

Recording requested by and when recorded.

Mail to:

Andrew R. Matteson, Attorney  
2151 Professional Drive, Suite 102  
Roseville, CA 95661-3761

Mail tax statements to:

Jeanette M. Blythe  
4592 Sargent Avenue  
Castro Valley, CA 94546

Document number: 1830.AST2

REQUESTED BY  
*Jeanette Blythe*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2003 OCT -8 PM 2:38

WERNER CHRISTEN  
RECORDER

*s/16 PAID KJ* DEPUTY

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Assessor's parcel number: 0000-27-410-030

**Affidavit of Death (of Trustee)**  
(Not subject to reappraisal under Proposition 13)

STATE OF CALIFORNIA, County of Placer:

Jeanette M. Blythe, of legal age, being first duly sworn, says:

On December 29, 1993, Annie S. Torres, as settlor, by a Trust Declaration created the Annie S. Torres Revocable Trust dated December 29, 1993;

On December 29, 1993, the said settlor executed a Grant Deed, recorded as Instrument No. 327765, Book 0194, Page 3043 on January 18, 1994, in Official Records in the office of the Douglas County Recorder, conveying to Annie S. Torres, as Trustee of the said trust the hereinafter described real property;

On August 17, 2003, Annie S. Torres, the said or one of the said Trustee(s), the same person as the decedent mentioned in the attached certified copy of Certificate of Death, died;

The said Trust Declaration provides that Jeanette M. Blythe thereupon became the trustee of the said Trust, and having accepted the office of Trustee, is now qualified and acting Trustee of the said trust;

The legal description of the property hereinabove mentioned, situated in the County of Douglas, State of Nevada, is shown on Exhibit A, which is attached to this affidavit and is incorporated in it by reference.

Date signed: August 22, 2003 at 2151 Professional Drive, Suite 102, Roseville, California.

*Jeanette M. Blythe*  
\_\_\_\_\_  
Jeanette M. Blythe

SUBSCRIBED AND SWORN TO before me  
this 22nd day of August, 2003.

Signature *Kim R. Williams*

SEAL:



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**Exhibit A**  
**Affidavit of Death (of Trustee)**

**Legal description of real property:**

LOT 458 AS SHOWN ON THE RE-SUBDIVISION OF LOTS 91 A&B, 92 A&B, 93 THROUGH 96, AND 221 THROUGH 232, GARDNERVILLE RANCHOS UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JULY 10, 1967, AS DOCUMENT NO. 37049.

COPY

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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200301005504

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT -- FIRST (Given) ANNIE 2. MIDDLE SANTOS 3. LAST (Family) TORRES

4. DATE OF BIRTH mm/dd/yyyy 07/19/1917 5. AGE Yrs 86 6. SEX FEMALE

7. DATE OF DEATH mm/dd/yyyy 08/17/2003 8. HOUR (24 Hours) 2150

9. BIRTH STATE/FOREIGN COUNTRY HAWAII 10. SOCIAL SECURITY NUMBER -1031 11. EVER IN U.S. ARMED FORCES? YES NO UNK 12. MARITAL STATUS (at Time of Death) WIDOWED

13. EDUCATION -- Highest Level/Degree (see worksheet on back) HS GRADUATE 14.15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (if yes, see worksheet on back) YES NO 16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) WHITE

17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED PAYROLL CLERK 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CIVIL SERVICE 19. YEARS IN OCCUPATION 20

20. DECEDENT'S RESIDENCE (Street and number or location) 4592 SARGENT AVENUE

21. CITY CASTRO VALLEY 22. COUNTY/PROVINCE ALAMEDA 23. ZIP CODE 94546 24. YEARS IN COUNTY 45 25. STATE/FOREIGN COUNTRY CALIFORNIA

26. INFORMANT'S NAME, RELATIONSHIP JEANETTE BLYTHE - DAUGHTER 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 4592 SARGENT AVENUE, CASTRO VALLEY, CA. 94546

28. NAME OF SURVIVING SPOUSE -- FIRST MIDDLE LAST 29. MIDDLE 30. LAST (Maiden Name)

31. NAME OF FATHER -- FIRST MIDDLE LAST 32. MIDDLE 33. LAST 34. BIRTH STATE PORTUGAL

35. NAME OF MOTHER -- FIRST MIDDLE LAST 36. MIDDLE 37. LAST (Maiden) 38. BIRTH STATE PORTUGAL

39. DISPOSITION DATE mm/dd/yyyy 08/20/2003 40. PLACE OF FINAL DISPOSITION HOLY SEPULCHRE CEMETERY, 26320 MISSION BLVD., HAYWARD, CA. 94544

41. TYPE OF DISPOSITION(S) BU 42. SIGNATURE OF EMBALMER Ron Jones 43. LICENSE NUMBER #5365

44. NAME OF FUNERAL ESTABLISHMENT GRISSON'S CHAPEL & MORTUARY 45. LICENSE NUMBER FD-1205 46. SIGNATURE OF LOCAL REGISTRAR [Signature] 47. DATE mm/dd/yyyy 08/18/2003

101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL 102. IF HOSPITAL, SPECIFY ONE [X] HOSPITAL [ ] ER/OP [ ] DCA [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other

103. IF OTHER THAN HOSPITAL, SPECIFY ONE

104. COUNTY ALAMEDA 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 27400 HESPERIAN BLVD. 106. CITY HAYWARD

107. CAUSE OF DEATH Enter the chain of events -- disease, injury, or complication -- 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 (Final disease or condition resulting in death) (A) DEHYDRATION (B) STROKE

108. DEATH REPORTED TO CORONER? YES NO [X] NO

109. BIOPSY PERFORMED? YES NO [X] NO

110. AUTOPSY PERFORMED? YES NO [X] NO

111. USED IN DETERMINING CAUSE? YES NO [X] 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) NO

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, EACH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive [Signature] 115. SIGNATURE AND REPRODUCTION OF SIGNATURE [Signature] 116. LICENSE NUMBER A77242 117. DATE mm/dd/yyyy 08/18/2003

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JOHN HUNTER, MD 27400 HESPERIAN BLVD. HAYWARD, CA 94545

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined [ ] YES [ ] NO [ ] UNK 120. INJURED AT WORK? YES NO 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. # 89817

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0592765

CERTIFIED COPY OF VITAL RECORDS

\*000371742\*

STATE OF CALIFORNIA  
COUNTY OF ALAMEDA

SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 08/19/2003

[Signature]  
HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

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

