

Document Transfer Tax \$0
Assessor's Parcel No. 1318-15-711-026

WHEN RECORDED AND
MAIL TAX STATEMENTS TO:

✓ Thomas E. Thornton, Trustee
164 Inkopah Street
Chula Vista, CA 91911

The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,



00003660201408530610030033

KAREN ELLISON, RECORDER

AFFIDAVIT--DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

THOMAS E. THORNTON, of legal age, being first duly sworn, deposes and says:

That VIRGINIA ROSE WALLACE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, Sale, Deed dated December 19, 1000, executed by VIRGINIA THORNTON to VIRGINIA THORNTON, Trustee of the THORNTON FAMILY TRUST dated January 19, 1994, wherein VIRGINIA THORNTON was the trustee of the THORNTON FAMILY TRUST dated January 19, 1994, as well as the beneficiary under said trust; it being further acknowledged that THOMAS E. THORNTON is the successor trustee under said declaration of trust on the death of VIRGINIA THORNTON.

The original Grant, Bargain, Sale Deed aforementioned is recorded as Document No.0505825 Book 1200 Page 5671, on December 28, 2000, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas, State of Nevada:

Lot 1, Block B, as shown on the Map of Round Hill Village Unit No. 2, filed in the office of the Recorder of Douglas County, State of Nevada, on August 31, 1965, in Book 1 of Maps, Document No. 29312.

Dated: 7/30/14

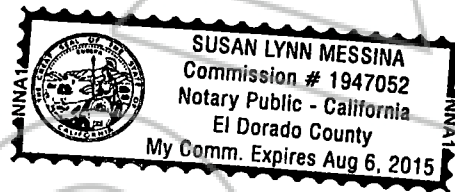

THOMAS E. THORNTON

JURAT

STATE OF CALIFORNIA
COUNTY OF EL DORADO

Subscribed and sworn to (or affirmed) before me on this 30TH day of JULY, 2014
by THOMAS E. THORNTON, proved to me on the basis of satisfactory evidence to be the
person who appeared before me.

Susan Lynn Messina



AFFIDAVIT-DEATH OF SETTLOR, TRUSTEE
AND BENEFICIARY

APN: 1318-15-711-026

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT

3052014107060

CERTIFICATE OF DEATH

3201448001297

USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS. VS-1 (REV 3/06)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) VIRGINIA		2. MIDDLE ROSE	
3. LAST (Family) WALLACE		4. DATE OF BIRTH mm/dd/yyyy 06/27/1938	
5. AGE Yrs. 75		6. SEX F	
7. DATE OF DEATH mm/dd/yyyy 06/06/2014		8. HOUR (24 Hours) 2152	
9. BIRTH STATE/FOREIGN COUNTRY IL		10. SOCIAL SECURITY NUMBER 7869	
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) WIDOWED	
13. EDUCATION - Highest Level/Degree (See instructions on back) BACHELOR		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) WHITE		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 55	
20. DECEDENT'S RESIDENCE (Street and number, or location) 174 ISLE ROYALE CIRCLE			
21. CITY VACAVILLE		22. COUNTY/PROVINCE SOLANO	
23. ZIP CODE 95687		24. YEARS IN COUNTY 3	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP THOMAS THORNTON, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 164 INKOPAH ST, CHULA VISTA, CA 91911			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST AMY		29. MIDDLE FLORENCE	
30. LAST (BIRTH NAME) HONOLD		31. NAME OF FATHER/PARENT - FIRST GEORGE	
32. MIDDLE WAYNE		33. LAST MORRIS	
34. BIRTH STATE IL		35. NAME OF MOTHER/PARENT - FIRST AMY	
36. MIDDLE FLORENCE		37. LAST (BIRTH NAME) HONOLD	
38. BIRTH STATE IL		39. DISPOSITION DATE mm/dd/yyyy 06/13/2014	
40. PLACE OF FINAL DISPOSITION GLEN ABBEY MEMORIAL PARK 3838 BONITA RD, BONITA, CA 91902		41. TYPE OF DISPOSITION(S) BU	
42. SIGNATURE OF EMBALMER VINCE STONE		43. LICENSE NUMBER EMB9070	
44. NAME OF FUNERAL ESTABLISHMENT MCCUNE GARDEN CHAPEL		45. LICENSE NUMBER FD388	
46. SIGNATURE OF LOCAL REGISTRAR BELA MATYAS, MD, MPH		47. DATE mm/dd/yyyy 06/10/2014	
101. PLACE OF DEATH RESIDENCE			
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/ICU <input type="checkbox"/> PCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		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 SOLANO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 174 ISLE ROYALE CIRCLE	
106. CITY VACAVILLE		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. (A) METASTATIC BREAST CANCER	
108. DEATH REPORTED TO CORONER? (A) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		109. BIOPSY PERFORMED? (B) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
110. AUTOPSY PERFORMED? (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		111. USED IN DETERMINING CAUSE? (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, see type of operation and date) RIGHT MODIFIED-RADICAL MASTECTOMY 03/11/99			
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: 07/27/2010 05/14/2014		115. SIGNATURE AND TITLE OF CERTIFIER JAMES LONG M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JAMES LONG M.D. 1860 PENNSYLVANIA AVE STE 230, FAIRFIELD, CA 94533		117. LICENSE NUMBER C50016	
118. DATE mm/dd/yyyy 06/10/2014		119. DATE mm/dd/yyyy 06/10/2014	
119A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" 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. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO

Bela Matyas
BELA MATYAS, MD, MPH
HEALTH OFFICER AND LOCAL REGISTRAR



This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT, PUBLIC HEALTH DIVISION.

By _____ Deputy DATE ISSUED **06/12/2014**

This copy is not valid unless prepared on an engraved border, displaying the seal, date of issuance and the original signature of the Deputy.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE