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APN: 1318-23-411-005

Recording Requested By:

J. TIMOTHY LANE, ESQ.
(925) 820-7525

J. Timothy Lane
319 Diablo Road, Suite 222
Danville, CA 94526

And When Recorded Mail to:

ANNETTE S. LANDRUM
19 Barrie Court
Pittsburg, Ca 94565

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SURVIVING TRUSTEE
(TRUSTEE SUCCESSION OF SURVIVING SPOUSE)

APN: 07-211-02

ANNETTE S. LANDRUM, of legal age being first duly sworn, deposes, and says:

1) That DON L. LANDRUM, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as grantee in that Grant Deed executed by DONALD L. LANDRUM and ANNETTE S. LANDRUM, Husband and Wife, to DONALD L. LANDRUM Trustee under the Written Declaration of Trust dated July 16, 1986, known as "The Donald Leroy Landrum and Annette Landrum Trust Agreement of 1986", recorded at Book 1000, Page 1642, on October 10, 2000, Official Records of Douglas County, Nevada, covering the real property commonly known as 174 Pine Ridge Drive, Stateline, Nevada, situated in the County of Douglas, State of Nevada, more particularly described as follows:

Lot 6, as shown on the map of Pine Ridge subdivision, filed in the Office of the County Recorder of Douglas County, Nevada, on August 8, 1956, in Book 1 of Maps, Document No. 11664.

2) That I am named within the aforementioned Trust as Successor Trustee;

3) That I hereby consent to act a Successor Trustee of the aforementioned Trust and do hereby assume the powers and duties as Successor Trustee of such Trust;

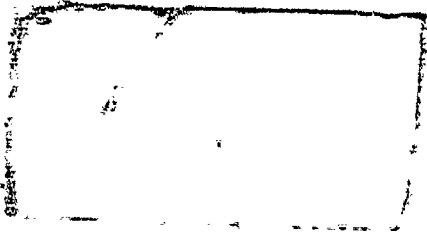
4) That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the said real property.

Dated: April 1, 2003

Annette S. Landrum
Annette S. Landrum
Successor Trustee

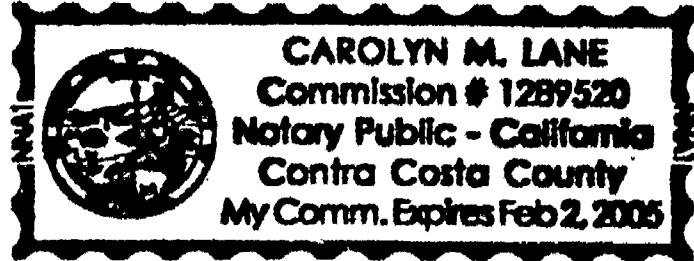
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STATE OF CALIFORNIA }
 }
COUNTY OF CONTRA COSTA }

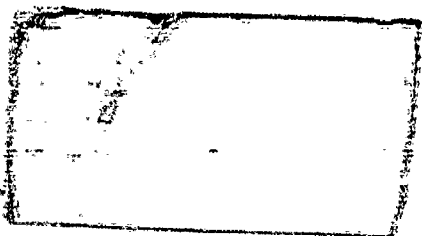
SUBSCRIBED AND SWORN TO before me, the undersigned,
A Notary Public, in and for said State, this
day of 1 - 1 - , 2003.



Carolyn M. Lane
Carolyn M. Lane
Notary Public
Commission Expires:
2/02/05

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 1/03)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) DON		2. MIDDLE L.		3. LAST (Family) LANDRUM			
AKA, ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 02/16/1936		5. AGE Yrs. 66		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 1218		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) MARRIED	
13. EDUCATION -- Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (if yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) WHITE		7. DATE OF DEATH mm/dd/yyyy 01/09/2003	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED PROFESSIONAL BASEBALL PLAYER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MAJOR LEAGUE BASEBALL		19. YEARS IN OCCUPATION 13			
20. DECEDENT'S RESIDENCE (Street and number or location) 19 BARRIE COURT							
21. CITY PITTSBURG		22. COUNTY/PROVINCE CONTRA COSTA		23. ZIP CODE 94565		24. YEARS IN COUNTY 46	
25. STATE/FOREIGN COUNTRY CA							
26. INFORMANT'S NAME, RELATIONSHIP ANNETTE LANDRUM - WIFE				27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 19 BARRIE COURT, PITTSBURG, CA 94565			
28. NAME OF SURVIVING SPOUSE -- FIRST ANNETTE		29. MIDDLE -		30. LAST (Maiden Name) SANGIMINO			
31. NAME OF FATHER -- FIRST THERON		32. MIDDLE -		33. LAST LEE		34. BIRTH STATE CA	
35. NAME OF MOTHER -- FIRST VIOLET		36. MIDDLE -		37. LAST (Maiden) MYERS		38. BIRTH STATE CN	
39. DISPOSITION DATE mm/dd/yyyy 01/14/2003		40. PLACE OF FINAL DISPOSITION HOLY CROSS CEMETERY 2200 E. 18TH STREET, ANTIOCH, CA 94509					
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER <i>Mark J. Cappuccini</i>		43. LICENSE NUMBER 7555			
44. NAME OF FUNERAL ESTABLISHMENT PITTSBURG FUNERAL CHAPEL, INC.		45. LICENSE NUMBER FD-510		46. SIGNATURE OF LOCAL REGISTRAR <i>Wendell Brunner MD</i>		47. DATE mm/dd/yyyy 01/13/2003	
101. PLACE OF DEATH USUAL RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY CONTRA COSTA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 19 BARRIE COURT		106. CITY PITTSBURG			
107. CAUSE OF DEATH Enter the chain of events -- disease, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) (Final disease or condition resulting in death) METASTATIC RENAL CELL CARCINOMA		Time Interval Between Onset and Death (AT) 23 YRS.		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 03-0068			
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		(B)		(BT)		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C)		(CT)		(CT)		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(D)		(DT)		(DT)		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) LEFT RADICAL NEPHRECTOMY --/--/1979		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
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 (A) mm/dd/yyyy 02/05/1973		Decedent Last Seen Alive (B) mm/dd/yyyy 12/19/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>W.L. Morfeld, MD</i>		116. LICENSE NUMBER 68192	
				117. DATE mm/dd/yyyy 01/10/2003			
				118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE W.L. MORFELD M.D. 3006 RAILROAD AVE., PITTSBURG, CA 94565			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)							
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		FAX AUTH. # 6744 S.H.		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA

} SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendell Brunner MD
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
J. Timothy Lane
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 APR -7 AM 8:27

WERNER CHRISTEN
RECORDER

\$ *17.00* PAID *Bl* DEPUTY

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