

OFFICIAL RECORD
Requested By:
FOSTER & WALSH LLP

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-1006 PG- 2442 RPTT: 0.00



Assessor's Parcel Number: 07-072-25
1318.23.210.067

Recording Requested By: Joan M. Walsh

Name: Joan M. Walsh
Foster Walsh

Address: 9201 Spectrum Center Blvd. #210

City/State/Zip San Diego, California 92123

Real Property Transfer Tax: \$ 0

Affidavit Death of Trustee

(Title of Document)

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 legibly hand printed.

RECORDING REQUESTED BY

Joan M. Walsh
Attorney at Law

WHEN RECORDED MAIL TO:

Joan M. Walsh, Esq.
FOSTER ♦ WALSH, LLP
9201 Spectrum Center Blvd., Suite 210
San Diego, California 92123

AFFIDAVIT - DEATH OF TRUSTEE

The undersigned, being of legal age, being first duly sworn, deposes and says:

1. **PETER E. VAN VECHTEN**, as settlor, has heretofore entered into a trust dated January 7, 1983, and as thereafter amended, pursuant to which was established the **PETER E. VAN VECHTEN AND RUTH A. VAN VECHTEN TRUST**, Declaration of Trust.
2. Pursuant to the terms of the trust, **PETER E. VAN VECHTEN** was named as one of the original trustees.
3. In accordance with the **PETER E. VAN VECHTEN AND RUTH A. VAN VECHTEN TRUST**, Declaration of Trust dated January 7, 1983, and as thereafter amended, **RUTH A. VAN VECHTEN** shall act as trustee of said trust on the death of **PETER E. VAN VECHTEN**.
4. **PETER E. VAN VECHTEN** died on December 17, 2001. Attached hereto as Exhibit "A" and incorporated herein by reference is a certified copy of his death certificate.
5. **PETER E. VAN VECHTEN**, mentioned in the death certificate attached hereto as Exhibit "A," is the same person as the trustee pursuant to the terms of the **PETER E. VAN VECHTEN AND RUTH A. VAN VECHTEN TRUST**, Declaration of Trust dated January 7, 1983, and as thereafter amended.
6. **RUTH A. VAN VECHTEN** is filing this affidavit with the Douglas County Recorder to establish her succession as trustee pursuant to the aforesaid trust, and to enable her to administer and distribute real estate pursuant to the terms of such trust.
7. The trust estate includes real property located in the County of Douglas, State of Nevada, and more fully described as: Lot 25, of Lake Village, Unit No. 2-A, in the County of Douglas, State of Nevada, as shown on the Official Map filed in the Office of the County Recorder on August 9, 1972, as File No. 61076or more commonly referred to as APN: 07-072-25
8. Titleholders of the foregoing real property until his death were **PETER E. VAN VECHTEN** and **RUTH A. VAN VECHTEN**, Trustees of the **PETER E. VAN VECHTEN AND RUTH A. VAN VECHTEN TRUST**, Declaration of Trus. dated January 7, 1983, and as thereafter amended. As a result of the death of **PETER E. VAN VECHTEN**, the successor titleholder is **RUTH A. VAN VECHTEN** as Trustee under the aforesaid trust.

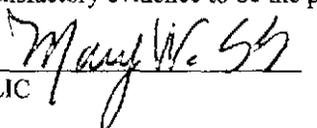
Dated : September 11, 2006

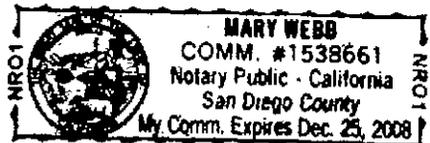

RUTH A. VAN VECHTEN, Trustee

STATE OF CALIFORNIA)
)ss.
COUNTY OF SAN DIEGO)

Subscribed and Sworn to (or affirmed) before me, on this 11 day of September, 2006 by **RUTH A. VAN VECHTEN**, personally known to me on the basis of satisfactory evidence to be the person who appeared before me.

NOTARY PUBLIC





STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 20037 019346

| | | | |
|---|--|--|--|
| STATE FILE NUMBER 1545 | | LOCAL REGISTRATION NUMBER 3 20037 019346 | |
| 1. NAME OF DECEDENT—FIRST (GIVEN) Peter | | 3. LAST FAMILY Van Vechten | |
| 2. MIDDLE Edwin | | 4. DATE OF BIRTH—M./N./D./C.C.Y.V. 02/09/1922 | |
| 5. AGE YRS. 79 | | 6. SEX M | |
| 7. DATE OF DEATH—M./N./D./C.C.Y.V. 12/17/2001 | | 8. HOUR 1448 | |
| 9. STATE OF BIRTH WI | | 10. SOCIAL SECURITY NO. 7179 | |
| 11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. | | 12. MARITAL STATUS married | |
| 13. EDUCATION—YEARS COMPLETED 14 | | 14. RACE White | |
| 15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 16. USUAL EMPLOYER self-employed | |
| 17. OCCUPATION Owner/Manager | | 18. YEARS IN OCCUPATION 50 | |
| 19. KIND OF BUSINESS Machine Shop | | | |
| 20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1301 Van Vechten Road | | | |
| 21. CITY El Cajon | | 22. COUNTY San Diego | |
| 23. ZIP CODE 92019 | | 24. TRS IN COUNTY 73 | |
| 25. STATE OR FOREIGN COUNTRY CA | | 26. NAME, RELATIONSHIP Ruth Van Vechten, Wife | |
| 27. MARITAL ADDRESS (STREET AND NUMBER OR RURAL ROUTE, BOX, CITY OR TOWNSHIP, STATE, ZIP) 1301 Van Vechten Road, El Cajon, CA 92019 | | 28. NAME OF SURVIVING SPOUSE—FIRST Ruth | |
| 29. MIDDLE Ann | | 30. LAST (MOTHER NAME) Unger | |
| 31. NAME OF FATHER—FIRST Jacob | | 32. MIDDLE James | |
| 33. LAST Van Vechten | | 34. BIRTH STATE unk. | |
| 35. NAME OF MOTHER—FIRST Edith | | 36. MIDDLE M. | |
| 37. LAST (MOTHER) Lowm | | 38. BIRTH STATE unk. | |
| 39. DATE M./N./D./C.C.Y.V. 12/19/2001 | | 40. PLACE OF FINAL DEPOSITION Mission San Luis Rey Cemetery 4050 Mission Ave. Oceanside, CA 92057 | |
| 41. TYPE OF DISPOSITION CR/BU | | 42. SIGNATURE OF REGISTRAR not embalmed | |
| 43. LICENSE NO. Balboa Cremation Services, FN1370 | | 44. SIGNATURE OF LOCAL REGISTRAR [Signature] | |
| 45. DATE M./N./D./C.C.Y.V. 12/19/2001 | | 46. LICENSE NO. 11219/2001 | |
| 101. PLACE OF DEATH Own Residence | | 102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> CONV. <input type="checkbox"/> PS <input type="checkbox"/> HOPE <input type="checkbox"/> CAPE <input type="checkbox"/> OTHER | |
| 103. COUNTY San Diego | | 104. CITY El Cajon | |
| 105. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1301 Van Vechten Road | | 106. CITY El Cajon | |
| 107. DEATH WAS CAUSED BY, ENTER ONLY ONE CAUSE FOR LINE FOR A, B, C, AND (E) (A) Prostate CA with Metastasis to Bone | | 108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 109. DUE TO (B) 7yrs. | | 110. IDENTIFIED PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 111. DUE TO (C) 7yrs. | | 112. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 113. DUE TO (D) 7yrs. | | 114. HAS IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 none | | | |
| 116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 115? IF YES, LIST TYPE OF OPERATION AND DATE no | | | |
| 117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED DECEDENT ATTENDED SINCE DECEASED LAST BEEN EXAM. 02/08/2001 11/30/2001 | | 118. SIGNATURE AND TITLE OF CERTIFIER [Signature] | |
| 119. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS, ZIP Michael Kosty MD 10661 N. Torrey Pines Rd.; La Jolla | | 120. LICENSE NO. 643511 | |
| 121. DATE M./N./D./C.C.Y.V. 12/18/2001 | | 122. PLACE OF INJURY CA 92037 | |
| 123. NATURE OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> DIED NOT BY DETERMINED | | 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | |
| 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) | | | |
| 126. SIGNATURE OF CORONER OR DEPUTY CORONER | | 127. DATE M./N./D./C.C.Y.V. | |
| 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER | | 129. FAX AUTH. #2121081 | |
| STATE REGISTRAR | | CENSUS TRACT | |

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C61

CAUSE OF DEATH

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

G. J. Smith

September 18, 2006

Gregory J. Smith
Assessor/Recorder/County Clerk

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

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