

✓ Recording Requested By:)
JANET FAIRCHILD)
3306 HARRISON ST.)
OAKLAND CA 94611)
When Recorded, Mail To:)
Emilia Magwili)
4500 Pampas Avenue)
Oakland, CA 94619)
)

Mail tax statements to:

Same as above

DECLARATION OF SUCCESSOR TRUSTEE

I, EMILIA L. MAGWILI, declare under penalty of perjury that the following is true and correct:

I am over the age of 18 years.

On May 2, 1994, DOMINGO J. MAGWILI and EMILIA L. MAGWILI, as Trustors, by a Declaration of Trust, created THE MAGWILI TRUST;

On May 2, 1994, the said Trustors executed a GRANT DEED, recorded on June 7, 1994, as Instrument No. 339164, Bk 0694, Pg 1158, in the Official Records in the office of the Douglas County Recorder, conveying to themselves, Domingo J. Magwili and Emilia L. Magwili, as Trustee(s) of the said trust, the hereinafter described real property;

DOMINGO JAVIER MAGWILI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DOMINGO J. MAGWILI, named as Co-Trustee in the aforementioned TRUST. Said decedent Co-Trustee died on October 15, 1997.

The said Declaration of Trust provides that upon the death of one of the Co-Trustees, the other Co-Trustee, in this case EMILIA L. MAGWILI, thereupon became the sole Trustee of the said Trust, and having accepted the office of Trustee, EMILIA L. MAGWILI is now qualified and acting sole Trustee of the said Trust;

The property hereinabove mentioned, situated in the unincorporated area of the County of Douglas, State of Nevada, is described as:

Unit 3-4 as shown on the Map of Roundridge Townhouses, filed in the Office of the County Recorder of Douglas County, Nevada, on August 14, 1967.

APN: 5-282-16

0428481

BK 1297 PG 2946

Emilia L. Magwili
EMILIA L. MAGWILI

Date: Dec 8, 1997

ACKNOWLEDGMENT

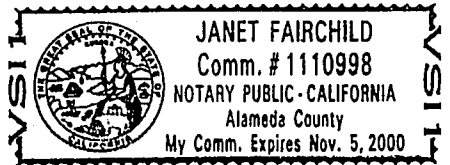
STATE OF CALIFORNIA)
COUNTY OF ALAMEDA)ss

On Dec. 8, 1997, before me, a notary public in and for said state, personally appeared EMILIA L. MAGWILI, 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.

Signature Janet Fairchild

Janet Fairchild
Notary Public



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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER
COUNTY OF ALAMEDA
OAKLAND, CALIFORNIA

CERTIFICATE OF DEATH

3199701006645

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 11/96)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)			
DOMINGO		JAVIER		MAGWILI			
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS.		IF UNDER 24 HOURS MONTHS DAYS HOURS MINUTES		6. SEX	7. DATE OF DEATH M/M/DD/CCYY
05/12/1910		87				M	10/15/1997
8. HOUR	9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS
0115	PI		3042		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Married
13. EDUCATION—YEARS COMPLETED	14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		
12	Filipino		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Lane Metals		
17. OCCUPATION		18. KIND OF BUSINESS			19. YEARS IN OCCUPATION		
Plater		Metals			28		
20. RESIDENCE—STREET AND NUMBER OR LOCATION							
4500 Pampas Ave.							
21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Oakland		Alameda		94619		67	Ca
26. NAME, RELATIONSHIP				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
Emilia Magwili—wife				4500 Pampas Ave. Oakland Ca, 94619			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)			
Enilia		L.		Lenida			
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
Jorge		-		Magwili		PI	
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE	
Victorina		-		Javier		PI	
39. DATE M/M/DD/CCYY		40. PLACE OF FINAL DISPOSITION					
10/20/1997		St. Mary Cemetery, Oakland Ca, 94611					
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER			43. LICENSE NO.		
Bu		<i>[Signature]</i>			7482		
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE M/M/DD/CCYY	
Colonial Chapel		FD-461		<i>[Signature]</i>		10/17/1997	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY	
Own Residence		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		Alameda	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
4500 Pampas Ave.		Oakland					
IMMEDIATE CAUSE		A) Progressive Renal Failure		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORNER	
				1 1/2 yrs		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO		B) Hypertensive Heart Disease		Years		109. BIOPSY PERFORMED	
						<input type="checkbox"/> YES <input checked="" 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							
Coronary Artery Disease							
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		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/DD/CCYY	
DECEDENT ATTENDED SINCE M/M/DD/CCYY		<i>[Signature]</i>		A-19823		10/17/1997	
DECEDENT LAST SEEN ALIVE M/M/DD/CCYY		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP					
08/27/1991		10/11/1997					
119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE M/M/DD/CCYY		122. HOUR	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
CORONER'S USE ONLY		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					

711556

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

NOV 14 1997

DATE ISSUED

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Recorder.

SEAL

Patrick O'Connell
PATRICK O'CONNELL
ALAMEDA COUNTY RECORDER

0428481
BK1297PG2948



COPY

REQUESTED BY
Jas et Fairchild
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 DEC 15 A11:07

0428481

BK 1297PG2949

LINDA SLATER
RECORDER
\$10⁰⁰ PAID to DEPUTY