



Assessor's Parcel #~~07-162-35-7~~
1318-23-410-003
Recording requested by and
when recorded mail to:

Sondra D. Paschal
Successor Trustee
MARGARET E. WRIGHT REVOCABLE
TRUST OF 1997
3945 Kings Way
Sacramento, CA 95821

AFFIDAVIT RE DEATH OF TRUSTEE OF THE
MARGARET E. WRIGHT REVOCABLE TRUST OF 1997

STATE OF CALIFORNIA)
) SS.
COUNTY OF SACRAMENTO)

SONDRA DARLENE PASCHAL, being first duly sworn, deposes and says:

That MARGARET E. WRIGHT executed a Declaration of Trust on April 30, 1997, of which she was the settlor and initial trustee. Said trust is known as the "MARGARET E. WRIGHT REVOCABLE TRUST OF 1997" dated April 30, 1997.

That by Grant Deed dated April 30, 1997, and recorded July 2, 1997, in Book 0797, at Page 0440, Document No. 0416428, records of Douglas County, Nevada, MARGARET E. WRIGHT, a single woman, transferred all of her interest in certain real property to Margaret E. Wright, Trustee of the MARGARET E. WRIGHT REVOCABLE TRUST OF 1997 DATED THE 30TH DAY OF APRIL, 1997.

That said trust provides that if MARGARET E. WRIGHT should die, resign, become incompetent, or cease to act as trustee for any other reason, then SONDR A DARLENE PASCHAL shall act as trustee.


That MARGARET E. WRIGHT died on August 21, 2008. Said trustee is the same person as "MARGARET E. WRIGHT," who is the decedent named in the certified copy of the "Certificate of Death" of Margaret E. Wright, which is attached hereto and incorporated herein by reference.

That SONDR A DARLENE PASCHAL does hereby accept the successor trusteeship of said trust effective August 21, 2008.

That said successor trustee of the trust holds title to that certain real property located in the County of Douglas, State of Nevada, described as follows:

LOT 60, AS SHOWN ON THE MAP OF PONDEROSA PARK SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 25, 1970, AS DOCUMENT NO. 47249.

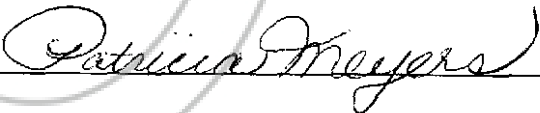
DATED: January 26, 2009


SONDR A DARLENE PASCHAL
Successor Trustee of the
MARGARET E. WRIGHT REVOCABLE TRUST OF 1997

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 26th day of January, 2009, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Seal

Signature 

MAIL TAX STATEMENTS TO:
Sondra Darlene Paschal, Successor Trustee
Margaret E. Wright Revocable Trust of 1997
3945 Kings Way
Sacramento, CA 95821

COPY

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3200834006637

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS SS 118REV 1/04		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) MARGARET		2. MIDDLE E.		3. LAST (Family) WRIGHT	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 10/24/1922		5. AGE Yrs 85	
6. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER ■■■■■2209		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) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 08/21/2008		8. HOUR (24 Hours) 0615	
13. EDUCATION — Highest Level/Degree (See worksheet on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED LOAN OFFICER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) BANKING		19. YEARS IN OCCUPATION 34	
20. DECEDENT'S RESIDENCE (Street and number or location) 1510 LINDA VISTA LANE					
21. CITY SACRAMENTO		22. COUNTY/PROVINCE SACRAMENTO		23. ZIP CODE 95822	
24. YEARS IN COUNTY 85		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP SONDRA PASCHAL, STEPDAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 3945 KINGS WAY, SACRAMENTO, CA 95821		
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE		30. LAST (Maiden Name)	
31. NAME OF FATHER — FIRST HERMAN		32. MIDDLE LILIE		33. LAST HOLBROOK	
34. BIRTH STATE NEBRASKA		35. NAME OF MOTHER — FIRST EMILY		36. MIDDLE ALOYSIUS	
37. LAST (Maiden) HARDY		38. BIRTH STATE IDAHO			
39. DISPOSITION DATE mm/dd/yyyy 08/30/2008		40. PLACE OF FINAL DISPOSITION EAST LAWN MEMORIAL PARK 4300 FOLSOM BLVD., SACRAMENTO, CA			
41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER ROBERT SIMPSON		43. LICENSE NUMBER EMB8884	
44. NAME OF FUNERAL ESTABLISHMENT W F GORMLEY SONS		45. LICENSE NUMBER FD134		46. SIGNATURE OF LOCAL REGISTRAR GLENNAH I TROCHET, MD	
47. DATE mm/dd/yyyy 08/27/2008					
101. PLACE OF DEATH RESIDENCE, OWN		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/CP <input type="checkbox"/> ODA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1510 LINDA VISTA LANE		106. CITY SACRAMENTO	
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. IMMEDIATE CAUSE (A) RESPIRATORY FAILURE Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) LUNG CANCER (C) (D)		108. DEATH REPORTED TO CORONER? (A) DAYS 08-04499 (B) MONTHS (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		109. BIOPSY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
110. AUTOPSY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? (A) YES <input type="checkbox"/> NO <input type="checkbox"/>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ATRIAL FIBRILLATION	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. 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 (A) mm/dd/yyyy 07/02/2003 Decedent Last Seen Alive (B) mm/dd/yyyy 07/23/2008		115. SIGNATURE AND TITLE OF CERTIFIER ANDREW JUNGWON TAK M.D.		116. LICENSE NUMBER G78315	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREW JUNGWON TAK M.D. 500 UNIVERSITY AVE SUITE 270, SACRAMENTO, CA 95825		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANDREW JUNGWON TAK M.D. 500 UNIVERSITY AVE SUITE 270, SACRAMENTO, CA 95825		119. DATE mm/dd/yyyy 08/21/2008	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 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		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

BK- 0309
PG- 1626
0739204 Page: 4 of 4 03/09/2009

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

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SACRAMENTO } SS

000997583

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.
August 28, 2008

Glenah I Trochet M.D.
LOCAL REGISTRAR

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

PHNCO (Rev) 11/06