

110  
**WHEN RECORDED RETURN TO AND  
RECORDING REQUESTED BY:**

DOC # 0755499  
12/14/2009 03:17 PM Deputy: SD

**OFFICIAL RECORD**  
Requested By:  
WILLIAM D. CUTLER

William D. Cutler  
Attorney at Law  
✓ 3510 Unocal Place, Suite 200  
Santa Rosa, CA 95403

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-1209 PG- 3230 RPTT: 0.00



APN - 1318.15.110.020

**DECLARATION OF DEATH OF TRUSTEE**

*HULL FAMILY TRUST  
HULL SURVIVOR'S TRUST*

ROBYN LEIGH ENOS hereby declares:

I am over the age of eighteen (18) years.

FRED L. HULL and CAROL A. HULL executed a Declaration of Trust on November 5, 1989, and modifications of the Trust on November 9, 2000, and on February 21, 2002, of which they were Trustors and Trustees. Said trust is known as the HULL FAMILY TRUST.

After the death of FRED L. HULL on August 15, 2003, separate trusts known as the HULL SURVIVOR'S TRUST and the HULL BYPASS TRUST were created, of which CAROL A. HULL became Successor Trustee. The HULL SURVIVOR'S TRUST was amended on December 20, 2004.

CAROL A. HULL, serving as Trustee of the HULL SURVIVOR'S TRUST, died on November 10, 2009. She is the same person as CAROL ARISLE HULL who is the decedent named in the certified copy of the Certificate of Death, which is attached hereto and incorporated herein by reference.

Article Three, Section 2 of said trust provides that on the death of CAROL A. HULL, ROBYN LEIGH ENOS shall act as Successor Trustee and carry out the terms and provisions of the trust. ROBYN LEIGH ENOS does hereby accept the Trusteeship of said trust, effective November 10, 2009.

Said trust holds title to an undivided one-half interest in the real property improved with condominium located in the County of Douglas, commonly known as 191 Lake Shore Boulevard, Lot 20, Block Pinewild #1, South Lake Tahoe, Nevada which property was acquired by Grant Deed recorded on July 22, 2004, as Document 0619430. Said property is more particularly described as follows:

Unit 20, as shown on the official plat of "PINEWILD, A CONDOMINIUM," filed for record in the office of the County Recorder, Douglas County, Nevada, on June 26, 1973 as Document No. 67150.

APN: 1318-15-110-020

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was signed on November 30, 2009, at Santa Rosa, California.

*Robyn Leigh Enos*

ROBYN LEIGH ENOS  
Trustee of the HULL SURVIVOR'S TRUST

STATE OF CALIFORNIA )  
: ss.  
COUNTY OF SONOMA )

On November 30, 2009, before me, Ginger Orosco, Notary Public, personally appeared ROBYN LEIGH ENOS, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature *Ginger Orosco* (Seal)



**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SONOMA**  
SANTA ROSA, CALIFORNIA

**CERTIFICATE OF DEATH**

3200949003173

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) <b>CAROL</b>		2. MIDDLE <b>ARISLE</b>	
3. LAST (Family) <b>HULL</b>		4. DATE OF BIRTH mm/dd/yyyy <b>03/09/1932</b>	
AKA. ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. <b>77</b>	
6. SEX <b>F</b>		7. DATE OF DEATH mm/dd/yyyy <b>11/10/2009</b>	
8. BIRTH STATE/FOREIGN COUNTRY <b>KS</b>		9. HOUR (24 Hours) <b>2350</b>	
10. SOCIAL SECURITY NUMBER <b>2548</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>		13. EDUCATION -- Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>	
14/15. WAS DECEDENT HISPANIC/LATINO/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>CAUCASIAN</b>	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED <b>MIDDLE AND HIGH SCHOOL TEACHER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>SECONDARY EDUCATION</b>	
19. YEARS IN OCCUPATION <b>8</b>		20. DECEDENT'S RESIDENCE (Street and number or location) <b>5555 MONTGOMERY DRIVE</b>	
21. CITY <b>SANTA ROSA</b>		22. COUNTY/PROVINCE <b>SONOMA</b>	
23. ZIP CODE <b>95409</b>		24. YEARS IN COUNTY <b>50</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>ROBYN ENOS, DAUGHTER</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>75-252 NANI KAILUA #47, KAILUA, KONA, HI 96740</b>		28. NAME OF SURVIVING SPOUSE -- FIRST <b>-</b>	
29. MIDDLE <b>-</b>		30. LAST (Maiden Name) <b>-</b>	
31. NAME OF FATHER -- FIRST <b>HERBERT</b>		32. MIDDLE <b>LEE</b>	
33. LAST <b>KAMMEYER</b>		34. BIRTH STATE <b>KS</b>	
35. NAME OF MOTHER -- FIRST <b>ERMA</b>		36. MIDDLE <b>-</b>	
37. LAST (Maiden) <b>BURTON</b>		38. BIRTH STATE <b>IN</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>11/16/2009</b>		40. PLACE OF FINAL DISPOSITION <b>RES LYNDA WEST 19 REDDING PLACE, OAKLAND, CA 94619</b>	
41. TYPE OF DISPOSITION(S) <b>CR/RES/TR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>DANIELS CHAPEL OF THE ROSES</b>	
45. LICENSE NUMBER <b>FD209</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>MARY MADDEX-GONZALEZ, M.D.</b>	
47. DATE mm/dd/yyyy <b>11/16/2009</b>		101. PLACE OF DEATH <b>SPRING LAKE VILLAGE</b>	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> H <input type="checkbox"/> ENOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> H <input type="checkbox"/> ENOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>SONOMA</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>5555 MONTGOMERY DR</b>	
106. CITY <b>SANTA ROSA</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>SPONTANEOUS INTRACEREBRAL HEMORRHAGE</b>	
108. TIME INTERVAL BETWEEN DEATH AND DEATH REPORTED TO CORONER <b>2 DAYS</b>		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>		115. 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 mm/dd/yyyy <b>11/10/2009</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>THOMAS WOODS CRANE M.D.</b>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>THOMAS WOODS CRANE M.D. 3554 ROUND BARN BLVD, SANTA ROSA, CA 95403</b>		117. LICENSE NUMBER <b>G48875</b>	
118. DATE mm/dd/yyyy <b>11/10/2009</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"/> Nature <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. 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		129. STATE REGISTRAR	
A		B	
C		D	
E		F	
FAX AUTH. #		CENSUS TRACT	

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**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA }  
COUNTY OF SONOMA }

11/17/2009  
DATE ISSUED



\* 000615768 \*

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Statistics office, Sonoma County Department of Health Services.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.  
(Rev. 4/09) A11N

*Mary Maddex-Gonzalez*  
LOCAL REGISTRAR  
SONOMA COUNTY, CALIFORNIA

