

**RECORDING REQUESTED BY and
WHEN RECORDED MAIL TO:**

This document is being re-recorded
for the purpose of attaching the
Certified copy of the vital record.

✓ Donald E. Sutton, Trustee
3369 Soares Ct.
Santa Clara, CA 95051

SPACE ABOVE FOR RECORDER'S USE

AFFIDAVIT - DEATH of TRUSTOR / TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA CLARA)

I, Donald E. Sutton of legal age, being first duly sworn, deposes and says:

That Edna L. Sutton, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person Edna L. Sutton, as Trustor and Trustee, named as one of the parties in that certain Trust, called " THE SUTTON FAMILY REVOCABLE LIVING TRUST " under which agreement was dated of July 25, 1996. That certain Revocable Living Trust agreement was signed and executed by Donald E. Sutton and Edna L. Sutton, as the Trustors and Trustees, for the benefit of Donald E. Sutton and Edna L. Sutton. That Edna L. Sutton is the same person, named as one of the parties in that certain Grant Deed dated September 29, 1990, Executed by Jack. K. Sievers an individual, to Donald E. Sutton and Edna L. Sutton, as Joint Tenants, recorded as Instrument No.183624, in book 888, page 711, of Official Records of Douglas County, covering the following described property situated in the County of Douglas, State of Nevada, described as follows:

AS PER LEGAL DESCRIPTION EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE.

TOGETHER with the tenements, hereditaments and appurtenances hereunto belonging or appertaining and the revision and reversions, remainder and remainders, rents, issues and profits thereof.

SUBJECT TO any and all matters of record, including taxes, assessments, easements, oil and mineral reservations and leases if any, rights, rights of way, agreements and the Declaration of Time Share Covenants, Conditions and Restriction Recorded April 27, 1989 at Book 489, page 3383, as under Documents No. 200951 Official Records of Douglas County, Nevada, and which Declaration is incorporated herein by this reference as if the same were fully set forth herein.

0463483

0462892

BK0399PG3948

1

BK0399PG2132

VERIFICATION

I Subscribe and Swear, under the Penalty of Perjury, according to the laws of the State of California, that the foregoing is true and correct.

Dated: 2-13-99

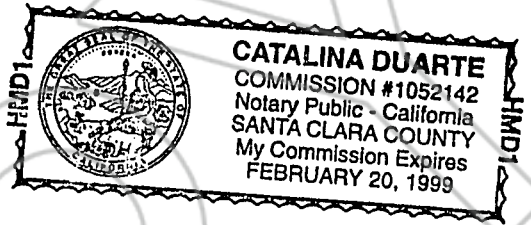
Donald E. Sutton
Donald E. Sutton

SUBSCRIBED AND SWORN to on February 13, 1999, before me

Catalina Duarte, a Notary Public, by Donald E. Sutton, who has proved his identity to me on the basis of satisfactory evidence.

WITNESS my hand and official seal.

[Signature]
NOTARY PUBLIC, State of California



COPY

0463483

0462892

BK0399PG3949

BK0399PG2133

RIDGE CREST LEGAL

A Timeshare estate comprised of:

PARCEL 1: An undivided 1/51st interest in and to that certain condominium estate described as follows:

(a) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at page 711, Douglas County, Nevada, as Document No. 183624.

(b) Unit No. 105 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above, during one "USE WEEK" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for The Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "use week" as more fully set forth in the CC&R's.

A Portion of APN 40-370-05

REQUESTED BY
Donald E. Sutton
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

'99 MAR -9 A11 :04

LINDA SLATER
RECORDER
\$ 9.00 PAID KA DEPUTY

0463483

0462892

BK0399PG3950

BK0399PG2134

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH

2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| STATE FILE NUMBER | | USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS | | | | LOCAL REGISTRATION NUMBER | |
| 1. NAME OF DECEDENT—FIRST (GIVEN) EDNA | | 2. MIDDLE L. | | 3. LAST (FAMILY) SUTTON | | | |
| 4. DATE OF BIRTH M/M/D/D/C/C/Y/Y 08/03/1934 | | 5. AGE YRS. 64 | | 6. SEX F | | 7. DATE OF DEATH M/M/D/D/C/C/Y/Y B. HOUR 01/05/1999 1645 | |
| 9. STATE OF BIRTH OK | | 10. SOCIAL SECURITY NO. -2038 | | 11. MILITARY SERVICE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 12. MARITAL STATUS MARRIED | |
| 14. RACE CAUCASIAN | | 15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 16. USUAL EMPLOYER SANTA CLARA UNIFIED SCHOOL DISTRICT | | 13. EDUCATION—YEARS COMPLETED 12 | |
| 17. OCCUPATION ATTENDANCE CLERK | | 18. KIND OF BUSINESS SECRETARIAL | | 19. YEARS IN OCCUPATION 10 | | | |
| 20. RESIDENCE—STREET AND NUMBER OR LOCATION 3369 SOARES COURT | | | | | | | |
| 21. CITY SANTA CLARA | | 22. COUNTY SANTA CLARA | | 23. ZIP CODE 95051 | | 24. YRS IN COUNTY 38 | |
| 25. STATE OR FOREIGN COUNTRY CA | | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3369 SOARES CR., SANTA CLARA, CA 95051 | | | | | |
| 26. NAME, RELATIONSHIP DONALD SUTTON - SPOUSE | | | | | | | |
| 28. NAME OF SURVIVING SPOUSE—FIRST DONALD | | 29. MIDDLE E. | | 30. LAST (MAIDEN NAME) SUTTON | | | |
| 31. NAME OF FATHER—FIRST MARSHALL | | 32. MIDDLE E. | | 33. LAST DIGGS | | 34. BIRTH STATE MO | |
| 35. NAME OF MOTHER—FIRST JANIE | | 36. MIDDLE I. | | 37. LAST (MAIDEN) SEAGROVE | | 38. BIRTH STATE TX | |
| 39. DATE M/M/D/D/C/C/Y/Y 01/08/1999 | | 40. PLACE OF FINAL DISPOSITION MISSION CITY MEMORIAL PARK, SANTA CLARA, CA 95050 | | | | | |
| 41. TYPE OF DISPOSITION BU | | 42. SIGNATURE OF EMBALMER <i>Fery Ferraro</i> | | | | 43. LICENSE NO. 6384 | |
| 44. NAME OF FUNERAL DIRECTOR SANTA CLARA FUNERAL HOME | | 45. LICENSE NO. FD 745 | | 46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D Fensterseh</i> | | 47. DATE M/M/D/D/C/C/Y/Y 01/07/1999 | |
| 101. PLACE OF DEATH KAISER SANTA CLARA | | 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. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER | | 104. COUNTY SANTA CLARA | |
| 105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 900 KIELY BLVD. | | 106. CITY SANTA CLARA | | | | | |
| 107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) | | | | | | | |
| IMMEDIATE CAUSE (A) RESPIRATORY FAILURE | | TIME INTERVAL BETWEEN ONSET AND DEATH HOURS | | 108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER | | | |
| DUE TO (B) SEPSIS | | DAYS | | 109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| DUE TO (C) INFECTED LOWER EXTREMITY STUMPS | | MONTHS | | 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 CONGESTIVE HEART FAILURE, MYOCARDIAL INFARCTION, DIABETES MELLITUS, CHRONIC RENAL FAILURE, PERIPHERAL VASCULAR DISEASE | | | | | | | |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. BILATERAL LEG AMPUTATION - 06/24/1998 BILATERAL STUMP REVISION - 12/17/1998 | | | | | | | |
| 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 M/M/D/D/C/C/Y/Y DECEDENT LAST SEEN ALIVE M/M/D/D/C/C/Y/Y | | 115. SIGNATURE AND TITLE OF CERTIFIER <i>Kelly...</i> | | 116. LICENSE NO. G059372 | | 117. DATE M/M/D/D/C/C/Y/Y 01/05/1999 | |
| 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP FELICITY McNICHOL, MD 900 KIELY BLVD., SANTA CLARA, CA 95051 | | | | | | | |
| 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 M/M/D/D/C/C/Y/Y | | 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, ZIP) | | 126. SIGNATURE OF CORONER OR DEPUTY CORONER | | 127. DATE M/M/D/D/C/C/Y/Y | | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER | |

BK0399P63951
0463483

H 1174604

STATE OF CALIFORNIA } **CERTIFIED COPY OF VITAL RECORDS** }
COUNTY OF SANTA CLARA } **DATE ISSUED** 01/11/1999 }
By *Martin D Fensterseh MD*

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.
MARTIN D. FENSTERSEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REQUESTED BY
Donald E Sutton
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 MAR 17 P2:01

LINDA SLATER
RECORDER

\$ 11.00 PAID K2 DEPUTY

0463483

BK0399PG3952