

19-

Assessor's Parcel Number: 1320-32-612-006

**Recording Requested By:**

✓ **Name:** Daniel P. Trump

**Address:** 2280 Union Street

**City/State/Zip** San Francisco, CA 94123

**Real Property Transfer Tax:**

\$ 0

Doc Number: **0815297**  
12/28/2012 12:08 PM  
OFFICIAL RECORDS  
Requested By  
TRUMP ALIOTO TRUMP & PRESCOTT

DOUGLAS COUNTY RECORDERS  
Karen Ellison - Recorder

Page: 1 of 6 Fee: \$ 19.00  
Bk: 1212 Pg: 7664



Deputy, sd

Affidavit - Death of and Resignation of Trustees

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

*This cover page must be typed or legibly hand printed.*

RECORDING REQUESTED BY  
Daniel P. Trump

AND WHEN RECORDED MAIL TO  
Name Daniel P. Trump  
Trump, Alioto, Trump &  
Street Prescott, LLP  
Address 2280 Union Street  
City & San Francisco, CA 94123  
State L

APN: 1320-32-612-006

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### AFFIDAVIT-DEATH OF AND RESIGNATION OF TRUSTEES

STATE OF CALIFORNIA )  
 ) ss.  
CITY AND COUNTY OF SAN FRANCISCO )

**VERNELLE G. WILDENRADT and ERIC T. WILDENRADT**, both of legal age, and being first duly sworn, depose and say:

That **THEODORE HOLDRUP WILDENRADT**, the decedent mentioned in the attached copy of Certificate of Death, is the same person as **THEODORE H. WILDENRADT**, named as one of the Trustees of the grantee, the **THEODORE H. WILDENRADT AND VERNELLE G. WILDENRADT 2005 REVOCABLE TRUST, u/t/a dated October 26, 2005**, in that certain **Grant, Bargain and Sale Deed** (hereinafter, the "Grant Deed") dated October 26, 2005, executed by **THEODORE H. WILDENRADT and VERNELLE G. WILDENRADT**, as joint tenants, to **THEODORE H. WILDENRADT and VERNELLE G. WILDENRADT**, Trustees of the **THEODORE H. WILDENRADT AND VERNELLE G. WILDENRADT 2005 REVOCABLE TRUST, u/t/a dated October 26, 2005**, and recorded on November 18, 2005, as Document No. 0660979, Official Records of Douglas County, Nevada;

That deponent **VERNELLE G. WILDENRADT** is the same person as **VERNELLE G. WILDENRADT** named as the other Trustee of the Grantee in the Grant Deed;

That the decedent, **THEODORE H. WILDENRADT**, is designated as one of the original Trustees of the **THEODORE H. WILDENRADT AND VERNELLE G. WILDENRADT 2005 REVOCABLE TRUST, u/t/a dated October 26, 2005**;

That the deponent **VERNELLE G. WILDENRADT**, the other original Trustee of the **THEODORE H. WILDENRADT AND VERNELLE G. WILDENRADT 2005**

REVOCABLE TRUST, u/t/a dated October 26, 2005, has and hereby confirms her resignation as Trustee of the THEODORE H. WILDENRADT AND VERNELLE G. WILDENRADT 2005 REVOCABLE TRUST, u/t/a dated October 26, 2005;

That the provisions of said Trust state that in the event of the death and/or resignation of the original Trustees, ERIC T. WILDENRADT shall thereafter serve as sole Trustee of the THEODORE H. WILDENRADT AND VERNELLE G. WILDENRADT 2005 REVOCABLE TRUST, u/t/a dated October 26, 2005;

That ERIC T. WILDENRADT has accepted his position as sole Trustee of the THEODORE H. WILDENRADT AND VERNELLE G. WILDENRADT 2005 REVOCABLE TRUST, u/t/a dated October 26, 2005, and has been acting as sole Trustee since the death of THEODORE H. WILDENRADT and resignation of VERNELLE G. WILDENRADT under the provisions of said Trust.

The original Grant Deed aforesaid was recorded as Document No. 0660979 on November 18, 2005, of the Official Records of the Douglas County, Nevada, California. The original Grant Deed aforesaid covers real property situate in the County of Douglas, State of Nevada, and more particularly described in Exhibit "A" attached hereto and made a part hereof.

APN: 1320-32-612-006

Dated: Dec. 21, 2012

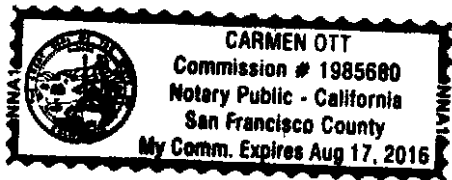
Vernelle G Wildenradt  
VERNELLE G. WILDENRADT, former Trustee of the Theodore H. Wildenradt and Vernelle G. Wildenradt 2005 Revocable Trust (dated October 26, 2005)

STATE OF CALIFORNIA )  
CITY AND COUNTY OF SAN FRANCISCO ) ss.

SUBSCRIBED AND SWORN TO before me this 21 day of December, 2012, by VERNELLE G. WILDENRADT, who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Carmen Ott  
Carmen Ott

Name (Typed or Printed)



[Signatures continue on following page]

Dated: 12 / 21, 2012

*Eric T. Wildenradt*

ERIC T. WILDENRADT, Trustee of the Theodore H. Wildenradt and Vernelle G. Wildenradt 2005 Revocable Trust (dated October 26, 2005)

STATE OF CALIFORNIA )  
 ) ss.  
CITY AND COUNTY OF SAN FRANCISCO )

SUBSCRIBED AND SWORN TO before me this 21 day of December, 2012, by ERIC T. WILDENRADT, who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me?



Signature *Carmen Ott*  
Carmen Ott

Name (Typed or Printed)

Mail Tax Statements to:  
Eric T. Wildenradt, Trustee  
568 Seventh Street  
San Francisco, CA 94103

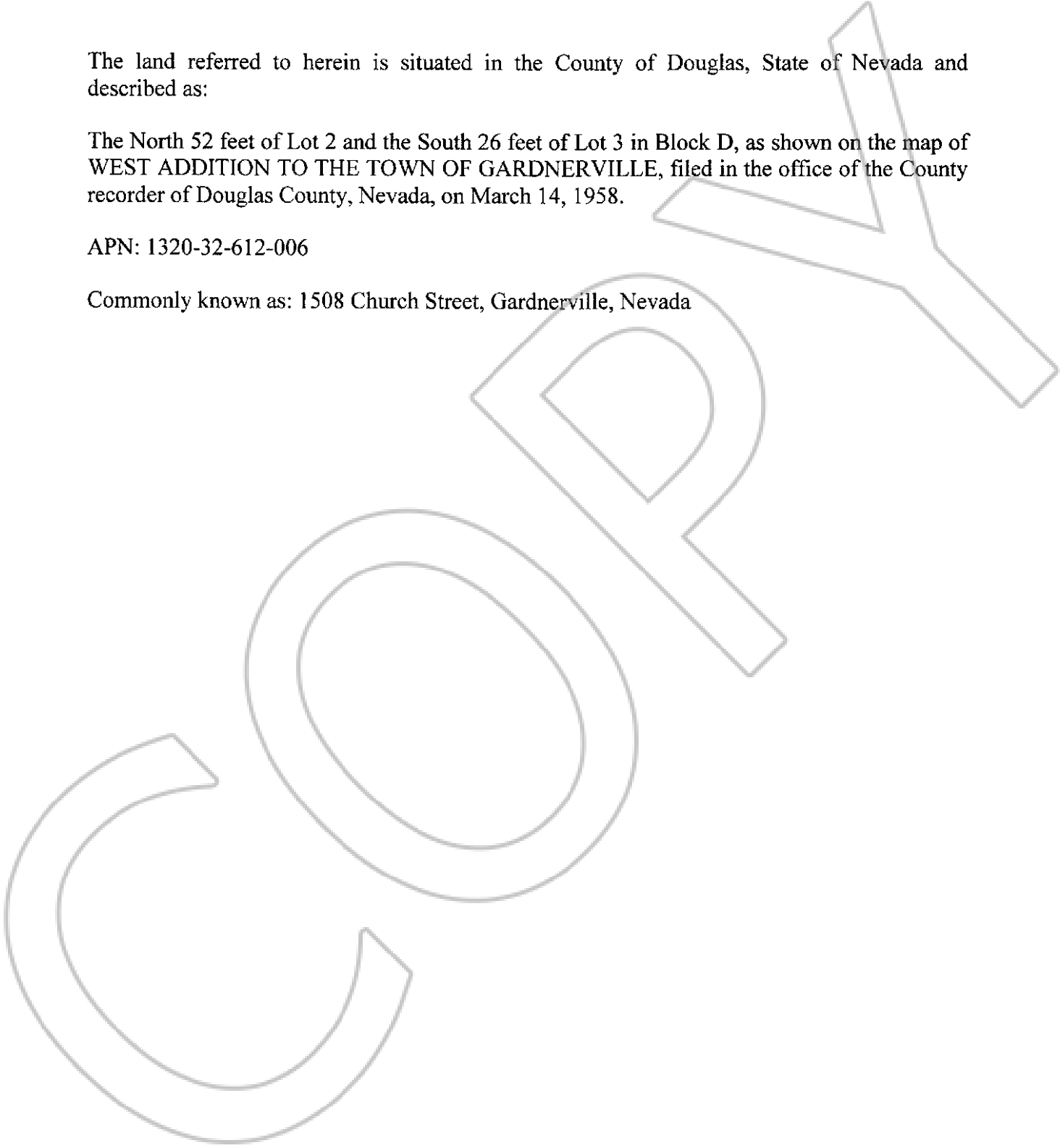
**EXHIBIT A**

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

The North 52 feet of Lot 2 and the South 26 feet of Lot 3 in Block D, as shown on the map of WEST ADDITION TO THE TOWN OF GARDNERVILLE, filed in the office of the County recorder of Douglas County, Nevada, on March 14, 1958.

APN: 1320-32-612-006

Commonly known as: 1508 Church Street, Gardnerville, Nevada



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

**CITY AND COUNTY OF**  
**SAN FRANCISCO**

**CERTIFICATE OF DEATH**

3201238003880

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO BUSINESS WHITEOUTS OR ALTERATIONS VS-1 (REV 2008)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>THEODORE</b>		2. MIDDLE <b>HOLMDRUP</b>		3. LAST (Family) <b>WILDENRADT</b>	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>04/20/1921</b>		5. AGE Yrs. <b>91</b> Months _____ Days _____	
6. BIRTH STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>		10. SOCIAL SECURITY NUMBER <b>8447</b>		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree <b>BACHELOR</b>		14/16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input type="checkbox"/> NO		15. 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>PROPRIETOR</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>WHOLESALE HARDWARE</b>		19. YEARS IN OCCUPATION <b>60</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>209 MONCADA WAY</b>					
21. CITY <b>SAN FRANCISCO</b>		22. COUNTY/PROVINCE <b>SAN FRANCISCO</b>		23. ZIP CODE <b>94127</b>	
24. YEARS IN COUNTY <b>91</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>ERIC WILDENRADT, SON</b>			27. INFORMANT'S MAILING ADDRESS (Street and number, or real route number, city or town, state and zip) <b>568 7TH STREET, SAN FRANCISCO, CA 94103</b>		
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>ANNA</b>		29. MIDDLE <b>VERNELLE</b>		30. LAST (BIRTH NAME) <b>GARST</b>	
31. NAME OF FATHER/PARENT - FIRST <b>HUGO</b>		32. MIDDLE <b>THEODORE</b>		33. LAST <b>WILDENRADT</b>	
34. BIRTH STATE <b>CALIFORNIA</b>		35. NAME OF MOTHER/PARENT - FIRST <b>ELVIRA</b>		36. BIRTH STATE <b>CALIFORNIA</b>	
37. LAST BIRTH NAME <b>HOLMDRUP</b>					
38. DISPOSITION DATE mm/dd/yyyy <b>09/06/2012</b>		39. PLACE OF FINAL DISPOSITION <b>CYPRESS LAWN MEMORIAL PARK 1370 EL CAMINO REAL, COLMA, CA 94014</b>			
40. TYPE OF DISPOSITION(S)		41. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		42. LICENSE NUMBER	
43. NAME OF FUNERAL ESTABLISHMENT <b>MCAVOY O'HARA COMPANY</b>		44. LICENSE NUMBER <b>FD-523</b>		45. SIGNATURE OF LOCAL REGISTRAR <b>TOMAS ARAGON, MD, DR.P.H.</b>	
46. DATE mm/dd/yyyy <b>09/05/2012</b>					
101. PLACE OF DEATH <b>DECEDENT'S RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>SAN FRANCISCO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>209 MONCADA WAY</b>		106. CITY <b>SAN FRANCISCO</b>	
107. CAUSE OF DEATH IMMEDIATE CAUSE (A) <b>PROGRESSIVE COLON CANCER</b>		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. ALTOFTY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>				113A. IF FEMALE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input 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 _____ Decedent Last Seen Alive _____		115. SIGNATURE AND TITLE OF CERTIFIER <b>ALAN MITCHELL KRAMER M.D.</b>		116. LICENSE NUMBER <b>C42969</b>	
117. DATE mm/dd/yyyy <b>04/21/2012</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>ALAN MITCHELL KRAMER M.D. 2100 WEBSTER ST STE 326, SAN FRANCISCO, CA 94115</b>		117. DATE mm/dd/yyyy <b>08/28/2012</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 checked="" 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		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
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	

PK: 1212  
PG: 7669  
12/29/2012 12:08 PM  
Page: 6 of 6



STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO  
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

DATE ISSUED **NOV 29 2012**



*Tomas Aragon*  
**Tomas Aragon, M.D., Dr.P.H.**  
Health Officer and Local Registrar



This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer