

Recording Requested By  
of Nevada

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 5 Fee: 18.00  
BK-0707 PG- 2078 RPIT: 0.00

When Recorded Return to  
And Mail Tax Statements to:

✓ Jean L. Wilson  
14020 Center Avenue  
San Martin, CA 95046



Space Above This Line for  
Recorder's Use Only

A.P.N. 1220-01-002-048 & 1420-28-211-07

File No.: ()

**Affidavit - Death of Trustee**

State of Nevada )  
)ss.  
County of Douglas )

**Jean L. Wilson** ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

1. **Charles L. Wilson** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **April 5, 2007** at **San Martin** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **November 10, 2000** executed by **Charles L. Wilson and Jean L. Wilson** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Grant, Bargain and Sale Deed** dated **April 19, 2006 and June 21, 2005** which was recorded as Instrument No. **0673233 and 0648979** in Book , Page , of Official Records of **Douglas** County, Nevada as legally described as follows:

**Legal Description attached hereto as Exhibit "A" and "B" and incorporated herein by this reference**

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated: July 9, 2007

**DECLARANT:**

Jean L. Wilson, trustee  
Jean L. Wilson, Trustee

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this 9th day of July, 2009 by Jean L. Wilson, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature Carrie Lindquist

My Commission Expires: 10/24/09

Notary Name: Carrie Lindquist  
Notary Registration Number: \_\_\_\_\_

Notary Phone: \_\_\_\_\_  
County of Principal Place of Business \_\_\_\_\_

*This area for official notarial seal*  
CARRIE LINDQUIST  
Notary Public - State of Nevada  
Appointment Recorded in Carson City  
No: 05-97818-3 - Expires June 24, 2009

EXHIBIT "A"

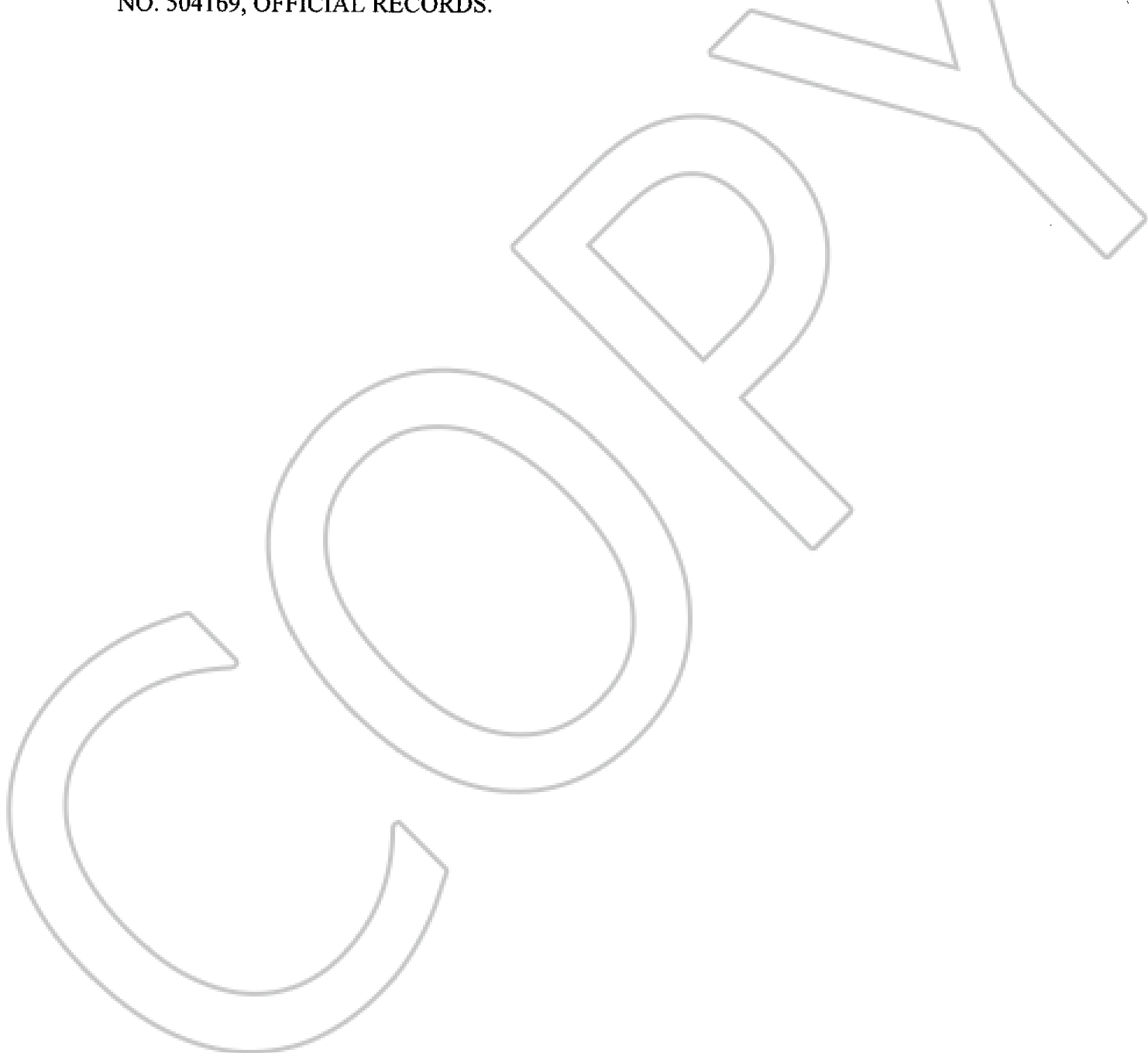
LOT 20 IN BLOCK C AS SET FORTH ON THE FINAL MAP #PD01-19 FOR STERLING RANCH ESTATES, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, SEPTEMBER 17, 2002, BOOK 902, PAGE 5372 AS DOCUMENT NO. 552347 AND AMENDED BY CERTIFICATE OF AMENDMENT RECORDED MARCH 26, 2003 IN BOOK 303, PAGE 12541 AS DOCUMENT NO. 571358 OF OFFICIAL RECORDS.

COPY



EXHIBIT "B"

LOT 31 OF BLOCK B AS SAID LOT AND BLOCK ARE SET FORTH ON THE FINAL MAP #PD99-02-04 FOR SARATOGA SPRINGS ESTATES UNIT 4, A PLANNED UNIT DEVELOPMENT, RECORDED MAY 19, 2000 IN BOOK 0500 OF OFFICIAL RECORDS, PAGE 4445, DOUGLAS COUNTY, NEVADA AS DOCUMENT NO. 492337, AND AMENDED BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 30, 2000, IN BOOK 1100, PAGE 6042, AS DOCUMENT NO. 504169, OFFICIAL RECORDS.



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

PUBLIC HEALTH DEPARTMENT

VITAL RECORDS AND REGISTRATION

645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

3200743002752

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
CHARLES		WILSON	
2. MIDDLE		4. DATE OF BIRTH (month/day/yr)	
LATHAN		03/09/1933	
5. AGE Yrs		6. SEX	
74		M	
9. BIRTH STATE/FOREIGN COUNTRY		12. MARITAL STATUS (at Time of Death)	
MS		MARRIED	
10. SOCIAL SECURITY NUMBER		7. DATE OF DEATH (month/day/yr)	
[REDACTED]		04/05/2007	
11. EVER IN U.S. ARMED FORCES?		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		WHITE	
13. EDUCATION - Highest Level (Degrees) (see worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
SOME COLLEGE		PROJECT MANAGER	
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ELECTRONICS	
20. DECEDENT'S RESIDENCE (Street and number or location)		19. YEARS IN OCCUPATION	
14020 CENTER AVE.		33	
21. CITY		23. ZIP CODE	
SAN MARTIN		95046	
22. COUNTY/PROVINCE		24. YEARS IN COUNTY	
SANTA CLARA		52	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME RELATIONSHIP	
CA		SUE ANN WILSON, DAUGHTER	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST	
6579 NORTH RIDGE DR., SAN JOSE, CA 95120		JEANNE	
29. MIDDLE		30. LAST ( Maiden Name)	
LORRAINE		HOUSE	
31. NAME OF FATHER - FIRST		33. LAST	
TROY		WILSON	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST	
MS		FLOY	
36. BIRTH STATE		37. LAST ( Maiden)	
MS		COLE	
39. DISPOSITION DATE (month/day/yr)		40. PLACE OF FINAL DISPOSITION	
04/11/2007		LOS GATOS MEMORIAL PARK 2255 LOS GATOS-ALMADEN RD., SAN JOSE, CA 95124	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
BU		MICHELLE RUPE	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
EMB8782		D-F CHAPEL OF THE HILLS	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD 940		MARTIN D. FENSTERSHEIB, MD	
47. DATE (month/day/yr)		101. PLACE OF DEATH	
04/10/2007		GOOD SAMARITAN HOSPITAL	
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, ETC. <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		<input type="checkbox"/> Nursing Home, ETC. <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
SANTA CLARA		2425 SAMARITAN DR.	
106. CITY		107. CAUSE OF DEATH	
SAN JOSE		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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		113. WAS OPERATION PERFORMED FOR ANY CONDITION III ITEM 107 OR 112? If yes, list type of operation and date.	
SEPSIS, SHOCK LIVER, CHRONIC CHOLECYSTITIS		LAPAROSCOPIC CHOLECYSTECTOMY 03/26/2007	
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	
(A) (month/day/yr) (B) (month/day/yr) (C) (month/day/yr)		CARL ANDREW BERTELSEN M.D.	
03/23/2007 04/05/2007		2450 SAMARITAN DRIVE, SAN JOSE, CA 95124	
116. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		117. LICENSE NUMBER	
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		G44277	
118. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		119. DATE (month/day/yr)	
120. INJURY DATE (month/day/yr)		04/09/2007	
121. HOUR (24 Hours)		122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
123. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
[Signature]		[Signature]	

STATE REGISTRAR A B C D E FAX AUTH. # CENSUS TRACT

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED APR 11 2007 \*H02116023\*

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

Martin D. Fenstersheib MD  
MARTIN D. FENSTERSHEIB  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BK- 0707  
PG- 2082  
0704655 Page: 5 of 5 07/09/2007

