

Recording requested by  
and mail to:  
JIMMY N. YEE  
✓ 1462 38th Street  
Sacramento, CA 95816

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 4 Fee: 17.00  
BK-0308 PG-1353 RPTT: 0.00

APN: 1220-04-110-002



AFFIDAVIT OF DEATH OF TRUSTEES  
AND DEATH OF SETTLORS

STATE OF CALIFORNIA )  
COUNTY OF SACRAMENTO ) ss

The undersigned, **Wallace Kwan, Jr. and Jean P. Yee**, being of legal age, being duly sworn, depose and say:

1. We confirm the existence of the **Wallace N. Kwan and Edna Y. Kwan Family Trust**, under the Declaration of Trust dated November 13, 1989.

2. That **Wallace N. Kwan and Edna Y. Kwan**, the decedent mentioned in the attached certified copies of Certificate of Death, respectively, are the same persons as **Wallace N. Kwan and Edna Y. Kwan**, the settlors who executed said Trust Declaration of Trust, and who also were the Trustees of said Trust.

3. At the time of the demise of the decedents, the decedents were the record owners, as Trustees, of the real property described in a deed which was signed by **Wallace Kwan and Edna Y. Kwan**, as Grantors, which was signed on November 13, 1989, and recorded as No. 214626, in Book 1189, Page 1696, in the office of the County Recorder of Douglas County, State of Nevada, legally described as:

Lot Number Two (2), Block A, in Glock-Lampe Sub-division to the Town of Gardenville, County of Douglas, State of Nevada.

TOGETHER with all tenements, hereditments and appurtenants, including easements and water rights, if any, thereto belonging or appertaining, and any reversion, remainders, rents issues or profits thereof. APN: 25-341-02

4. We, **Wallace Kwan, Jr. and Jean P. Yee**, are the Successor Trustees of the above referenced Trust, which was in effect at the time of the death of the decedents mentioned in paragraph 1 above, and which was not revoked, and we hereby consent to act as such Trustees.

5. All Federal and State Estate Taxes due as the result of the death of the decedent mentioned in paragraph 1 above have been provided for.

We declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on this 19 day of February, 2007, at Sacramento, CA.

*Wallace Kwan Jr.*  
Wallace Kwan, Jr.

*Jean P. Yee*  
Jean P. Yee

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SUBSCRIBED AND SWORN TO (or affirmed) before me on this 19 day of February,  
2007, personally known to me or proved to me on the basis of satisfactory evidence to be the  
persons who appeared before me.

Dated: 2/19/07

Jimmy N. Yee  
JIMMY N. YEE, Notary Public



# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER				
1. Wallace N. KWAN		2 June 5, 1995		3. Carson City					
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient (Specify)					
3b. Carson City		3c. Carson Tahoe Hospital		3e. Emer. Rm. Male					
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS. * DAYS	UNDER 1 DAY HOURS * MINS.	DATE OF BIRTH (Mo., Day, Yr.)		
5. Chinese		6.		7a. 87	7b.	7c.	8. Jan. 15, 1908		
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
9a. China		9b. U.S.A.		10. 12		11. Married		12. Edna Yim	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY					
13. [REDACTED]-6067		14a. Owner-Operator		14b. Restaurant					
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)			
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1396 Meadow Ln.		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last							
16. Con Sae Wong		17. Con Chan Shee							
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
18a. Edna Kwan		18b. 1396 Meadow Lane, Gardnerville, Nevada 89410							
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State					
19a. Burial		19b. Garden Cemetery		19c. Gardnerville, Nevada					
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY					
20a. [Signature]		20b. 44		20c. Walton's Chapel of the Valley 1281 N. Roop St., Carson City, Nevada, 89706					
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.							
(Signature and Title)		(Signature and Title)							
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
21b.		21c.		22b. 6/6/95		22c. 0536			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)					
21d.		22d. ON 6/5/95		22e. AT 0536					
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER							
23a. Eric Cantlin, Coroner, 901 E. Musser St., Carson City, Nevada		23b. CO-6							
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE					
24a. [Signature]		24b. June 6, 1995		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death							
PART I (a) Consistent with ruptured Abdominal Aortic Aneurysm		Interval between onset and death							
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death							
(b) Prostate Cancer		Interval between onset and death							
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death							
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)					
PART II		26. No		27. Yes					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
28a.		28b.		28c.		M 28d.			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	
28e.		28f.		28g.					

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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BK- 0308  
PG- 1355

No. 78073

This is to certify that the above is a true and correct copy of the certificate on file in this office.  
Issued: **JUN 08 1995**  
By: *Sybil Sylvia*  
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**SACRAMENTO COUNTY**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CERTIFICATE OF DEATH**

3200634009991

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (NO ERASURES, WHITEDOUTS OR ALTERATIONS VS.1 (REV. 1/04))		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) <b>EDNA</b>		2. MIDDLE <b>Y.</b>		3. LAST (Family) <b>KWAN</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>11/11/1914</b>		5. AGE Yrs. <b>92</b>		6. SEX <b>F</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CHINA</b>		10. SOCIAL SECURITY NUMBER <b>6053</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) <b>WIDOWED</b>		7. DATE OF DEATH mm/dd/yyyy <b>12/19/2006</b>		8. HOUR (24 Hours) <b>1204</b>	
13. EDUCATION — Highest Level/Degree (See worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <b>CHINESE</b>	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>		19. YEARS IN OCCUPATION <b>70</b>	
20. DECEDENT'S RESIDENCE (Street and number or location) <b>966 43RD AVENUE</b>					
21. CITY <b>SACRAMENTO</b>		22. COUNTY/PROVINCE <b>SACRAMENTO</b>		23. ZIP CODE <b>95831</b>	
24. YEARS IN COUNTY <b>11</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>WALLACE KWAN JR., SON</b>			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>35 SIX RIVERS CIRCLE, SACRAMENTO, CA 95831</b>		
28. NAME OF SURVIVING SPOUSE — FIRST <b>EARL</b>		29. MIDDLE <b>YIM</b>		30. LAST (Maiden Name) <b>SHEE</b>	
31. NAME OF FATHER — FIRST <b>CHANG</b>		32. MIDDLE <b>CHANG</b>		33. LAST <b>CHINA</b>	
34. BIRTH STATE <b>CHINA</b>		35. NAME OF MOTHER — FIRST <b>CHANG</b>		36. MIDDLE <b>CHANG</b>	
37. LAST (Maiden) <b>CHINA</b>		38. BIRTH STATE <b>CHINA</b>		39. DISPOSITION DATE mm/dd/yyyy <b>12/27/2006</b>	
40. PLACE OF FINAL DISPOSITION <b>GARDEN CEMETERY, CEMETERY ROAD, GARDNERVILLE, NV 89410</b>		41. TYPE OF DISPOSITION(S) <b>TR/BU</b>		42. SIGNATURE OF EMBALMER <b>ROBERT SHARER</b>	
43. LICENSE NUMBER <b>EMB5807</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>WALTON'S COLONIAL MORTUARY</b>		45. LICENSE NUMBER <b>FD 707</b>	
46. SIGNATURE OF LOCAL REGISTRAR <b>GLENNAH I TROCHET, MD</b>		47. DATE mm/dd/yyyy <b>12/22/2006</b>		101. PLACE OF DEATH <b>SUTTER GENERAL HOSPITAL</b>	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DON <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY <b>SACRAMENTO</b>	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>2801 L STREET</b>		106. CITY <b>SACRAMENTO</b>		107. CAUSE OF DEATH 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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) CEREBRAL VASCULAR ACCIDENT</b>	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. TIME INTERVAL BETWEEN Cause and Death <b>24 HRS</b>		110. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		113. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>CONGESTIVE HEART FAILURE</b>		115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date.) <b>NO</b>		116. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy <b>02/-/1995 12/19/2006</b>		118. SIGNATURE AND TITLE OF CERTIFIER <b>STANLEY HONG CHEW M.D.</b>		119. LICENSE NUMBER <b>G34581</b>	
120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>STANLEY HONG CHEW M.D. 5025 J ST #309, SACRAMENTO, CA 95819</b>		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. INJURY DATE mm/dd/yyyy	
123. 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		124. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
126. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		127. SIGNATURE OF CORONER / DEPUTY CORONER		128. DATE mm/dd/yyyy	
129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			

**CERTIFIED COPY OF VITAL RECORDS**

STATE REGISTERED STATE OF CALIFORNIA COUNTY OF SACRAMENTO SS 012006000389966 FAX AUTH. # CENSUS TRACT

\*000849791\*

*Glennah I Trochet M.D.*  
LOCAL REGISTRAR

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **January 4, 2007**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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