



RECORDING REQUESTED BY
United General Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Kay Louise Bowers
1150 Park Glen Court
Milpitas, CA 95035

Space Above This Line for
Recorder's Use Only

A.P.N. 1318-23-510-014

File No.: 345316 (mg)

Affidavit - Death of Trustee

State of Nevada)
)ss.
County of Douglas)

Kay Louise Bowers ("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. **Wallace Reed Bowers** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **06/20/2006** at **Milpitas, CA** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **02/12/2006** executed by **Wallace Reed Bowers and Kay Louise Bowers** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Quitclaim Deed** dated **02/21/2006** which was recorded as Instrument No. **0669712** in Book **N/A**, Page **N/A**, of Official Records of **Douglas** County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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: April 18, 2008

DECLARANT:

Kay Louise Bowers
Kay Louise Bowers

State of CALIFORNIA)
County of SANTA CLARA)^{SS}

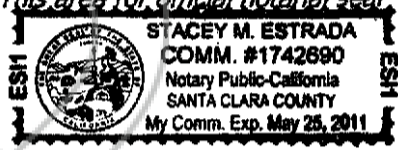
SUBSCRIBED AND SWORN TO (or affirmed) before me Stacey M Estrada, a Notary Public in and for said County Santa Clara and State CALIFORNIA, this 21 day of APRIL, 2008 by Kay Louise Bowers, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature [Signature]

My Commission Expires: 5/25/11

This area for official notarial seal



Notary Name: Stacey M Estrada Notary Phone: 408-476-2076
Notary Registration Number: 1742690 County of Principal Place of Business SANTA CLARA

Real property in the City of Stateline, County of Douglas, State of Nevada, described as follows:

Lot 4, in Block B, of Terrace View Heights Subdivision, as shown on the map thereof filed in the Office of the County Recorder of Douglas County, Nevada, on August 10, 1964, as Document No. 25806.

APN: 1318-23-510-014

COPY



BK-408
PG-5976

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

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Wallace		3. LAST (Family) Bowers	
2. MIDDLE Reed		4. DATE OF BIRTH mm/dd/yyyy 01/11/1932	
5. AKA: ALSO KNOWN AS - include (if AKA) FIRST, MIDDLE, LAST		6. AGE Yrs. 74	
7. BIRTH STATE/FOREIGN COUNTRY SC		8. SEX M	
9. SOCIAL SECURITY NUMBER ██████████7806		10. MARITAL STATUS (at Time of Death) Married	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. DATE OF DEATH mm/dd/yyyy 06/20/2006	
13. EDUCATION - Highest Level (see instructions on back) Some college		14. HOURS (24 Hour) 1001	
15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see Vocabular on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see Vocabular on back) White	
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.)	
Reliability Engineer		Air Force	
19. YEARS IN OCCUPATION 22			
20. DECEDENT'S RESIDENCE (Street and number or location) 1150 Park Glen Court			
21. CITY Milpitas		22. COUNTY/PROVINCE Santa Clara	
23. ZIP CODE 95035		24. YEARS IN COUNTY 33	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP Kay Bowers, wife		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1150 Park Glen Ct., Milpitas, CA. 95035	
28. NAME OF SURVIVING SPOUSE - FIRST Kay		29. MIDDLE Louise	
30. LAST Thompson		31. LAST (Maiden Name) Bowers	
32. BIRTH STATE SC			
33. NAME OF FATHER - FIRST Amos		34. MIDDLE Roddey	
35. LAST Roddey		36. BIRTH STATE SC	
37. NAME OF MOTHER - FIRST Estelle		38. MIDDLE Roddey	
39. LAST Roddey		40. BIRTH STATE SC	
41. DEPOSITION DATE mm/dd/yyyy 06/30/2006			
42. PLACE OF FINAL DISPOSITION Golden Gate National Cemetery, 1300 Sneath Lane, San Bruno, CA. 94065			
43. TYPE OF DISPOSITION CR/BU		44. SIGNATURE OF EMBALMER Not embalmed	
45. LICENSE NUMBER FD 1741		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D. Fenstersheib</i>	
47. DATE mm/dd/yyyy 06/28/2006			
48. NAME OF FUNERAL ESTABLISHMENT Bay Area Cremation & Funeral			
49. PLACE OF DEATH VA Health Care System			
50. CITY Santa Clara		51. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 3801 Miranda Ave	
52. CITY Palo Alto			
53. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT write in health terms such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the etiology. DO NOT ABBREVIATE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Pancreatitis		54. THE PERSON REPORTED TO CORNER (Date and Date) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST Adult Respiratory Distress Syndrome		56. DAYS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. Multi System Organ Failure		58. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
59. Emphysema		59. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
60. YEARS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		61. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
62. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 49 None			
63. WAS OPERATION PERFORMED FOR ANY CONDITION INTERNET 107 OR 102. (If yes, list type of operation and date.) No			
64. 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: 06/17/2006 06/20/2006			
65. SIGNATURE AND TITLE OF CERTIFIER <i>Ganesh</i>		66. LICENSE NUMBER A63143	
67. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Ganesh Krishna M.D., 3801 Miranda Ave Palo Alto, CA 94304		68. DATE mm/dd/yyyy 06/28/2006	
69. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
70. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		71. INJURED AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
72. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
73. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
74. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
75. SIGNATURE OF CORONER / DEPUTY CORONER		76. DATE mm/dd/yyyy	
77. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH.# 20940	
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

SS DATE ISSUED

By **JUL 07 2006**



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

