

15

RECORDING REQUESTED BY:

Frances E. Boardman
1100 Los Olivos Road
Santa Rosa, CA 95404-2005

WHEN RECORDED MAIL TO:

Frances E. Boardman
1100 Los Olivos Road
Santa Rosa, CA 95404-2005

REQUESTED BY
Charles Boardman
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 NOV -5 AM 11:41

WERNER CHRISTEN
RECORDER

\$150 PAID *PC* DEPUTY

For recorder's use only

APN: 1420-34-111-010 **AFFIDAVIT - DEATH OF TRUSTEE**

Frances E. Boardman, being of legal age, and first duly sworn, deposes and says:

1. That Charles Ellis Boardman the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as Co-Trustee in that certain Declaration of Trust dated July 9, 2001 executed by Charles E. Boardman and Frances E. Boardman, as Trustors.

2. At the time of the demise of the Decedent, the Decedent was the co-owner, as Co-Trustee, of Real Property in the City of Minden, County of Douglas, State of Nevada, which property is described in a deed which was signed by Charles E. Boardman and Frances E. Boardman as Grantors and recorded in Book 701, Page 3545, as Document No. 518374 of Official Records on July 16, 2001. The legal description of said property is as follows:

Lot 6, in Block A, of MOUNTAIN VIEW ESTATES UNIT NO. 5, according to the Map thereof, on file in the office of the County Recorder of Douglas County, State of Nevada on April 13, 1990 in Book 490, Page 1895, Document No. 223928.

3. I, Frances E. Boardman am the sole surviving Trustee under the above referenced Trust, which was in effect at the time of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to continue to act as Trustee.

4. There is no Federal Estate Tax due as the result of death of the decedent mentioned in paragraph 1 above.

I declare under penalty of perjury, under the laws of the State of California that the foregoing is true and correct.

Executed on September 12, 2003,
at Santa Rosa, California

Frances E. Boardman, trustee

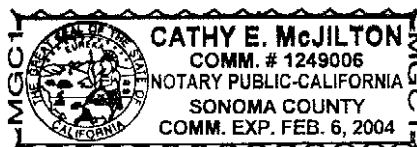
Frances E. Boardman
Trustee of the CHARLES E. BOARDMAN AND
FRANCES E. BOARDMAN TRUST,
dated July 9, 2001

STATE OF CALIFORNIA }
COUNTY OF SONOMA } ss.

SUBSCRIBED AND SWORN TO before me, the
undersigned, a Notary in and for said State, this
12 day of Sept, 2003

WITNESS my hand and official seal.

Signature *Cathy E. McJilton*



0595930

BK 1103PG01957

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

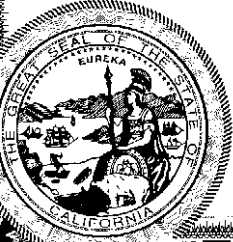
3-2003-49-002244

STATE FILE NUMBER: _____ USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 03)

LOCAL REGISTRATION NUMBER: _____

1 NAME OF DECEDENT - FIRST (Given) CHARLES		2 MIDDLE ELLIS		3 LAST (Family) BOARDMAN	
4A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) -				4 DATE OF BIRTH mm/dd/yyyy 05/01/1942	5 AGE Yrs 61
6 UNDER ONE YEAR Months: _____ Days: _____		7 UNDER NINE HOURS Hours: _____ Minutes: _____		8 SEX M	
9 BIRTH STATE/FOREIGN COUNTRY CA		10 SOCIAL SECURITY NUMBER 5763		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		7 DATE OF DEATH mm/dd/yyyy 07/26/2003		8 HOUR (24 Hours) 1630	
13 EDUCATION - Highest Level/Degree (see worksheet on back) Some College		14/15 WAS DECEDENT SPANISH/SPANIC/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) Caucasian	
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Painting Contractor			18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) House Painting		19 YEARS IN OCCUPATION 25
20 DECEDENT'S RESIDENCE (Street and number or location) 1100 Los Olivos Road					
21 CITY Santa Rosa		22 COUNTY/PROVINCE Sonoma		23 ZIP CODE 95404	24 YEARS IN COUNTY 14
25 STATE/FOREIGN COUNTRY CA		26 INFORMATION'S NAME, RELATIONSHIP Frances Boardman, wife			
27 INFORMATION'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1100 Los Olivos Road, Santa Rosa, CA 95404		28 NAME OF SURVIVING SPOUSE - FIRST Frances			
29 MIDDLE Elaine		30 LAST (Maiden Name) Stone			
31 NAME OF FATHER - FIRST Stanley		32 MIDDLE Jones		33 LAST Boardman	
34 BIRTH STATE Ireland		35 NAME OF MOTHER - FIRST Inez		36 MIDDLE Eleanor	
37 LAST (Maiden) King		38 BIRTH STATE TN			
39 DISPOSITION DATE mm/dd/yyyy 07/31/2003		40 PLACE OF FINAL DISPOSITION Pleasant Hills Memorial Park, 1700 Pleasant Hill Rd., Sebastopol, CA			
41 TYPE OF DISPOSITION(S) BU		42 SIGNATURE OF EMBALMER <i>Kirk Chedda</i>		43 LICENSE NUMBER 7460	
44 NAME OF FUNERAL ESTABLISHMENT Pleasant Hills Memorial Park		45 LICENSE NUMBER FD-1337		46 SIGNATURE OF LOCAL REGISTRAR <i>MARY MADDUX-GONZALEZ, M.D. M.K.</i>	
47 DATE mm/dd/yyyy 07/29/2003		101 PLACE OF DEATH Kaiser Permanente Hospital			
102 COUNTY Sonoma		103 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 401 Bicentennial Way		104 CITY Santa Rosa	
105 CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fluctuation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) → HODGKIN'S DISEASE 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) - (C) - (D) - (E) -		106 DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) MONTHS (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (E) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		107 BIRTH STATE CA	
108 BIRTH STATE CA					
109 BIRTH STATE CA					
110 BIRTH STATE CA					
111 BIRTH STATE CA					
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 -					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) SUPRACLAVICULAR LYMPH NODE BIOPSY - 05/23/2003					
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE (DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED) Decedent Affirmed Since: _____ Decedent Last Seen Alive: _____ mm/dd/yyyy mm/dd/yyyy		115 SIGNATURE AND TITLE OF PHYSICIAN <i>Robert Hickman, MD.</i>		116 LICENSE NUMBER A54024	
117 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, AND CODE Robert Hickman, MD., 401 Bicentennial Way, Santa Rosa, CA 95403		118 DATE mm/dd/yyyy 07/29/2003		119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE 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. # 7609 CENSUS TRACT	

0595930
BK1103P601958



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

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

DATE ISSUED **SEP 09 2003**

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



Eve T. Lewis
EEVE T. LEWIS, CLERK-RECORDER
SONOMA COUNTY, CALIFORNIA

