

I declare under penalty of perjury (under the laws of the States of California and Nevada) that the foregoing is true and correct.

Executed at Capitola, California on this 2nd day of August, 1996.

Faye
Pauline F. Raymond
PAULINE FAYE RAYMOND

ACCEPTANCE OF TRUSTEESHIP

I hereby accept the Trusteeship of the aforementioned Trust by virtue of the death of JOSEPH WILLIAM RAYMOND.

Executed at Capitola, California on this 2nd day of August, 1996.

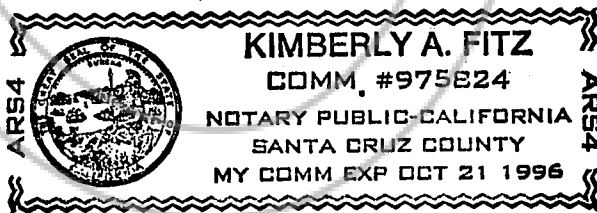
Pauline Faye Raymond
PAULINE FAYE RAYMOND

ACKNOWLEDGEMENT

State of California)
) SS.
County of Santa Cruz)

On August 2nd, 1996, 1996 before me, Kimberly A. Fitz,
notary public, personally appeared **PAULINE FAYE RAYMOND**,
personally known to me or proved to me on the basis of satisfactory
evidence to be the person whose name is subscribed to the within
instrument and acknowledged to me that she executed the same in her
authorized capacity, and that by her signature on the instrument
the person or the entity upon behalf of which the person acted,
executed the instrument.

WITNESS my hand and official seal.



Kimberly A. Fitz

COUNTY of SANTA CRUZ

SANTA CRUZ, CALIFORNIA

CERTIFICATE OF DEATH

3-1995-44-001268

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/83)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Joseph		2. MIDDLE William		3. LAST (FAMILY) Raymond			
4. DATE OF BIRTH MM/DD/CCYY 10/27/1917		5. AGE YRS. 77		6. SEX M		7. DATE OF DEATH MM/DD/CCYY 10/15/1995	
8. HOURS 2205		9. STATE OF BIRTH IL		10. SOCIAL SECURITY NO. -6858		11. MILITARY SERVICE NONE	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 14		14. RACE Caucasian		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER Safeway Stores		17. OCCUPATION Manager		18. KIND OF BUSINESS Retail Grocery		19. YEARS IN OCCUPATION 17	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 1231 Trout Gulch Rd							
21. CITY Aptos		22. COUNTY Santa Cruz		23. ZIP CODE 95003		24. YRS IN COUNTY 30	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Pauline Raymond - Spouse					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 930 Rosedale Av Capitola CA 95010		28. NAME OF SURVIVING SPOUSE—FIRST Pauline					
29. MIDDLE Faye		30. LAST (MAIDEN NAME) Johnston				34. BIRTH STATE IL	
31. NAME OF FATHER—FIRST Giles		32. MIDDLE -		33. LAST Raymond		36. BIRTH STATE IL	
35. NAME OF MOTHER—FIRST Mary		36. MIDDLE -		37. LAST (MAIDEN) Wenzel		38. BIRTH STATE IL	
39. DATE MM/DD/CCYY 10/20/1995		40. PLACE OF FINAL DISPOSITION Green Hill Memorial Gardens Sapulpa OK					
41. TYPE OF DISPOSITIONS TR/BU		42. SIGNATURE OF EMPLOYER <i>[Signature]</i>				43. LICENSE NO. 7341	
44. NAME OF FUNERAL DIRECTOR Norman's Family Chapel		45. LICENSE NO. FD 1299		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE MM/DD/CCYY 10/18/1995	
101. PLACE OF DEATH Dominican 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 Santa Cruz	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1555 Soquel Dr		106. CITY Santa Cruz		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
IMMEDIATE CAUSE (A) Stroke		TIME INTERVAL BETWEEN ONSET AND DEATH 10 Days		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) Atherosclerosis		TIME INTERVAL BETWEEN ONSET AND DEATH 10 Years		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 Coronary Artery Disease	
DUE TO (C)		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: MM/DD/CCYY 12/21/1990		115. SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>	
DUE TO (D)		116. LICENSE NO. 6-10309		117. DATE MM/DD/CCYY 10/17/1995		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS - ZIP Robert E Finegan, MD 1771 Dominican Way Santa Cruz CA 95065	
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				127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
		D		E		F	
		G		H		FAX AUTH. # 001174	
						CENSUS TRACT	

SEAL

R067953

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CRUZ

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SANTA CRUZ COUNTY CLERK-RECORDER.

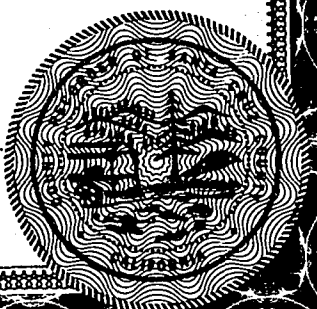
DATE ISSUED **AUG - 5 1996**

BK0996PG0017

395632

This copy not valid unless prepared on engraved border displaying date, seal and signature of Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Richard W. Bedal
RICHARD W. BEDAL
COUNTY CLERK-RECORDER

SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA AND DESCRIBED AS FOLLOWS:

Unit D, as set forth on the Condominium Map of Lot 10 of Second Amended Map of Tahoe Village Unit No. 2, recorded February 2, 1979, as Document 29640, Official Records of Douglas County, State of Nevada.

TOGETHER WITH an undivided 1/8th interest in and to that portion designated Common Area as set forth on the Condominium Map of Lot 10 of Second Amended Map of Tahoe Village No. 2, recorded February 2, 1979 as Document No. 29640, Official Records of Douglas County, State of Nevada.

AP #41-150-04

COPY

REQUESTED BY
Mark A Milleracker
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 SEP -3 A9:27

3

395632
BK0996PG0018

LINDA SLATER
RECORDER
\$10⁰⁰ PAID *ke* DEPUTY