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**WHEN RECORDED RETURN TO AND
RECORDING REQUESTED BY:**

✓ William D. Cutler
Attorney at Law
Fountaingrove Corporate Centre I
3510 Unocal Place, Suite 200
Santa Rosa, CA 95403

REQUESTED BY
William Cutler
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 NOV 10 AM 10:23

WERNER CHRISTEN
RECORDER

\$ 17.00 PAID RE DEPUTY

APN 1318-15-110-020

DECLARATION OF DEATH OF TRUSTEE
HULL FAMILY TRUST

CAROL A. HULL hereby declares:

I am over the age of eighteen (18) years.

FRED L. HULL and CAROL A. HULL executed a Declaration of Trust on November 5, 1989, and modifications of the Trust on November 9, 2000, and on February 21, 2002, of which they were Trustors and Trustees. Said trust is known as the HULL FAMILY TRUST.

FRED L. HULL, serving as Co-trustee, died on August 15, 2003. He is the same person as FRED L. HULL who is the decedent named in the certified copy of the Certificate of Death, which is attached hereto and incorporated herein by reference.

That Article Three, Section 1 of said trust provides that on the death of either Trustor, the Surviving Trustor shall act as Sole Trustee and carry out the terms and provisions of the trust. CAROL A. HULL, as the Surviving Trustor, does hereby accept the Sole Trusteeship of said trust, effective August 15, 2003.

Said Trust holds title to the real property improved with condominium located in the County of Douglas, commonly known as 191 Lake Shore Boulevard, Lot 20, Block Pinewild #1, South Lake Tahoe, Nevada, more particularly described as follows:

Unit 20, as shown on the official plat of "PINEWILD, A CONDOMINIUM," filed for record in the office of the County Recorder, Douglas County, Nevada, on June 26, 1973 as Document No. 67150.

A.P. No. 5-211-20

0596295

BK 1103PG03864

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was signed on October 20, 2003, at Santa Rosa, California.

Carol A. Hull

CAROL A. HULL
Trustee of the HULL FAMILY TRUST

STATE OF CALIFORNIA)
)
) : ss.
COUNTY OF Sonoma)

On October 20, 2003, before me, a Notary Public in and for the State of California, personally appeared CAROL A. HULL, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Kathleen K. Juarez

Notary Public



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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

CERTIFICATE OF DEATH

3-2003-49-002420

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 1/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) FREDERICK		2. MIDDLE LEROY		3. LAST (Family) HULL III	
AKA, ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 09/06/1930		5. AGE Yrs 72	
9. BIRTH STATE/FOREIGN COUNTRY CO		10. SOCIAL SECURITY NUMBER 5636		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) Married		7. DATE OF DEATH mm/dd/yyyy 08/15/2003		8. HOUR (24 Hours) 2320	
13. EDUCATION -- Highest Level/Degree (See worksheet on back) Bachelor's		14. 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	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED Real Estate & Investments & Apprais. Firm Owner		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Real Estate Investments & Appraising		19. YEARS IN OCCUPATION 12	
20. DECEDENT'S RESIDENCE (Street and number or location) 6514 Meadowgreen Place		21. CITY Santa Rosa		22. COUNTY/PROVINCE Sonoma	
23. ZIP CODE 95409		24. YEARS IN COUNTY 43		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP Carol Hull, wife		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 6514 Meadowgreen Place, Santa Rosa, CA 95409			
28. NAME OF SURVIVING SPOUSE -- FIRST Carol		29. MIDDLE Arlisle		30. LAST (Maiden Name) Kammeyer	
31. NAME OF FATHER -- FIRST Frederick		32. MIDDLE Leroy		33. LAST Hull II	
34. BIRTH STATE CO		35. NAME OF MOTHER -- FIRST Eva		36. MIDDLE -	
37. LAST (Maiden) Collins		38. BIRTH STATE CO			
39. DISPOSITION DATE mm/dd/yyyy 08/19/2003		40. PLACE OF FINAL DISPOSITION RES Carol Hull, 6514 Meadowgreen Place, Santa Rosa, CA 95409			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT Lafferty & Smith Colonial Chapel		45. LICENSE NUMBER FD 356		47. DATE mm/dd/yyyy 08/19/2003	
46. SIGNATURE OF LOCAL REGISTRAR MARY MADDUX-GONZALEZ, M.D.					
101. PLACE OF DEATH Kaiser Permanente Hospital		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DGA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, etc.		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY Sonoma		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 401 Bicentennial Way		106. CITY Santa Rosa	
107. CAUSE OF DEATH Enter the chain of events -- disease, injury, 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) Multi Organ Failure 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 Sepsis Rt. Hip Joint Infection, Idiopathic		Time Interval Between Onset and Death (A) 13 Days (B) 13 Days (C) 14 Days (D)		108. DEATH REPORTED TO CORONER? REFERAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 Degenerative Joint Disease					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) Rt. Hip Replacement 03/27/2001 Removal of Rt. Hip Prosthesis 08/05/2003					
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 --/--/2000 Decedent Last Seen Alive: (B) mm/dd/yyyy 08/15/2003		115. SIGNATURE AND TITLE OF CERTIFIER M. Ananias MD		116. LICENSE NUMBER 067788	
117. DATE mm/dd/yyyy 08/19/2003		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Martin Ananias, MD, 401 Bicentennial Way, Santa Rosa, CA 95403			
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. # 1872				CENSUS TRACT	

BK1103
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 5966295
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SONOMA

09/02/2003
DATE ISSUED

This is true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

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



000416485

Mary Maddux-Gonzalez
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA



STATE OF CALIFORNIA CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA SANTA ROSA, CALIFORNIA

AFFIDAVIT TO AMEND A RECORD

3-2003-49-002420

STATE FILE NUMBER

DEATHS AFTER 1-1994
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.
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PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) FREDERICK	2. MIDDLE LEROY	3. LAST (FAMILY) HULL III
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 08/15/2003	6. CITY OF OCCURRENCE Santa Rosa
	7. COUNTY OF OCCURRENCE Sonoma		8. FATHER'S NAME AS STATED ON ORIGINAL Frederick Leroy Hull II
	9. MOTHER'S NAME AS STATED ON ORIGINAL Eva - Collins		

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

2 of 2

10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR	
LIST ONE ITEM PER LINE	40.	RES Carol Hull 6514 Meadowgreen Place Santa Rosa, CA 95409	Robyn Enos RES 75-252 Nani Kailua #47 Kailua-Kona, Hawaii 96740
	41.	CR/RES	CR/TR/RES

REASON FOR CORRECTION	13. To Amend Record to Change Place of Disposition
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AFFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON 		15. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director		16. DATE SIGNED—MM/DD/CCYY 08/28/2003		
	17. AGE Adult		18. ADDRESS (STREET, CITY, STATE, ZIP) 4321 Sonoma Hwy, Santa Rosa, CA 95409				
	USE BLACK INK ONLY	19. SIGNATURE OF SECOND PERSON 		20. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director		21. DATE SIGNED—MM/DD/CCYY 08/28/2003	
		22. AGE Adult		22. ADDRESS (STREET, CITY, STATE, ZIP) 4321 Sonoma Hwy, Santa Rosa, CA 95409			
STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR MARY MADDUX-GONZALEZ, M.D. <i>M.M.</i>				25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY 09/02/2003		

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STATE OF CALIFORNIA } **09/02/2003**
COUNTY OF SONOMA } **DATE ISSUED**

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000416486
 LOCAL REGISTRAR
 SONOMA COUNTY, CALIFORNIA

Mary Maddux-Gonzalez
LOCAL REGISTRAR
SONOMA COUNTY, CALIFORNIA

B/L 1103 PG 3887
 0596295
 PG 3867

