

16  
APN: 1318-26-511-005

DOC # 0750988  
09/21/2009 02:42 PM Deputy: GB

OFFICIAL RECORD

Requested By:

WILLIAM H SOSKIN

RECORDING REQUESTED BY

William H. Soskin  
Attorney at Law

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0909 PG- 4220 RPTT: 0.00

AND WHEN RECORDED, MAIL TO:

Law Offices of William H. Soskin  
2100 Garden Road, Suite F  
Monterey, California 93940



**AFFIDAVIT OF SOLE TRUSTEE**

STATE OF CALIFORNIA, County of Monterey:

VIRGINIA A. COULTER, of legal age, being first duly sworn, says:

On December 18, 1986, NATHAN T. COULTER, also known as NATHAN THOMAS COULTER, and VIRGINIA A. COULTER, also known as VIRGINIA ANNE COULTER, as Trustors, by a Declaration of Trust created THE COULTER FAMILY TRUST, referred to herein as the "TRUST";

On December 18, 1986, the Trustors executed a Grant Deed recorded on February 4, 1987 as Instrument Number 14946 in Book 287, Page 294, in the Official Records in the office of the Douglas County Recorder, State of Nevada, conveying to Nathan T. Coulter and Virginia A. Coulter, as Co-Trustees of THE COULTER FAMILY TRUST U/A dated December 18, 1986, all of their interest in the real property more particularly described as follows:

Lot 5, Block G, as shown on the map of FIRST ADDITION TO KINGSBURY MEADOWS SUBDIVISION, file in the office of the County Recorder on July 17, 1957.

APN: 1318-26-511-005 (previously known as APN 7-221-05)

On October 3, 2008, NATHAN T. COULTER, a Co-Trustee of the TRUST, the same person as the decedent mentioned in the attached certified copy of Certificate of Death, died;

The TRUST provides that VIRGINIA A. COULTER thereupon became the sole Trustee of the TRUST, and having accepted the office of Sole Trustee, is now qualified and acting as sole Trustee of the TRUST.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 8/17/09

Virginia A. Coulter  
VIRGINIA A. COULTER

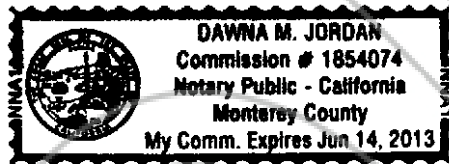
MAIL TAX STATEMENTS TO: Virginia Coulter, Trustee  
54 San Benancio Road  
Salinas, CA 93908

STATE OF CALIFORNIA )  
 ) ss.  
COUNTY OF MONTEREY )

Subscribed and sworn to (or affirmed) before me this 17<sup>th</sup> day of August, 2009, by **VIRGINIA A. COULTER**, who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

  
Notary Public

[SEAL]



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

**COUNTY OF MONTEREY**  
**Salinas, California**

CERTIFIED COPY OF VITAL RECORDS

**CERTIFICATE OF DEATH**

3200827001660

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS) VS-10 (REV. 12/97)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given) <b>NATHAN</b>		2 MIDDLE <b>THOMAS</b>		3 LAST (Family) <b>COULTER</b>	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH (mm/dd/yyyy) <b>05/30/1926</b>	5 AGE Yrs <b>82</b>	6 SEX <b>M</b>	
9 BIRTH STATE/FORIGN COUNTRY <b>CA</b>	10 SOCIAL SECURITY NUMBER <b>4414</b>	11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12 MARITAL STATUS (at Time of Death) <b>MARRIED</b>	7 DATE OF DEATH (mm/dd/yyyy) <b>10/03/2008</b>	8 HOUR (24 Hours) <b>0102</b>
13 EDUCATION - (Highest Level/Degree) <b>HS GRADUATE</b>	14 WAS DECEDENT HISPANIC/LATINO/ASPIAN? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	18 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>			
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>WELDER</b>		18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, employment agency, etc.) <b>GAS AND ELECTRIC</b>		19 YEARS IN OCCUPATION <b>38</b>	
20 DECEDENT'S RESIDENCE (Street and number or location) <b>54 SAN BENANCIO ROAD</b>					
21 CITY <b>SALINAS</b>		22 COUNTY/PROVINCE <b>MONTEREY</b>		23 ZIP CODE <b>93908</b>	24 YEARS IN COUNTY <b>68</b>
25 STATE/FORIGN COUNTRY <b>CA</b>					
26 INFORMANT'S NAME RELATIONSHIP <b>VIRGINIA A COULTER, WIFE</b>			27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>54 SAN BENANCIO ROAD, SALINAS, CA 93908</b>		
28 NAME OF SURVIVING SPOUSE - FIRST <b>VIRGINIA</b>		29 MIDDLE <b>ANNE</b>		30 LAST ( Maiden Name) <b>SCHADECK</b>	
31 NAME OF FATHER - FIRST <b>FRED</b>		32 MIDDLE <b>S</b>		33 LAST <b>COULTER</b>	
34 BIRTH STATE <b>TX</b>		35 NAME OF MOTHER - FIRST <b>RUBY</b>		36 MIDDLE <b>GRACE</b>	
37 LAST ( Maiden) <b>ADAMS</b>		38 BIRTH STATE <b>OK</b>			
39 DISPOSITION DATE (mm/dd/yyyy) <b>10/10/2008</b>		40 PLACE OF FINAL DISPOSITION <b>GARDEN OF MEMORIES CEMETERY 850 ABBOTT STREET, SALINAS, CA 93901</b>			
41 TYPE OF DISPOSITION(S) <b>BU</b>		42 SIGNATURE OF EMBALMER <b>ROBERT STRUVE</b>		43 LICENSE NUMBER <b>EMB7774</b>	
44 NAME OF FUNERAL ESTABLISHMENT <b>STRUVE LAPORTE FUNERAL HOME</b>		45 LICENSE NUMBER <b>FD322</b>	46 SIGNATURE OF LOCAL REGISTRAR <b>HUGH STALLWORTH, MD, MPH</b>		47 DATE (mm/dd/yyyy) <b>10/06/2008</b>
101 PLACE OF DEATH <b>SALINAS VALLEY-MEMORIAL HEALTHCARE SYSTEM</b>		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input checked="" type="checkbox"/> ERWOP <input type="checkbox"/> DCA		103 IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104 COUNTY <b>MONTEREY</b>		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>460 EAST ROMIE LANE</b>		106 CITY <b>SALINAS</b>	
107 CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) CARDIAC ARREST</b>		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>(B) ARTERIOSCLEROTIC HEART DISEASE</b>		108 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 109 DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		111 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes list type of operation and date.) <b>NO</b>		114 IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
115 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 Laid Out Since <b>08/31/1970</b> <b>09/24/2008</b>		116 SIGNATURE AND TITLE OF CERTIFIER <b>JOSEPH P GARVIN M D</b>		117 LICENSE NUMBER <b>C27402</b>	
118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP CODE <b>JOSEPH P GARVIN M D 236 SAN JOSE STREET, SALINAS, CA 93901</b>		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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
120 INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121 INJURY DATE (mm/dd/yyyy)		122 HOUR (24 Hours)	
123 PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)					
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	
STATE REGISTRAR		A B C D E		FAX AUTH #	
				CENSUS TRACT	

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MONTEREY CO. DEPT. OF HEALTH  
STATE OF CALIFORNIA  
COUNTY OF MONTEREY  
DATE ISSUED **OCT 07 2008**  
By **Joseph P Garvin MD** Local Registrar  
This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Monterey County Vital Records  
This copy is not valid unless prepared on engraved border displaying seal and signature of Local Registrar.