

18-
[APN; 1219-09-001-009 -
Minden House]
Recording Requested By and
When Recorded, Return to:

✓
Donald F. Leach, Esq.
LEACH & WALKER, PC
24591 Silver Cloud Court, Suite 250
Monterey, CA 93940

DOC # 0795883
01/17/2012 11:01 AM Deputy: PK
OFFICIAL RECORD
Requested By:
LEACH & WALKER

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 5 Fee: 18.00
BK-0112 PG- 2648 RPTT: 0.00



AFFIDAVIT—DEATH OF CO-TRUSTEES

STATE OF CALIFORNIA

COUNTY OF MONTE REY

BRANDON F. KETT, JENNAN KETT FUENTES, MELANIE KETT WIRTANEN, and SHEPARD L. KETT, of legal age, being first duly sworn, depose and say:

That STEWART B. KETT and ALICE MARTINELLI KETT, the decedents mentioned in the attached certified copies of Certificate of Death, are the same persons as STEWART B. KETT and ALICE MARTINELLI KETT named the parties in that certain Grant, Bargain, Sale Deed, to STEWART B. KETT and ALICE M. KETT, Trustees of the KETT RANCH TRUST dated **December 23, 1986**, recorded as Instrument No. 165697, at Book 1187, Page 459, on November 4, 1987, of Official Records of Douglas County, Nevada, covering the following described real property situated in the County of Douglas, State of Nevada:

A parcel of land situate in the Northeast ¼ of the Northeast ¼ of Section 9, Township 12 North, Range 19 East, M.D.B. & M., more particularly described as follows:

All of Parcel 2, as shown on that certain Parcel Map recorded May 25, 1977, in Book 577 of Official Records at Page 1321, Douglas County, Nevada, as Document No. 09475.

Together with those non-exclusive easements for roadway purposes and rights of way for ingress and egress as described in Document recorded May 10, 1977, in Book 577 of Official Records at Page 550, Douglas County, Nevada, as Document No. 09097.

APN: 1219-09-001-009

Together with all and singular the tenements, heraditaments and appurtenances Thereunto belonging on or anywise appertaining, and any reversions, remainders, Rents, leases and profits thereof.

We hereby declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, except as to those matters which are therein stated upon information and belief, and as to those matters, we believe them to be true.

Note: This Affidavit-Death of Trustee is being recorded to vest title to the above-referenced real property in the Successor Co-Trustees, BRANDON F. KETT, JENNAN KETT FUENTES, MELANIE KETT WIRTANEN, and SHEPARD L. KETT.

Dated: JUNE 5, 2009

[Signature]
BRANDON F. KETT,
Successor Co-Trustee

[Signature]
JENNAN KETT FUENTES,
Successor Co-Trustee

[Signature]
MELANIE KETT WIRTANEN,
Successor Co-Trustee

[Signature]
SHEPARD L. KETT,
Successor Co-Trustee

Mail Tax Statements to: same as in current records

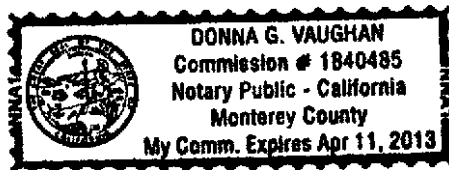
STATE OF CALIFORNIA

ss.
COUNTY OF MONTEREY

On JANUARY 11, 2009, before me, DONNA G. VAUGHAN, a Notary Public, personally appeared SHEPARD L. KETT, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same in his authorized capacity and that by his signature on the instrument, the person executed the same. Witness my hand and official seal.

I CERTIFY under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: [Signature]
Notary Public, State of California



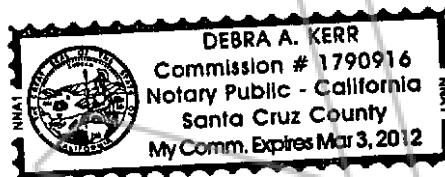
STATE OF CALIFORNIA

ss.
COUNTY OF SANTA CRUZ

On DEC 20, 2009, before me, Debra A. Kerr, a Notary Public, personally appeared BRANDON F. KETT, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same in his authorized capacity and that by his signature on the instrument, the person executed the same. Witness my hand and official seal.

I CERTIFY under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature Debra A. Kerr
Notary Public, State of California

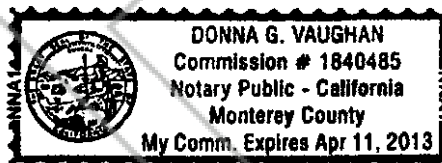


STATE OF CALIFORNIA
ss.
COUNTY OF MONTEREY

On JUNE 15, 2009, before me, DONNA G. VAUGHAN, a Notary Public, personally appeared MELANIE KETT WIRTANEN, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same in her authorized capacity and that by her signature on the instrument, the person executed the same. Witness my hand and official seal.

I CERTIFY under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: Donna G. Vaughan
Notary Public, State of California

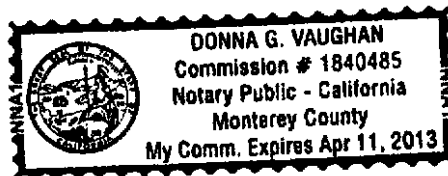


STATE OF CALIFORNIA
ss.
COUNTY OF MONTEREY

On JUNE 5, 2009, before me, DONNA G. VAUGHAN, a Notary Public, personally appeared JENNAN KETT FUENTES, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same in her authorized capacity and that by her signature on the instrument, the person executed the same. Witness my hand and official seal.

I CERTIFY under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: Donna G. Vaughan
Notary Public, State of California



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

SANTA BARBARA, CALIFORNIA

0795883 Page: 4 Of 5 01/17/2012 BK- 0112 PG- 2651

CERTIFICATE OF DEATH

3-90-42-000226

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (Given)		2A. DATE OF DEATH—MO. DAY, YR., HR., MIN.	
STEWART		END January 27, 1990 1104 M	
4 RACE		6. DATE OF BIRTH—MO. DAY, YR.	
White		June 22, 1926	
8. STATE OF BIRTH		7. AGE IN YEARS	
CA		63	
9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER	
USA		Laurance Kett	
10B. FULL NAME OF MOTHER		11A. FULL MAIDEN NAME OF MOTHER	
Jane Barrell		Jane Barrell	
11B. STATE OF BIRTH		11C. MARRIAGE	
IL		Married	
12. MILITARY SERVICE		13. SOCIAL SECURITY NO.	
1944 to 1945 NONE		3511	
14. USUAL OCCUPATION		15. NAME OF SURVIVING SPOUSE (If wife, enter maiden name)	
Developer		Alice Martinelli	
16A. USUAL PLACE OF BUSINESS OR INDUSTRY		16B. USUAL EMPLOYER	
Real Estate		Self	
16C. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED	
25		16	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY	
110 Carlton Road		Watsonville	
18C. ZIP CODE		18D. COUNTY	
95076		Santa Cruz	
19A. PLACE OF DEATH		19B. NUMBER OF YEARS IN THIS COUNTY	
Fnd. Pacific Ocean		25	
19C. STATE OF FOREIGN COUNTRY		19D. STATE OF BIRTH	
CA		CA	
19E. CITY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT	
Santa Barbara		Alice M. Kett (wife)	
19F. STREET ADDRESS—STREET AND NUMBER OF LOCATION		19G. CITY	
—14 Miles So. of Santa Rosa Isl.		Santa Barbara	
19H. CITY		21. WAS DEATH REPORTED TO CORONER?	
Santa Barbara		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21. DEATH WAS CAUSED BY—ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		22. WAS BODY PERFORMED?	
Sole Water Drowning		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23. DUE TO (A)		23A. WAS AUTOPSY PERFORMED?	
mins.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23. DUE TO (B)		23B. WAS IT USED IN DETERMINING CAUSE OF DEATH?	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23. DUE TO (C)		23C. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23?	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		24. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23?	
		IF YES, LIST TYPE OF OPERATION AND DATE.	
25. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		26. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	
27A. DECEDENT ATTENDED SINCE DECEDENT LAST SEEN ALIVE		27B. PHYSICIAN'S LICENSE NUMBER	
MONTH, DAY, YEAR		27C. DATE SIGNED	
MONTH, DAY, YEAR			
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27F. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	
		27G. DATE SIGNED	
		DEC 1-30-90	
28. MANNER OF DEATH—only by actual accident, UNFOR. FORCE, pending verdict or call to be determined		29. PLACE OF INJURY	
Accident		Pacific Ocean	
30A. PLACE OF INJURY		30B. INJURY AT WORK	
Pacific Ocean		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
30C. DATE OF INJURY		30D. HOUR OF INJURY	
1-26-90		1850	
30E. SIGNATURE OF DECEASED		30F. DATE OF DEATH	
		Feb. 1 1990	
30G. SIGNATURE OF LOCAL REGISTRAR		30H. LICENSE NUMBER	
not embalmed		none	
30I. SIGNATURE OF LOCAL REGISTRAR		30J. REGISTRATION DATE	
Mehli's Colonial Chapel		F323	
30K. LICENSE NO.		30L. SIGNATURE OF LOCAL REGISTRAR	
F323		not embalmed	
30M. SIGNATURE OF LOCAL REGISTRAR		30N. REGISTRATION DATE	
JAN 31 1990			
30O. REGISTRATION DATE		30P. CENSUS TRACT	
JAN 31 1990			

VS-11 (REV. 3-89)

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

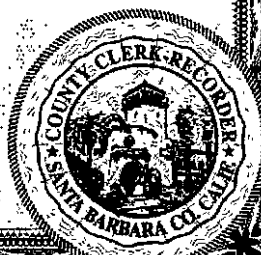
DEC 19 2011 *000175616*

DATE ISSUED

Joseph E. Holland
COUNTY CLERK, RECORDER and ASSESSOR
SANTA BARBARA, CALIFORNIA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SANTA BARBARA COUNTY CLERK, RECORDER and ASSESSOR.

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk, Recorder and Assessor.



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CRUZ
SANTA CRUZ, CALIFORNIA

CERTIFICATE OF DEATH

3-2007-44-00820

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
ALICE		KETT	
2. MIDDLE		MARTINELLI	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH		5. AGE Yrs	
03/09/1926		81	
6. BIRTH STATE/FOREIGN COUNTRY		7. DATE OF DEATH	
CA		07/14/2007	
8. HOUR (24 Hour)		9. SEX	
1308		F	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
0559		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. MARRIAGE STATUS/PROF (at time of death)		13. DECEASED'S RACE - Up to 3 races may be listed (see instructions on back)	
Widowed		Caucasian	
14. EDUCATION - Highest Level/Degree (see worksheet on back)		15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)	
Bachelor's		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
Homemaker		Own home	
18. YEARS IN OCCUPATION		19. YEARS IN OCCUPATION	
58		58	
20. DECEDENT'S RESIDENCE (Street and number, or location)			
1395 Strawberry Hill Road			
21. CITY		22. COUNTY/PROVINCE	
Watsonville		Santa Cruz	
23. ZIP CODE		24. YEARS IN COUNTY	
95076		60	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		Brandon Kett - son	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
39 Cutter Drive, Watsonville, CA 95076			
28. NAME OF SURVIVING SPOUSE/SPO - FIRST		29. MIDDLE	
-		-	
30. LAST (BIRTH NAME)		31. NAME OF FATHER/PARENT - FIRST	
-		Stephen	
32. MIDDLE		33. LAST	
-		Martinelli	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST	
CA		Hazel	
36. MIDDLE		37. LAST (BIRTH NAME)	
-		Cockroff	
38. BIRTH STATE		39. DISPOSITION DATE	
CA		07/20/2007	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
Pajaro Valley Memorial Park, Watsonville, CA		CR/BU	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
not embalmed		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
Mehl's Colonial Chapel		FD323	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE	
[Signature]		07/16/2007	
101. PLACE OF DEATH (residence)		102. IF HOSPITAL, SPECIFY ONE	
Santa Cruz		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
Santa Cruz		1395 Strawberry Hill Road	
106. CITY		107. CAUSE OF DEATH	
Watsonville		Breast cancer	
108. DEATH REPORTED TO CORONER?		109. SHOUPY PERFORMED?	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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			
None			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
Yes, mastectomy ---/---/1999			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since: _____ Decedent Last Seen Alive: _____		[Signature] MD	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
J. Talisman Pomeroy, 3035 Main St. Soquel, CA 95073		G41434	
118. INJURED AT WORK?		119. DATE	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		07/16/2007	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE	
-		-	
122. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)		123. HOUR (24 Hour)	
-		-	
124. LOCATION OF INJURY (Street and number, or location, and city, and state)		125. SIGNATURE OF CORONER / DEPUTY CORONER	
-		[Signature]	
126. DATE		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
07/14/2007		-	
STATE REGISTRAR		FAX AUTH #	
A B C D E		000920	
CENSUS TRACT		-	

BK- 0112
PG- 2652
01/17/2012
0795883 Page: 5 Of 5



000251919 CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CRUZ

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SANTA CRUZ COUNTY RECORDER.
DATE ISSUED: SEP 14 2007
This copy not valid unless prepared on engraved border displaying date, seal and signature of Recorder.

Gary E. Hazelton
GARY E. HAZELTON
COUNTY RECORDER

