

APN # 1318-23-411-019

Recording Requested by:

Name TSI TITLE & ESCROW INC.

Address BOX 7197

City/State/Zip STATELINE, NEVADA 89449

AFFIDAVIT - DEATH OF TRUSTEE
(Title of Document)

REQUESTED BY
TSI TITLE & ESCROW
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2003 DEC 23 AM 9:17

WEAVER CHRISTEN
RECORDER

\$16⁰⁰ PAID KY DEPUTY

(for Recorder's use only)

This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)

This cover page must be typed or printed.

0600390

BK1203PG10652

RECORDING REQUESTED BY:

Fidelity National Title Company

APN 1318-23-411-019

When Recorded Mail To:

Ms. Margaret Morgan
8182 Niessen Way
Fair Oaks, CA 95628

Escrow No. 61671-LMR

Title Order No. 03-50152 To

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada

A.P.N.: 1318-23-411-019

COUNTY OF Douglas

Margaret F. Morgan, being of legal age, and first duly sworn, deposes and says:

1. That Alice Ferges the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as the Trustee in that certain Declaration of Trust dated August 18, 2003 executed by Alice Ferges, as Trustor(s).

2. At the time of the demise of the Decedent, the Decedent was the record owner, as Trustee, of Real Property commonly known as 189 Pine Ridge Drive, Stateline, NV 89449, which property is described in the deed which was signed by Alice Ferges as Grantor(s) and recorded as Instrument No. 0594884 of Official Records on October 27, 2003. The property is situated in the County of Douglas, State of Nevada. The legal description of said property is as follows:

Lot 20, as shown on the map of PINE RIDGE SUBDIVISION filed in the Office of the County Recorder of Douglas, Nevada on August 8, 1956 as Document No. 11664

3. I, Margaret F. Morgan am the named Successor 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of the death of the Decedent mentioned in paragraph 1 above, and which is still in full force and effect and has not been revoked, amended or terminated, and I hereby consent to act as Successor Trustee.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 Nevada that the foregoing is true and correct.

Executed on 12-17-03 at Fair Oaks, California

Margaret F. Morgan
Margaret F. Morgan

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary in and for said State, this 17th day of DECEMBER, 2003 WITNESS my hand and official seal.

Signature K Mims



(SEAL)

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERNATIVES
10-1 (REV. 2/03)

3 2 0 0 3 0 9 0 0 0 7 2 4

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Alice		Marie		Ferges	
4A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs		6. SEX	
12/19/1926		78		F	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		3667		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		14.15. WAS DECEDENT SPANISH/SPANIC/LATINO? (If yes, see worksheet on back)		12. MARITAL STATUS (at Time of Death)	
Associate's		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Widowed	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		7. DATE OF DEATH mm/dd/yyyy	
Nurse		Care Giver		09/30/2003	
19. YEARS IN OCCUPATION		14. DECEDENT'S RACE - Up to 5 races may be listed (see worksheet on back)			
25		White			
20. DECEDENT'S RESIDENCE (Street and number or location)					
3854 Gold Ridge Trail					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
Pollock Pines		El Dorado		95726	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
1		CA			
26. INFORMANT'S NAME, RELATIONSHIP					
Darryl L. Ferges - Son					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
3854 Gold Ridge Trail Pollock Pines, CA 95726					
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
Jesse				Slater	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST			
PA		Marie			
36. BIRTH STATE		37. LAST (Maiden)			
UNK		UNK			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION			
10/02/2003		Res: Son Darryl Ferges 3854 Gold Ridge Trail Pollock Pines, CA 95726			
41. TYPE OF DISPOSITION(S)		43. SIGNATURE OF EMBALMER		42. LICENSE NUMBER	
CR/RES		Not Embalmed			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
Memory Chapel		FD 717		<i>Stephen G. Drogin</i>	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy			
10/01/2003 LG					
101. PLACE OF DEATH					
Residence					
102. COUNTY		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		104. CITY	
El Dorado		3854 Gold Ridge Trail		Pollock Pines	
107. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)				108. DEATH REPORTED TO CORONER?	
(A) Pancreatic Cancer				Months <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. BICOPSY PERFORMED?				110. AUTOPSY PERFORMED?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE?				112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				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 DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
(A) mm/dd/yyyy		(B) mm/dd/yyyy		G62641	
08/15/2003		09/02/2003		117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. LICENSE NUMBER			
Craig R. Thayer, MD		G62641			
3105 Cedar Ravine Placerville, CA 95667		117. DATE mm/dd/yyyy			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. MARRIAGE DATE mm/dd/yyyy	
122. HOURS (24 Hours)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
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. #	
				9815	
				CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

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

DATE ISSUED 10/02/2003

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



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Stephen G. Drogin
STEPHEN G. DROGIN, M.D.
COUNTY HEALTH OFFICER

