14

DOC # 0688252 11/09/2006 08:28 AM Deputy: GB OFFICIAL RECORD Requested By: DARLENE HOGUE

A.P.N.: 1022-14-001-007

R.P.T.T.:

When Recorded Mail To:

Allen M. Hogue 14682 Allen Street Westminster, CA 92683 Mail Tax Statements To: Allen M. Hogue 14682 Allen Street

Westminster, CA 92683

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 5 Fee: 18.00 BK-1106 PG-3057 RPTT: 0.00

I IRBAN BRIDE BURBI IRIGA IRIAR HARRI BUNA 1184 HERI

STATE OF CALIFORNIA } SS.

COUNTY OF ORANGE

AFFIDAVIT – DEATH OF TRUSTEE

ALLEN M. HOGUE, of legal age, being first duly sworn, deposes and says:

That RITA RAYNELLE HOGUE, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as RAYNELLE HOGUE, as one of the parties in that certain QUITCLAIM DEED dated November 5, 2002, executed by RAYNELLE HOGUE, a single woman to RAYNELLE HOGUE as Trustee of the JESSE AND RAYNELLE HOGUE REVOCABLE LIVING TRUST (created under Declaration of Trust dated February 27, 2001), recorded as Instrument No. 0560465, on December 12, 2002 in Book 1202, Page 05135 Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada:

Lot 13, Block A, as shown on the Map of Topaz Ranch Estates, Unit No. 4, filed in the office of the County Recorder of Douglas County, Nevada.

(Commonly known as 1405 Eagle Mountain Road, Wellington, Nevada 89444)

A.P.N.: 1022-14-001-007

DATE: November 4, 2006

ALLEN M. HØGUE

STATE OF CALIFORNIA

ŝss.

COUNTY OF ORANGE

Subscribed and sworn (or affirmed) before me on this 4th day of November, 2006 by ALLEN M. HOGUE, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Cynthia L. Machie, Notary Public



CERTIFICATE OF ACKNOWLEDGMENT

STATE OF CALIFORNIA	}	
	}:	SS
COUNTY OF ORANGE	}	

On November 4th, 2006 before me, Cynthia L. Mackie, a Notary Public, personally appeared ALLEN M. HOGUE, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to be the within instrument and acknowledged to me that he executed the same in his authorized, and that by his 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.

Cynthia K: Mocked Cynthia L. Mackie, Notary Public

CYNTHIA L. MACKIE Commission # 1549745 Notary Public - California **Orange County** My Comm. Expires Feb 4, 2009

PG- 3058

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

	STATE FILE NUMBE		USE REACH HIS CARY / NO EPI-SUPE	FORMA S, WHITEOUTS OR ALTERATIONS	~ <u>* </u>	LOCAL REGISTRATION NUMBER	\$:
ٻَبِ	1. NAME OF DECEDENT FIRST (Giv		VS) (RE	/ 1/04)	ST (Family)	LOCAL REGISTRATION NUMBER	
₹	RITA		RAYNELLE	*	HOGUE		\
LDA	AKA ALSO KNOWN AS Include full A	KA (FIRST, MIDDLE, LAST)	No contract	4. DATE OF BIRTH mm/dd/d	Morr	NOTE ONE YEAR IF UNDER	HINTES 6. SEX
N N	<u> </u>			09/23/1936			<i>P</i>
SE	9. BIRTH STATE/FOREIGN COUNTRY	·	PO TO EVER NO U.S. ARIMED F	UNK WIDOWE		13/2005	9. HOUR (24 Hours) 1130
2	TEXAS 13. EDUCATION — Highest LausifDegree 14 1999 Worksheel for Beckl	-3251 -		_ ,		listed (see worksheet on back)	
DEN	(see worksheel by back)	Tyeès Y %	. 100/1917	X No CAUCA			ve vo s
DEC	17. USUAL OCCUPATION Type of w	pik for most of (i.e. DO NOT USE FIETTR	ED 18. KIND OF BUS	NEAS OR INDUSTRY (6.9 , gro	THEORY	mployment agency etc.) 19	YEARS IN OCCUPATION
	HOMEMAKER	1 March 1 Marc	OWN	HOME	8 11.		30
	20 DECROENT'S RESIDENCE (Street a	and number or location)					7
E 20	1405 EAGLEMOUN		3. S. 3	<u> </u>	Tables and the		
	- A - A - A	22 COUNTY	J 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23 ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTR NEVADA	1 3 3
	WELLINGTON 28. P. FORMANT'S NAME, RELATIONS!		UGLAS	The state of the s		te number, city or town, state, ZIP	
MAN	ALLEN HOGUE, So	ON the control of the control	14	682 ALLEN ST	WESTMINIST	ER CA 92683	74
E A	28. NAME OF SURVIVING SPOUSE ~		MIDDLE	80. LAST (Max			7 2
ARE ION	<u> </u>		11.2		} <u></u>	<u> </u>	
MAT	31 NAME OF FATHER FIRST	. 32	MIDDLE	5 3 5 5	DEPOSITS		34. BIRTH STATE
	UNKNOWN 35. NAME OF MOTHER PIRST	50 value on 5 to 1985	UNKNOWN //	7 3 97. LAST (Mak	JNKNOWN		38. BIRTH STATE
SPO L	DORIS			1 1 2 3 3	ADKINSON		TEXAS
~ 26	39. DISPOSITION DATE mm/dis/ccyy	40. PLACE OF FINAL DISPOSITION		بر ندر ان مقع			7
ECTO STRAI	11/21/2005	RES ALLEN HO	GÚE 14682'ALL		INISTER CA 9		
田 製	41. TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMB		() / ()	49.14	ENSE NUMBER
SAL	CR/RES : 3		NOT EM	DALLINGU 46. BIGNATURFOR LOCALITY	SISTEASe	49.0/	TE mm/dd/ccyy
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	101. PLACE OF DEATH	160 C 180 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	62 00 00	102 IF HOSPITAL SPEC		R THAN HOSPITAL SPECIFY O	
P.E	RESIDENCE			3 لسنا لنجيا إ	P DOA Hospic	Nursing X	Decedent's Other
꽃림	104 COUNTY	. 15	DATION WHICHE FOUND (Street a)	founter or locations	A.	UPLAND	A. G. (
	107. CAUSE OF DEATH	Enter the chain of events — disease, as cardiac arrest, respilatory arrest, or		olly draused details. DO NOT enter	Terrainel events such	Targe Interval Between 108, DEAT	H REPORTED TO CONONER?
- 8c (4)	IMMEDIATE CAUSE (A)	es cardisc arrest, resplictory arrest, o	ventroutal Abrillation without showing	the wickey, DO NOT ASSREY	MYE	Onsei and Death	YES NO
and "	(Final disease) or contrition resulting	METASTATIC LIVE	R CANCER			MONTHS 05-	8179RS
,	in death) (8) Sequentially, fist	A STATE OF THE STA	27 1 3 4	7 Th. 1500	7	31'' (r—	OPSY PERFORMED?
Ē	conditions, if any.	PANCREATIC CANC	EK	<u> </u>	South of the		TOPSY PERFORMED?
FOE	UNDERLYING CAUSE (disease or						YES X NO
8	injury light (0)				, 	(CTT) 511. USE	D IN DETERMINING CAUSE?
CAU	Transition in double LAST						YES NO
0	112. OTHER SKINFFICANT CONDITION	IS CONTRIBUTING TO GEATH BUT NO	IT RESULTIVES IN THE UNDERLYIN	3 CAUSE GIVEN IN 107		No. of the second	\
V.	NONE 118 WAS OPERATION PERPORMED F	TOR ANY CONDITION INSTERN 697 OR	1127 61 Jees, Red base of opporation and	detect >		Type (FFEBRE	PREGNANT IN LAST YEAR?
2	76	PROCEDURE ON 03				YEs	X NO UNK
S S	114. I CERTIFY THAT TO THE BEST OF MY IN AT THE HOUS, DATE, AND PLACE STATED FE	KOWLEDGE DEATH OCCURRED 115. SIG	NATURE AND THE OF CENTIFIER	01 1.		116 LICENSE NUMBER 113	, DATE mm/dd/ocyy
CAT	Decedent Atlanded Since [Decedent Last Seen Aliva	1 Cres	ly l	~m2>	A42574 1	1/16/2005
FRIT	(A) min/ad/coyy (B)	No.	EXTENSION PHYSICIAN WAR	$\sum \sum \frac{1}{2} dx^2 = \sum \frac{3}{2} dx^2$	E DEBNADDING 1	D HDT AND CA	01796
-3	02/23/2005 11 315 CERTIFY THAT IN MY OPRIBON DRATH		NLEY I KIM M	120. INJUR	ED AT WORK?	RD UPLAND CA 121. INJURY DATE mit/08/09/	
7,996	MANNER OF DEATH Natural	manage of the same	Suicide Pending Investigation	Could not be distermined YES	NO OKK		
<u> </u>	123. PLACE OF INJURY (e.g., home, ba	nstruction site, wooded even, etc.)					74 75
SEOI		<u> </u>				,	
r's u	124. DESCRIBE HOW INJURY OCCUR!	AED (Evenus which resulted in Injury)	· *	l			
CORONER'S USE ON	125. LOCATION OF BUILDRY (Street and	number, or foreston, and city, and ZIPS	<u> </u>	-1 (12)	6 & 1 2 8		
Š	, a .v	Y . Y\$Y			è		0 A/ 6 A A A A A A A A A A A A A A A A A
Α.	129. SIGNATURE OF CORONER / DEP		127 DATE me	n/du/ccyy 125, TYPE NA	ME, TITLE OF CORONER / D	EPUTY CORONER	
	<u> </u>	10 3 4 5 10 5 10 5 10 5 10 5 10 5 10 5 10 5	Name Na	general services	30 / /	PAX AUTH. #	CRINSUS TRACT
REGIS			V € /		<i>0</i> 1 0	4247560	Census Inact
						·	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SAN BERNARDINO

ſ.s

DATE ISSUED

NOV 3 0 2003

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDING DEPARTMENT OF PUBLIC HEALTH.

ERIC FRYKMAN M.D.

ERIC FRYKMAN, M.D. COUNTY HEALTH OFFICER REGISTRAR OF VITAL STATISTIC 0 0 1 5 1 2 2 3 0



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



Declaration of Trust

Married with Children

We, _	Jesse L A Hoque		, the Husband,
and _	Raynelle Hogue		the Wife,
of	1405 Eagle Mountain Roa	d	
City of	Wellington	, County of	
Agreer	of <u>Nevada</u> e, hereby declare that we are Joint Tr nent as the trust estate, which is more and made a part hereof.	ustees of the property refer fully set forth in the "Schedu	in after as Grantors and/or Joint red to in this Declaration of Trust le of Trust Estate Assets" attached
1.	We hereby declare that we hold the all over our right, title and interest to	trust estate created by this Do the trust estate in for the t	Declaration of Trust agreement and use and benefit of:
	Jesse and Raynelle H	ogue REVOCABLE LI	VING TRUST.
2.	Upon the death of the above-mentio by this Declaration of Trust agreeme	ned beneficiary, all right, titl ent shall be held in trust for	e and interest to the estate created the use and benefit of:
	Allen M Hogue and Wil	liam A Hogue	
3.	Upon the death of <u>Jesse L</u>	A Hoque	, or
	upon the death of Raynelle if not survived by the spouse, the thereinafter provided, held or district descendants, per stirpes. The truste benefit of the beneficiary thereof during period the principal thereof shall be	Hogue trust property shall be equal buted to the Grantors' the se shall pay the income from ing the period that such share	n living lineal or legally adopted n any retained share to or for the e is retained, and at the end of such
4.	For the purpose of this trust agreem the last surviving spouse, unless there	nent, (Check one) 🔲 Husbar e is conclusive proof to the c	nd, [] Wife, shall be deemed to be contrary.
5.	The share for any living child of the the age of years. The shall be retained by the trustee until any event the trust shall terminate 20	are for any grandchild of the the grandchild reaches the a	Grantors at any time apportioned ge of years. But in
6.	Upon the death of any lineal descendance apportion and distribute the princip adopted descendants of that person, a descendants of the Grantors.	oal thereof per stirpes amon	ig the then living lineal or legally
7.	In the event that the income to be reconserved, and from other sources know to be insufficient for the support, m being supported by any such beneficiary's such amounts from the beneficiary's such purposes.	on to the trustees, shall be con aintenance and education of ary, the trustees shall pay to	nsidered at any time by the trustees f any beneficiary or of any person such beneficiary from time to time
8.	The Grantors reserve the right during amend, modify or revoke this Declara of any beneficiary and without giving signed and acknowledged by the Grantustee.	ition of Trust agreement in wi g notice to any beneficiary h	hole or in part, without the consent nereunder, by a writing or writings
[] INT	Page 1 of 2	Form 16

BK- 1106 0688252 Page: 4 Of 5 11/09/2006

Upon the death of both Co-Trustee, Allen M Hogue and William A Hogue shall serve as Successor Trustee. If the Successor Trustee is unable to serve as the trustee for any 9. shall serve as Contingent Successor Trustee. Any Successor Trustee shall have all of the powers and authorities granted to the Trustee or the surviving Trustee as set forth in the provisions of this Declaration of Trust. 10. The Trustee of this Declaration of Trust have all of the discretionary powers necessary and appropriate administer this Trust, including but not limited to, the power to sell, mortgage, encumber, pledge, hypothecate, lease, rent or improve, invest and reinvest the trust estate property when such action is deemed to be in the best interest and furtherance of the Trust purposes. (a) The Trustee may pay income or principal to the beneficiaries or for their benefit, and shall have no obligation to confirm the use of such payments for the use and welfare of any beneficiary. (b) Any person serving as Trustee hereunder shall serve without bond. 11. No interest of a Beneficiary of this Trust can be alienated. No Beneficiary can assign, pledge, encumber or otherwise transfer an interest in the Trust estate, nor shall such interest be garnished, attached, or levied upon or otherwise subjected to any proceedings whether at law or in equity. 12. Each Beneficiary hereunder shall be liable for his/her proportionate share of any estate tax that may be imposed by any state or federal entity upon the share of the Trust estate held for or distributed to a Beneficiary upon the death of the Grantors or the survivor of the Grantors. 13. This Declaration of Trust shall be administered and interpreted in accordance with the laws of the State of Nevada 14. We here declare that this Declaration of Trust fully and accurately set forth the manner in which our trust estate shall be held, managed, disposed by the Trustees. In Witness Whereof, We have hereunto set our hands this 2 7 day of gnature of Grantor/Trustee (Husband Grantor/Trustee Print or type name here Print or type name here STATE OF NEVANA COUNTY OF DOUALAS 18 2001 personally appeared before me, a Notary Public, in and for said County HORUE , and and Joint Trustees of the trust estate created by this Declaration of Trust agreement, came before me and acknowledged that it was their free act and deed to execute this agreement. WITNESS my hand and official seal (Notary Seal) MARY ANN WENNER



Page 2 of 2

Porm 16