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A.P.N. 1220-15-611-05⁰⁰⁵

RECORDING REQUESTED BY:

KRISTI L. PARKER

MAIL TAX STATEMENTS &
RECORDED DEED TO GRANTEE:

✓ KRISTI L. PARKER
6031 Dodd Street
Mira Loma, CA 91752

REQUESTED BY
DALE COULAM
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 NOV 12 PM 1:33

WERNER CHRISTEN
RECORDER

\$150⁰⁰ PAID [Signature] DEPUTY

AFFIDAVIT OF DEATH OF TRUSTEE

I, KRISTI L. PARKER, hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true. I am over the age of 18 years and competent to be a witness as to the matters hereinafter stated. I am the person designated as successor Trustee in The Sande Family Trust Agreement, wherein Wayne L. Sande and Loanne F. Sande were named as the initial Trustees. An Affidavit of Death of Co-Trustee to remove Loanne F. Sande as a Co-Trustee was previously recorded on December 24, 2002. I am the daughter of Wayne L. Sande who died September, 29, 2003.

By Grant, Bargain, Sale Deed recorded on July 16, 2002, as Document No. 0547180, said Trust holds title to a certain parcel of real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

Lot 31, as shown on the map of Gardnerville Ranchos Subdivision Unit No. 3, filed for record on June 1, 1965, in Book 1 of Maps, as Document No. 28310 and amended title sheet recorded June 4, 1965, in Book 1 of Maps, as Document No. 28378, Official Records of Douglas County, State of Nevada.

That WAYNE L. SANDE is the identical person as decedent WAYNE L. SANDE named in that certain Certificate of Death, a certified copy of which is attached hereto as Exhibit "A" and by this reference is incorporated herein.

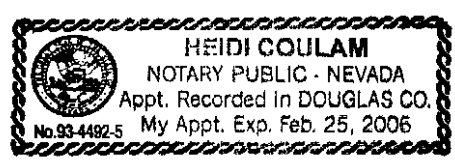
That as the named successor Trustee of The Sande Family Trust, I hereby accept the appointment as successor Trustee and I agree to assume and perform all of the fiduciary duties as successor Trustee under said Trust.

Dated this 22 day of October, 2003.

STATE OF NEVADA)
) : ss.
County of Carson)

Kristi L. Parker
KRISTI L. PARKER

This instrument was acknowledged before me on the 22nd day of October, 2003, by KRISTI L. PARKER.



Heidi Coulam
Notary Public

0596511

BK 1103PG04931

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

USE BLACK INK ONLY AND ENSURES, WHITEOUTS OR ALTERATIONS
 10-11 (REV 1/03)

3200333009363
 LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
		Wayne		LeRoy		Sande	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. SEX			
10/20/1931		71		M			
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
MN		-3422		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		Widowed	
13. EDUCATION — Highest Level/Degree (see worksheet on back)		14/15. WAS DECEDENT SPANISH-HISPANIC/LATINO? (If yes, see worksheet on back)		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)		7. DATE OF DEATH mm/dd/yyyy	
HS Graduate		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		White		09/29/2003	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail store, construction, employment agency, etc.)		19. YEARS IN OCCUPATION			
Fire Fighter		Fire Dept.		23			
20. DECEDENT'S RESIDENCE (Street and number or location)							
1569 Putter Lane							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
Gardnerville		Douglas		89410		12	
25. STATE/FOREIGN COUNTRY		25. STATE/FOREIGN COUNTRY					
Nevada		Nevada					
26. INFORMANT'S NAME, RELATIONSHIP				27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
Kristi Parker Daughter				6031 Dodd St., Mira Loma, CA 91752			
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE		30. LAST (Maiden Name)			
31. NAME OF FATHER — FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
Walter				Sande		MN	
35. NAME OF MOTHER — FIRST		36. MIDDLE		37. LAST (Maiden)		38. BIRTH STATE	
Blanche				Wells		MN	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION					
10/03/2003		Res: Wayne Sande, 1569 Putter Lane, Gardnerville, NV 91752					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER			
CR/TR/RES		Not Embalmed					
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
Crawford Mortuary		FD1228		Gary Feldman MD		10/01/2003	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
Glenhaven Conv. Hospital		<input type="checkbox"/> IP <input type="checkbox"/> EDOP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice		<input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY			
Riverside		10849 Arlington Ave.		Riverside			
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 identifying the etiology. DO NOT ABBREVIATE.		Time Interval Between Cause and Death:		108. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (A)		Cardiopulmonary Arrest		hrs		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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		Lung Cancer		MOS		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 checked="" 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.)						113A. IF FEMALE, PREGNANT IN LAST YEAR?	
No						<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.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
Decedent Attended Since Decedent Last Seen Alive		[Signature]		A418140		09/30/2003	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. INJURED AT WORK?					
09/18/2003 09/18/2003 Sampat Saste MD, 770 Magnolia Ave. Corona, CA 92879		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURY DATE mm/dd/yyyy		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. # 034927 CENSUS TRACT

STATE OF CALIFORNIA
 COUNTY OF RIVERSIDE

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.



Gary Feldman MD
 Gary Feldman M.D., Local Registrar
 RIVERSIDE COUNTY, CALIFORNIA



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 0596511
 BK 103 Pt 492

DATE ISSUED 10/07/2003

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

