RECORDING REQUESTED BY:
Richard W. Henson
Attorney at Law

WHEN RECORDED MAIL TO:
Richard W. Henson
Attorney at Law
909 Laurel Street
San Carlos, Ca 94070

MAIL TAX STATEMENTS TO:
Claude J. Clute
6205 Arcadia Avenue
Loomis, CA 95650

Claude J. Clute
To
Whom It May Concern

'94 MAR 7 PM 2 10
BOOK 17 PAGE 290
RECORDER
$11.00

16-2703
DELAWARE COUNTY IOWA
FILED

AFFIDAVIT DEATH OF TRUSTEE UNDER TRUST AGREEMENT DATED May 22, 1986

A.P.N.: 501-30-000-300

The undersigned, Claude J. Clute, Successor Trustee of legal age, being first duly sworn, deposes and says:

1. Janet E. Clute and Claude J. Clute, as Trustors entered into a Trust Agreement dated May 22, 1986, naming, themselves as Trustees therein.

2. Janet E. Clute, died on February 16, 1993. That Janet Elizabeth Clute, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Janet E. Clute, named as Trustee in that certain Trust Agreement dated May 22, 1986 and also named in that certain Grant Deed executed May 23, 1986, and recorded in the office of the Recorder of Delaware County, State of Iowa on June 11, 1986, as file number 18-3061 in Book 119 at Page 97.

3. Said Trust Agreement provided in paragraph entitled "Designation of Trustee" on page one of said Trust Agreement dated May 22, 1986 that upon the death of Janet E. Clute, Claude J. Clute shall thereafter serve as Trustee. Therefore Claude J. Clute has succeeded to the position of Trustee under said Trust Agreement.

4. Further, said Trust Agreement provided paragraph named POWERS OF TRUSTEE under paragraph designated "Management of Trust Property" commencing on page twelve of said Trust Agreement that the Trustee, including any Successor Trustee, shall have the powers to sell, convey, exchange, encumber by mortgage, deed of trust or otherwise and invest and reinvest the trust property and other powers as set forth in said Trust Agreement.

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

EXECUTED on August 5, 1993 at San Carlos, California.

Claude J. Clute
Claude J. Clute,
Successor Trustee

STATE OF CALIFORNIA
COUNTY OF SAN MATEO

On August 5, 1993 before me, Richard W. Henson, a Notary Public in and for said State, personally appeared Claude J. Clute, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

OFFICIAL SEAL
RICHARD W. HENSON
NOTARY PUBLIC CALIFORNIA
SAN MATEO COUNTY
My Comm. Expires Sept. 17, 1993

Richard W. Henson
Notary Signature

FILE No. 16-2703
RECORDING FEE $ 11.00
TRANSFER FEE $

FILED FOR RECORD THE 7 DAY OF Mar, 1994 AT 2:10 O'CLOCK P. M. BOOK 17 PAGE 290

STATE OF IOWA, DELAWARE COUNTY
Deborah L. Peyton, Recorder
Aff.

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER: 39334

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 001074

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO., DAY, YR.	2B. HOUR	3. SEX
JANET	ELIZABETH	CLUTE	FEBRUARY 16, 1993	0030	F

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO., DAY, YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
WHITE	☐ YES _____ ☒ NO	FEBRUARY 8, 1945	48				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
NY	USA	CHARLES H. GUELL	COSTARICA	ANNETTE SCHAFFER	CA

12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	[redacted]	MARRIED	CLAUDE J. CLUTE

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
PERSONNEL OFFICER	FOREIGN SERVICE	U.S.DEPT.OF STATE	13	14

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
6205 ARCADIA AVENUE	LOOMIS	95650

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
PLACER	3	CA	CLAUDE J. CLUTE - SPOUSE 6205 ARCADIA AVENUE LOOMIS, CA 95650

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONLY IP, ER/OP, DOA	19C. COUNTY	TIME INTERVAL BETWEEN ONSET AND DEATH
MERCY SAN JUAN HOSPITAL	IP	SACRAMENTO	3 MOS + 1 WEEK

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
6501 COYLE AVENUE	CARMICHAEL

22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO — REFERRAL NUMBER _____

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) METASTATIC CARCINOMA OF OVARY

DUE TO (B) _____

DUE TO (C) _____

23. WAS BIOPSY PERFORMED? ☒ YES ☐ NO

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
11-6-92 RADICAL HYSTERECTOMY W/NODES

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER: [signature]

27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
A41794	2-16-93

27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR
11-3-1992	2-15-1993

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
MICHAEL TAYLOR, M.D.
6660 COYLE AVENUE #290, CARMICHAEL, CA

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

29A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER

29B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK? ☐ YES ☐ NO	30C. DATE OF INJURY: MONTH, DAY, YEAR	31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO., DAY, YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.
CR/SEA	CREMATED REMAINS SCATTERED AT SEA OFF MARIN COUNTY COAST, CA	02-19-1993	NOT EMBALMED	---

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
NEPTUNE SOCIETY OF SACRAMENTO	1335	3382 [signature] Bette B. Henderson M.D.	02-18-1993 RS

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 REV 7-88 — MAKE NO PRINTING WHITEOUTS OR OTHER ALTERATIONS

52123

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } ss
COUNTY OF SACRAMENTO }

DATE ISSUED JUL 21 1993

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SACRAMENTO COUNTY CLERK-RECORDER.

SACRAMENTO COUNTY CLERK-RECORDER

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

American Bank Note Company — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE