

Benefits Communication Network
969 MARINA Village PARKWAY, STE. 245
ALAMEDA CA 94501

RECORDING REQUESTED BY:

MARIA G. VENEGAS
39507 Sundale Court
Fremont, CA 94538

WHEN RECORDED, MAIL TO:

SAME AS ABOVE

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

SPACE ABOVE FOR RECORDER'S USE

AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF CALIFORNIA,

SS.

County of Alameda

MARIA G. VENEGAS, of legal age, being first duly sworn, deposes and says:

That **RODOLFO A. VENEAGAS**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **RODOLFO A. VENEAGAS** named as the original trustee in the Living Trust of **THE FAMILY TRUST OF RODOLFO A. VENEAGAS AND MARIA G. VENEGAS DATED DECEMBER 14, 1994**.

According to the terms of the trust the trustee is **MARIA G. VENEGAS** who succeeds the decedent as trustee and now holds all powers trustee of the Living Trust of **THE FAMILY TRUST OF RODOLFO A. VENEAGAS AND MARIA G. VENEGAS DATED DECEMBER 14, 1994**.

See EXHIBIT "A" (LEGAL DESCRIPTION),
attached hereto and made a part hereof.

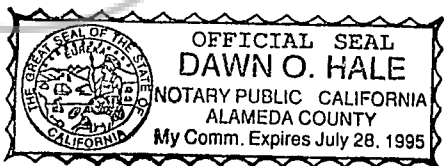
March 7, 1995
Dated

Maria G. Venegas.
MARIA G. VENEGAS

State of California) SS.
County of Alameda)

On this 7 day of March, in the year of 1995, before me, Dawn O. Hale, a Notary Public, personally appeared **MARIA G. VENEGAS**, personally known to me (~~or proved to me on the basis of satisfactory evidence~~), to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(ies), and that by ~~his/her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal.



Dawn O. Hale
NOTARY PUBLIC, State of California

360489

BK 04 95 PG 289 I

CERTIFICATE OF DEATH

3-95-01

001336

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) RODOLFO		2. MIDDLE ACOSTA		3. LAST (FAMILY) VENEGAS	
4. DATE OF BIRTH MM/DD/CCYY 10/10/1931		5. AGE YRS. 63		6. SEX M	
7. DATE OF DEATH MM/DD/CCYY 02/20/1995		8. HOUR 0145			
9. STATE OF BIRTH TX		10. SOCIAL SECURITY NO. 3699		11. MILITARY SERVICE 19__ TO 19__ <input type="checkbox"/> NONE	
12. MARITAL STATUS MARRIED		13. EDUCATION —YEARS COMPLETED 6			
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES MEXICAN <input type="checkbox"/> NO		16. USUAL EMPLOYER SELF	
17. OCCUPATION GAS STATION OWNER		18. KIND OF BUSINESS AUTOMOTIVE		19. YEARS IN OCCUPATION 23	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 39507 SUNDALE CT.					
21. CITY FREMONT		22. COUNTY ALAMEDA		23. ZIP CODE 94538	
24. YRS IN COUNTY 30		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP MARIA VENEGAS - WIFE			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 39507 SUNDALE CT. FREMONT, CA 94538		
28. NAME OF SURVIVING SPOUSE—FIRST MARIA		29. MIDDLE -		30. LAST (MAIDEN NAME) GALLEGOS	
31. NAME OF FATHER—FIRST MACARIO		32. MIDDLE -		33. LAST VENEGAS	
34. BIRTH STATE MX		35. NAME OF MOTHER—FIRST JOSEFA		36. MIDDLE -	
37. LAST (MAIDEN) ACOSTA		38. BIRTH STATE MX			
39. DATE MM/DD/CCYY 02/24/1995		40. PLACE OF FINAL DISPOSITION CHAPEL OF THE CHIMES MEM. PARK, HAYWARD, CA			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER <i>John Lampi</i>		43. LICENSE NO. 7984	
44. NAME OF FUNERAL DIRECTOR CHAPEL OF THE CHIMES		45. LICENSE NO. FD-1240		46. SIGNATURE OF LOCAL REGISTRAR <i>Barbara Allen MD</i>	
47. DATE MM/DD/CCYY 02/23/1995					
101. PLACE OF DEATH WASHINGTON HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	
104. COUNTY ALAMEDA		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2000 MOWRY AVE		106. CITY FREMONT	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
IMMEDIATE CAUSE (A) RESPIRATORY FAILURE		6 DAYS			
DUE TO (B) INTERSTITIAL LUNG DISEASE		6 MOS.		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C) -				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D) -				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 -					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. -					
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 MM/DD/CCYY 11/02/1994		115. SIGNATURE AND TITLE OF CERTIFIER <i>Peter Lunny</i>		116. LICENSE NO. G69575	
DECEDENT LAST SEEN ALIVE MM/DD/CCYY 02/17/1995		117. DATE MM/DD/CCYY 02/22/1995		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS - ZIP PETER LUNNY, M.D. 1999 MOWRY AVE, STE R, FREMONT. CA 94538	
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Barbara Allen MD</i>		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER BARBARA ALLEN, MD, LOCAL REGISTRAR	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 020	
				CENSUS TRACT	

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

BARBARA ALLEN, MD , LOCAL REGISTRAR

BY: *Barbara Allen MD* DEPUTY

DATE: **03/08/1995**

360489
BK 0495PG2892

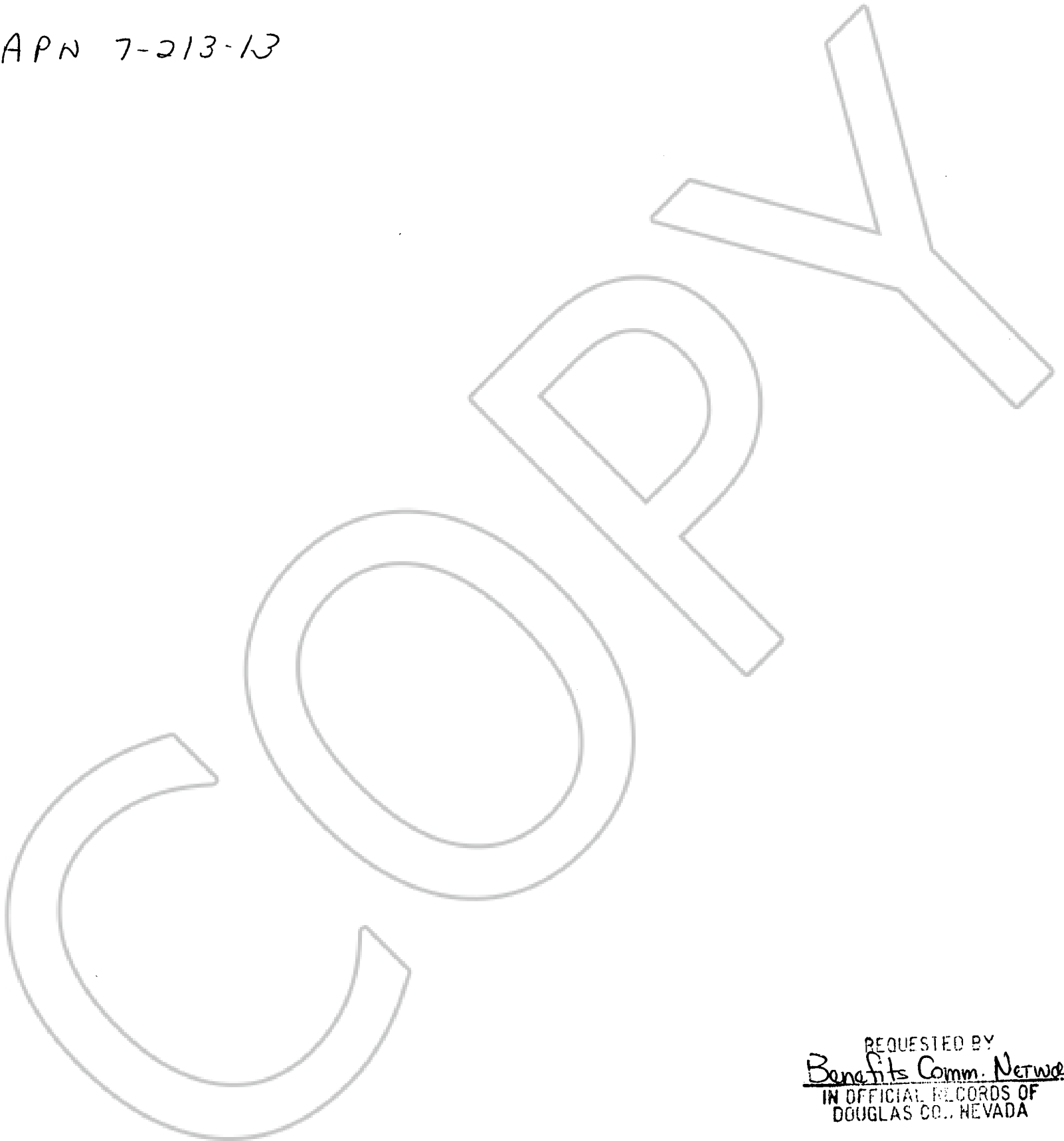
SEAL

EXHIBIT "A" (LEGAL DESCRIPTION)

all that real property situated in the County of Douglas, State of Nevada described as follows:

Lot 29, in Block B, as shown on the Map of KINGSBURY MEADOWS SUBDIVISION filed in the office of the County Recorder on July 5, 1955.

APN 7-213-13



REQUESTED BY
Benefits Comm. Network
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 APR 20 AM 11:02

END OF EXHIBIT "A" (LEGAL DESCRIPTION)

LINDA SLATER
RECORDER

\$ 9.00 PAID KJ DEPUTY