPANIC								12					
	Caucasia	Ves .													
•	17. occupation Homemake	İ	18. KIND OF BUSINESS OWN: Home							19. YEARS IN OCCUPATION					
	20. RESIDENCE—STREET AND NUMBER OF LOCATION														
USUAL	6611 Cam	ino De:	l Lago			.\						\			
RESIDENCE					CCIMTY 23. ZIP CODE									R FOREIGN COUNTRY	
	26. NAME. RELATE	Sa	Sacramento 95683												
INFORMANT	1 47 MANUTE AUGUSTA CONTRACT OF FUNDER OF FUNDER CITY OF TOWN 67476 7101														
SPOUSE	28. NAME OF SUR		29. MIDDLE 30. LAST (MAIDEN HAME)							O MULTE	-cua	CA 93003			
	Donald									ala				•	
AND PARENT	James				_					LAST 34. BRTH STATE					
INFORMATION	35. NAME OF MOT	HER-FIRST	·		36. MIDDLE	1				MAIDEN)		7	7	OK 38. SHITH STATE	
	Helen				7					llips	S	1/1		ОК	
DISPOSITION(S)	39. DATE MM/D			F FINAL DIS		_/		1			•		1		
FUNERAL	08/01/1		res.	9911 (42.s	DET .	Lago,	Rancho	Mur	ietta	a, CA 9		LICENSI	<u></u>	
DIRECTOR	CR/Res.		\ >	1	Emba 1						_				
AND LOCAL	44, NAME OF PURE			_	45. LICENSE NO. 46. SIGNATURE OF LOCAL REGISTRAR M.D. 47. DATE MM/DD/CCYV FD-924 Bette Henden, M.D. 08/01/1994									M/DD/GCYY	
REGISTRAR	Sierra Vi		eral Ch	apel				sette	12 14	uns		<i>/</i> · (08/0	1/1994 SS	
PLACE	Hillhaver		Hoenit	-21	102. # #		PECIFY ONE:	103. DOA X	487		(AN HOSPITAL:	104. COUNTY			
OF DEATH	105. STREET ADDR				DN IP	ER.	/OP	<u>∞ </u>	HOSP.	RES	L OTHER	Sacra	ment	<u> </u>	
	8845 Fair				The state of the s		1	_ \				Carmi	chae	1	
	107. DEATH WAS	CAUSED BY:	(ENTER ONLY	ONE CAUSE	PER LINE FO	# A. B. C	, AND DI	\	1		TIME INTERV	IL 108. DEA		RIED TO CORONER	
	IMMEDIATE	/_/		! •	The state of the s	/\			1	N.	AND DEATH	¬ —	YES EFERNAL	L NUMBER NO	
	CAUSE	, / c	ardiore	spirat	tory Failure					<u> </u>	1 Day				
l	DUE TO (B)	, P	apillar	v Aden	nocarcinoma						1 Year		109. BIOPSY PERFORMED YES X NO		
CAUSE		is rapiliary ace					\rightarrow		- 4	-	1 lear	110. AUT	YES OPSY PEI		
OF DEATH	DUE TO IC	_				\							YES	X No	
-	DUE TO ID	· /			•							111. U9ES	N DETI	ERMINING CAUSE	
	112. OTHER SIGNAT	1	TIONS CONTRIB	UTING TO DE	ATH BUT NO	T RELATED	TO CAUSE O	IVEN IN 107	,		<u> </u>	<u>. _ _ _ _ _ _ _ _ _ </u>	YES	X No	
	None														
	113. WAS OPERATI	ON PERFORM	ED FOR ANY C	ONDITION IN	ITEM 107	06 1127	IF YES, LIS	T TYPE OF	OPERATIO	ON AND D	ATE.				
	NO 114. I CERTIFY THA	T TO THE BE	ST OF MY KNO	MEDGE I	15. SHOWAT	INT AND	TITLE OF CE	77670		- 1	116. LICENSE N		* ***	MM/DD/CCYY	
PHYSI. CIAN'S	PLACE STATES	PROM THE	HOUR, NATE AN CAUSES STATES	10 0.	> Cu	2 6	Janes		D				_		
CERTIFICA. TION	MM/DD/CC	A A DEC	EDENT LAST B MM/DD/C	118. TYPE ATTINIONE PHYSICIAN'S NAME, MARING ADDRESS - ZIP											
	07/12/1994 07/12/1994 Craig Pearson M.D. 4500 Longhorn St. Carmichael, CA 95608														
	AT THE HOUR, THE CAUSES I	DATE AND I	PLACE STATED	FROM				IY DATE MI	M/DD/	CCYY	122. HOUR 12	3. PLACE OF	YRULM		
\	119. MANNER OF DEATH 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)														
CORONER'S	MATURAL SUCCIDE HOISICIDE ACCIDENT PENDING COULD NOT BE SEAC														
ONLY	ACCIDENT MYESTIGATION DETERMINED SEA														
\ 1	The residence of Country and Cit And DF COOL														
The same of	126, SIGNATURE OF	HOMER	127. DATE MM/DD/CCYY				128, TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER								
-															
STATE REGISTRAR	•		c	D	E		G	н		FAX AL	361	9	CI	ENSUS TRACT	
			L		1		i	1		ł .	١٧٠	I			



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SUZANNE BLAUDREAU
RECORDER

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POULY