

OFFICIAL RECORD

Requested By:
NEIL W. WILEY

RECORDING REQUESTED BY

Neil W. Wiley, Attorney at Law

WHEN RECORDED MAIL TO

Neil W. Wiley, Esq.
McNeil, Silveira, Rice & Wiley
55 Professional Center Parkway, Suite A
San Rafael, California 94903

MAIL TAX STATEMENTS TO

Hugh N. Wiley, Gilbert D. Wiley and Thomas E.
Long, Co-trustees
Hugh and Virginia Wiley 2004 Trust
21 Martin Court
Danville, California 94526

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 5 Fee: 18.00
BK-0212 PG- 789 RPTT: 0.00



AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

APN: 1420-08-313-013

Real Property Transfer Tax: \$ NONE

We, HUGH N. WILEY, GILBERT D. WILEY AND THOMAS E. LONG, Co-trustees of the HUGH AND VIRGINIA WILEY 2004 TRUST dated July 9, 2004, being of legal age, being first duly sworn, depose and say:

That VIRGINIA L. WILEY, who died on December 26, 2010, is the decedent named in the attached certified copy of Certificate of Death.

That VIRGINIA L. WILEY is the same person named as Trustor and Co-trustee in that certain trust known as the Hugh and Virginia Wiley 2004 Trust dated July 9, 2004, and executed on that date by HUGH N. WILEY as Trustor and Co-trustee and VIRGINIA L. WILEY as Trustor and Co-trustee.

The trust includes the real property commonly known as 3453 Long Drive, Minden, Nevada, Assessor's Parcel Number 1420-08-313-013, which was transferred into the trust by a document recorded in the official records of the County of Douglas, State of Nevada, at 2:21 PM

on October 18, 2007, as document number 0711441, and more particularly described as:

LOT 41, IN BLOCK D, AS SET FORTH ON THAT CERTAIN FINAL MAP LDA #99-054-03 SUNRIDGE HEIGHTS III, PHASE 3, A PLANNED UNIT DEVELOPMENT, RECORDED IN THE OFFICE OF THE DOUGLES COUNTY RECORDER ON JUNE 5, 2000, IN BOOK 0600, PAGE 880, AS DOCUMENT NO. 493409, AND BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 3, 2000, IN BOOK 1100, PAGE 470, AS DOCUMENT NO. 502691.

Pursuant to Section 2.1 of the trust agreement, following the death of Trustor VIRGINIA L. WILEY, the undersigned, HUGH N. WILEY, GILBERT D. WILEY AND THOMAS E. LONG, are the Co-trustees of the HUGH AND VIRGINIA WILEY 2004 TRUST dated July 9, 2004.

HUGH AND VIRGINIA WILEY 2004 TRUST

Dated: ~~December~~ ^{JANUARY 6, 2012} ~~_____~~ ^{_____}, 2011
~~OTC~~ ~~OTC~~

Hugh N. Wiley
HUGH N. WILEY, Co-trustee

Dated: December _____, 2011

GILBERT D. WILEY, Co-trustee

Dated: December _____, 2011

THOMAS E. LONG, Co-trustee

STATE OF CALIFORNIA)
)
COUNTY OF CONTRA COSTA)

Subscribed and sworn to (or affirmed) before me on this 6th day of ~~December~~ ^{JANUARY 2012} ~~2011~~ by HUGH N. WILEY proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Seal



Signature Olin Howard Covington

on October 18, 2007, as document number 0711441, and more particularly described as:

LOT 41, IN BLOCK D, AS SET FORTH ON THAT CERTAIN FINAL MAP LDA #99-054-03 SUNRIDGE HEIGHTS III, PHASE 3, A PLANNED UNIT DEVELOPMENT, RECORDED IN THE OFFICE OF THE DOUGLES COUNTY RECORDER ON JUNE 5, 2000, IN BOOK 0600, PAGE 880, AS DOCUMENT NO. 493409, AND BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 3, 2000, IN BOOK 1100, PAGE 470, AS DOCUMENT NO. 502691.

Pursuant to Section 2.1 of the trust agreement, following the death of Trustor VIRGINIA L. WILEY, the undersigned, HUGH N. WILEY, GILBERT D. WILEY AND THOMAS E. LONG, are the Co-trustees of the HUGH AND VIRGINIA WILEY 2004 TRUST dated July 9, 2004.

HUGH AND VIRGINIA WILEY 2004 TRUST

Dated: December _____, 2011

HUGH N. WILEY, Co-trustee

Dated: December 09, 2011

Gilbert D. Wiley

GILBERT D. WILEY, Co-trustee

Dated: December _____, 2011

THOMAS E. LONG, Co-trustee

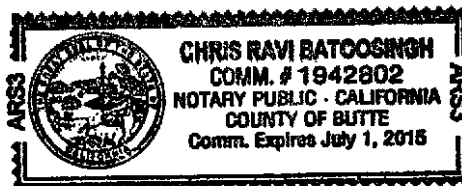
STATE OF California)
)
COUNTY OF Butte)

Subscribed and sworn to (or affirmed) before me on this 9th day of December 2011 by Gilbert D. Wiley, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Seal

Signature

[Handwritten Signature]



on October 18, 2007, as document number 0711441, and more particularly described as:

LOT 41, IN BLOCK D, AS SET FORTH ON THAT CERTAIN FINAL MAP LDA #99-054-03 SUNRIDGE HEIGHTS III, PHASE 3, A PLANNED UNIT DEVELOPMENT, RECORDED IN THE OFFICE OF THE DOUGLES COUNTY RECORDER ON JUNE 5, 2000, IN BOOK 0600, PAGE 880, AS DOCUMENT NO. 493409, AND BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 3, 2000, IN BOOK 1100, PAGE 470, AS DOCUMENT NO. 502691.

Pursuant to Section 2.1 of the trust agreement, following the death of Trustor VIRGINIA L. WILEY, the undersigned, HUGH N. WILEY, GILBERT D. WILEY AND THOMAS E. LONG, are the Co-trustees of the HUGH AND VIRGINIA WILEY 2004 TRUST dated July 9, 2004.

HUGH AND VIRGINIA WILEY 2004 TRUST

Dated: December _____, 2011

HUGH N. WILEY, Co-trustee

Dated: December _____, 2011

GILBERT D. WILEY, Co-trustee

Dated: December 19, 2011

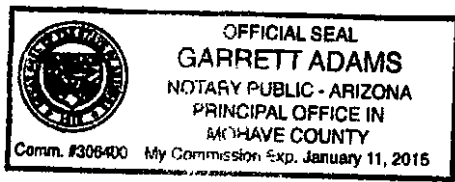
Thomas E. Long

THOMAS E. LONG, Co-trustee

STATE OF ARIZONA)
)
COUNTY OF MOHAVE)

Subscribed and sworn to (or affirmed) before me on this 19TH day of December 2011 by THOMAS E. LONG, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Seal



Signature [Handwritten Signature]

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

BK- 0212
PG- 793
0796949 Page: 5 Of 5 02/06/2012

CERTIFICATE OF DEATH

3201007006765

1. NAME OF DECEDENT - FIRST (Given) VIRGINIA		2. MIDDLE L.		3. LAST (Family) WILEY	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH mm/dd/yyyy 02/25/1915		5. AGE Yrs. 95		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY OKLAHOMA		10. SOCIAL SECURITY NUMBER 260		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP (at time of death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 12/26/2010		8. HOUR (24 Hours) 1010	
13. EDUCATION - Highest Level/Degree / (See worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. REALTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RESIDENTIAL REAL ESTATE		19. YEARS IN OCCUPATION 5	
20. DECEDENT'S RESIDENCE (Street and number, or location) 21 MARTIN COURT					
21. CITY DANVILLE		22. COUNTY/PROVINCE CONTRA COSTA		23. ZIP CODE 94526	
24. YEARS IN COUNTY 30		25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP CHARLENE FREELAND, DAUGHTER			27. INFORMANT'S MAILING ADDRESS (Street and number, or postal code number, city or town, state and zip) 21 MARTIN COURT, DANVILLE, CA 94526		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST HUGH		29. MIDDLE NORRIS		30. LAST (BIRTH NAME) WILEY	
31. NAME OF FATHER/PARENT - FIRST OTTO		32. MIDDLE LEANE		34. BIRTH STATE MO	
33. NAME OF MOTHER/PARENT - FIRST KATE		35. MIDDLE APPLEBY		36. BIRTH STATE TX	
38. DISPOSITION DATE mm/dd/yyyy 01/03/2011		39. PLACE OF FINAL DISPOSITION RES. OF CHARLENE FREELAND 21 MARTIN COURT, DANVILLE, CA 94526			
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT GRISSON'S CREMATION & BURIAL		45. LICENSE NUMBER FD1610		46. SIGNATURE OF LOCAL REGISTRAR WENDEL BRUNNER, MD	
47. DATE mm/dd/yyyy 01/03/2011					
101. PLACE OF DEATH DANVILLE REHAB					
104. COUNTY CONTRA COSTA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 336 DIABLO ROAD		106. CITY DANVILLE	
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 (Final disease or condition resulting in death) (A) SEPSIS		Time Interval Between Onset and Death (A) HRS 108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIRTH STATE MO	
(B) CLOSTRIDIUM DIFFICILE COLITIS		(B) DAYS 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	
(C) ANTIBIOTIC THERAPY		(C) DAYS 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 LUNG CANCER			
(D) COMMUNITY ACQUIRED PNEUMONIA		(D) DAYS 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Absent Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy 11/20/2010 12/10/2010		115. SIGNATURE AND TITLE OF CERTIFIER NARENDRA K MALANI M.D.		116. LICENSE NUMBER A43108	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE NARENDRA K MALANI M.D. 5401 NORRIS CANYON ROAD #308, SAN RAMON, CA 94583		117. DATE mm/dd/yyyy 12/29/2010			
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"/> 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			
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF CONTRA COSTA } SS

DATE ISSUED JAN - 6 2011

000866614

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendel Brunner MD
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.

