



APN# 1420-28-210-026

Recording Requested by:
Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 100
City/State/Zip: Minden, NV 89423
Order Number: 143-2416365

Affidavit Death of Trustee (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

440.320
(State specific law)

R Thompson
Signature Title

R. Thompson
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



RECORDING REQUESTED BY
First American Title Insurance
Company of Nevada

**AND WHEN RECORDED
RETURN TO AND MAIL TAX
STATEMENTS TO:**
Richard J. Rose
1230 Ruess Road
Ripon, Ca 95366

Space Above This Line for
Recorder's Use Only

A.P.N. 1420-28-210-026

File No.: 143-2416365 (Rt)

Affidavit - Death of Trustee

State of *California*)
)ss.
County of *Stanislaus*)

Richard J. Rose ("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. **Melvin A. Rose** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **October 9, 2011** at **Modesto, California** (city and state of death).
2. Decedent is the same person named as the trustee named in that certain Declaration of Trust dated **February 14, 2007** executed by **Melvin A. Rose** as trustor(s) (the "Trust").
3. Decedent as a trustee is the same person who was named as a grantee in that certain **Deed** dated **February 14, 2007** which was recorded as Instrument No. **0696789** in Book **0307**, Page **3099**, 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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:

DECLARANT:

Richard J. Rose
Richard J. Rose, Successor Trustee

State of *California*)
)SS
County of *San Joaquin*)

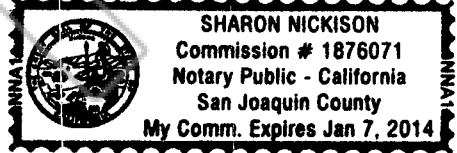
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County of *San Joaquin* and State of *California*, this *14th* day of *December*, 2011 by *Richard J. Rose*, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal.

Signature *Sharon Nickison*

My Commission Expires: *Jan. 7, 2014*

This area for official notarial seal



Notary Name: *Sharon Nickison* Notary Phone: *209-599-5005*
Notary Registration Number: *1876071* County of Principal Place of Business: *San Joaquin*

CERTIFICATION OF VITAL RECORD

**HEALTH SERVICES AGENCY
STANISLAUS COUNTY
PUBLIC HEALTH DIVISION**



BK 1211
PG-6948

795190 Page: 4 of 5 12/30/2011

3052011183593

CERTIFICATE OF DEATH

3201150003118

STATE FILE NUMBER 3052011183593		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/05)		LOCAL REGISTRATION NUMBER 3201150003118	
1. NAME OF DECEDENT - FIRST (Given) MELVIN		2. MIDDLE ANTHONY		3. LAST (Family) ROSE	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 11/28/1934		5. AGE Yrs. / Mths. / Ds. 76	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 9974		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Type (see worksheet on back) SOME COLLEGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS (as of Time of Death) WIDOWED	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED TECHNICIAN		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ELECTRONICS		7. DATE OF DEATH mm/dd/yyyy 10/09/2011	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1272 SANTA FE CT		21. CITY MINDEN		22. COUNTY/PROVINCE DOUGLAS	
23. ZIP CODE 89423		24. YEARS IN COUNTY 16		25. STATE/FOREIGN COUNTRY NV	
26. INFORMANT'S NAME, RELATIONSHIP RICHARD ROSE, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1230 RUESS RD, RIFON, CA 95366			
28. NAME OF SURVIVING SPOUSE/SPOP - FIRST AUGUSTA		29. MIDDLE		30. LAST (BIRTH NAME) UNKNOWN	
31. NAME OF FATHER/PARENT - FIRST ANTHONY		32. MIDDLE		33. LAST ROSE	
35. NAME OF MOTHER/PARENT - FIRST AUGUSTA		36. MIDDLE		37. LAST (BIRTH NAME) UNKNOWN	
38. DISPOSITION DATE mm/dd/yyyy 10/15/2011		40. PLACE OF FINAL DISPOSITION LONE MOUNTAIN CEMETERY-CARSON		43. LICENSE NUMBER: EMB8803	
41. TYPE OF DISPOSITION TR/BU		42. SIGNATURE OF EMBALMER ANTHONY CALDERON		47. DATE mm/dd/yyyy 10/13/2011	
44. NAME OF FUNERAL ESTABLISHMENT LAKEWOOD FUNERAL HOME		45. LICENSE NUMBER FD1392		46. SIGNATURE OF LOCAL REGISTRAR JOHN WALKER, MD	
101. PLACE OF DEATH GARDEN CITY HEALTHCARE CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1310 WEST GRANGER		106. CITY MODESTO	
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 ventilator withdrawal without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE: (A) FAILURE TO THRIVE 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) CHRONIC KIDNEY DISEASE (C) T-CELL LYMPHOMA		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		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: 09/16/2011 Decedent Last Seen Alive: 10/05/2011		115. SIGNATURE AND TITLE OF CERTIFIER MIGUEL A. HERNANDEZ M.D.	
116. 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		117. LICENSE NUMBER A67811		118. DATE mm/dd/yyyy 10/12/2011	
119. TYPE ATENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MIGUEL A. HERNANDEZ M.D. 1448 FLORIDA AVE. MODESTO, CA 95350		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		130. FAX AUTH.#	
131. CENSUS TRACT		132. STATE REGISTRAR		133. CENSUS TRACT	

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

John Walker
JOHN WALKER, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED:

10/26/2011



000549362

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





EXHIBIT "A"

The land referred to in this Commitment is situated in the County of Douglas, State of Nevada and is described as follows:

LOT 32, OF SARATOGA SPRINGS ESTATES, UNIT #2, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON MAY 23, 1994, IN BOOK 594, PAGE 3894, AS DOCUMENT #338088 AND AMENDED BY DOCUMENT RECORDED JULY 8, 1994, IN BOOK 794, PAGE 1165, AS DOCUMENT #341498, OFFICIAL RECORDS.

