

APN 11-182-01

RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:

✓
LAW OFFICES OF NORBERT R. BUNT
A PROFESSIONAL CORPORATION
601 N. PARKCENTER DRIVE, SUITE 103
SANTA ANA, CALIFORNIA 92705

MAIL TAX STATEMENTS TO:

✓
Aeola Jean Mercer, Trustee
6445 Madera Street
Long Beach, CA 90815

AFFIDAVIT - DEATH OF CO-TRUSTEE

STATE OF CALIFORNIA)
) ss
COUNTY OF ORANGE)

AEOLA JEAN MERCER, Surviving Co-Trustee under the Declaration of Trust of The Paul Ernest Mercer and Aeola Jean Mercer Family Trust dated November 27, 1991, who acquired title as THE PAUL ERNEST MERCER AND AEOLA JEAN MERCER FAMILY TRUST, being of legal age and first duly sworn, deposes and says:

That PAUL E. MERCER the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PAUL ERNEST MERCER, one of the creators of that certain trust agreement known as the PAUL ERNEST MERCER AND AEOLA JEAN MERCER FAMILY TRUST dated November 27, 1991, being a Revocable Living Trust.

Pursuant to the terms of said Trust, PAUL ERNEST MERCER and AEOLA JEAN MERCER were the original Co-Trustees. That by reason of the death of PAUL ERNEST MERCER, AEOLA JEAN MERCER is now the sole Trustee of said trust.

That PAUL ERNEST MERCER and AEOLA JEAN MERCER, the creators of the revocable living trust, by Grant Deed, transferred the following described real property to THE PAUL ERNEST MERCER AND AEOLA JEAN MERCER FAMILY TRUST, which Grant Deed was recorded as Instrument No. 288703 on September 21, 1992, in Book 992 Page 3280 of Official Records of Douglas County, Nevada, covering the following described real property situated in the County of Douglas, Nevada, commonly known as 329 Barrett Dr., Stateline, Nevada 89449:

/ / / / /

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Lot 54, as shown on the map of KINGSBURY VILLAGE UNIT NO. 5, filed in the office of the County Recorder on September 7, 1966 in Book 1 of Maps, File No. 33768, Douglas County, Nevada, records.

Assessor's Parcel No. 11-182-01

DATED: September 17, 2001

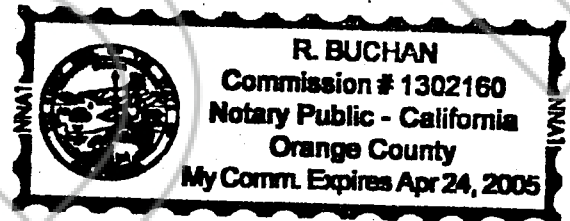
Aeola Jean Mercer

AEOLA JEAN MERCER
Surviving Co-Trustee

Subscribed and Sworn to before me
~~Rosemary~~ Buchan, the undersigned,
a Notary Public in and for said
County and State this 17th day
of September, 2001.

R Buchan

Notary Public in and for
said County and State



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LONG BEACH, CALIFORNIA

CERTIFICATE OF DEATH

3-2000-62 002795

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) PAUL		2. MIDDLE E.		3. LAST (FAMILY) MERCER			
4. DATE OF BIRTH M/M/DD/CCYY 06/28/1931		5. AGE YRS. 69		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY 10/02/2000	
8. HOUR 0658		9. STATE OF BIRTH MA		10. SOCIAL SECURITY NO. 1181		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 13		14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER BOEING		17. OCCUPATION MECHANIC		18. KIND OF BUSINESS AERO SPACE		19. YEARS IN OCCUPATION 10	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 6445 MADERA ST.							
21. CITY LONG BEACH		22. COUNTY LOS ANGELES		23. ZIP CODE 90815		24. YRS IN COUNTY 56	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP AEOLA JEAN MERCER - WIFE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 6445 MADERA ST. LONG BEACH CA., 90815							
28. NAME OF SURVIVING SPOUSE—FIRST AEOLA		29. MIDDLE JEAN		30. LAST (MAIDEN NAME) DONLEY			
31. NAME OF FATHER—FIRST ERNEST		32. MIDDLE S.		33. LAST MERCER		34. BIRTH STATE MA	
35. NAME OF MOTHER—FIRST MADLINE		36. MIDDLE T.		37. LAST (MAIDEN) GRASSIE		38. BIRTH STATE MA	
39. DATE M/M/DD/CCYY 10/09/2000		40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEMETERY 22495 VAN BUREN BLVD. RIVERSIDE CA.					
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER <i>Mike Pass</i>		43. LICENSE NO. 7439			
44. NAME OF FUNERAL DIRECTOR LUYBEN FAMILY MORTUARY		45. LICENSE NO. FD-1171		46. SIGNATURE OF LOCAL REGISTRAR <i>Darryl M. Sexton AD</i>		47. DATE M/M/DD/CCYY 10/04/2000	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE: <input 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. CARE <input type="checkbox"/> OTHER		104. COUNTY LOS ANGELES	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 6445 MADERA ST.		106. CITY LONG BEACH					
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) CARDIOPULMONARY ARREST		MIN					
DUE TO (B) PRESUMED MYOCARDIAL INFARCTION		DAYS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) CORONARY ARTERY DISEASE		YEARS		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 DIABETES, HYPERTENSION							
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 M/M/DD/CCYY 08/25/2000		DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 09/28/2000		115. SIGNATURE AND TITLE OF CERTIFIER <i>Lawrence G. Waldrop M.D.</i>		116. LICENSE NO. G032172	
				117. DATE M/M/DD/CCYY 10/03/2000		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP LAWRENCE WALDROP M.D. 12447 SEAL BEACH BLVD. SEAL BEACH CA. 90740	
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/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, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		F		G	
H		FAX AUTH. #		CENSUS TRACT			

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
CITY OF LONG BEACH } SS

DATE ISSUED **AUG 17 2001**

Darryl M. Sexton M.D.
DARRYL M. SEXTON, M.D.
CITY HEALTH OFFICER
REGISTRAR OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES.

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

COPY

REQUESTED BY
Norbert R Bant
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 SEP 28 AM 10: 29

LINDA SLATER
RECORDER

\$10⁰⁰ PAID ks DEPUTY

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