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9/10/10 9:13:15  
DK P BK 139 PG 750  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

CONSENT TO ACT AS TRUSTEE

The undersigned, HELENE C. MILLER gives this CONSENT TO ACT as Trustee with respect to the following:

1. JOSEPH S. MILLER and HELENE C. MILLER 1995 TRUST, as trustors, have heretofore entered into a DECLARATION OF TRUST dated 7/13/95, pursuant to which was established a revocable living trust.

2. JOSEPH S. MILLER and HELENE C. MILLER 1995 TRUST were named as the original Trustees.

3. Pursuant to the terms of the DECLARATION OF TRUST, it is provided that upon the death of either Trustee, the survivor shall act as sole successor Trustee.

4. JOSEPH SAMUEL MILLER became deceased on 8/5/95.

The undersigned hereby consents to act as Trustee pursuant to the terms of the aforesaid DECLARATION OF TRUST, and to serve as Trustee of the trusts created pursuant to such DECLARATION OF TRUST following the death of JOSEPH SAMUEL MILLER.

*Helene C. Miller*  
HELENE C. MILLER

JOSEPH S. MILLER AND HELENE C. MILLER 1995 TRUST

ALLOCATION OF ASSETS

on death of

JOSEPH S. MILLER

HELENE C. MILLER, sole surviving Settlor and Trustee of the JOSEPH S. MILLER AND HELENE C. MILLER 1995 TRUST, in accordance of the terms of that trust and because of the death of JOSEPH S. MILLER hereby allocates said Trust's assets between the Survivor's Trust and the Bypass Trust as set forth on the attached schedule.

Date:

5/29/97

*Helene C. Miller*  
HELENE C. MILLER, Trustee

RECORDED AT REQUEST OF

ATTORNEY

MAY 17 9 20 AM '96

OFFICE OF RECORDER  
COUNTY OF MONTEREY  
SALINAS, CALIFORNIA

29505

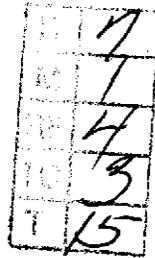
Recording Requested By:

ROBERT E. WILLIAMS

And When Recorded Mail To:

Robert E. Williams  
215 W. Franklin St., #219  
Monterey, CA 93940

Mail tax statements to:  
HELENE C. MILLER, trustee  
2862 CONGRESS ROAD  
PEBBLE BEACH, CA. 93953



AFFIDAVIT - DEATH OF TRUSTEE

State of California )  
                          )  
County of Monterey )

The undersigned, of legal age, being first duly sworn, deposes and says:

1. JOSEPH S. MILLER and HELENE C. MILLER, as Settlor, have heretofore entered into the JOSEPH S. MILLER and HELENE C. MILLER 1995 TRUST, dated 7/13/95, pursuant to which was established a revocable living trust.

2. Pursuant to the terms of the said Trust, JOSEPH S. MILLER and HELENE C. MILLER were named as the original Trustees.

3. Pursuant to the terms of the Trust, it is provided that upon the death of either Trustee, the survivor shall act as sole successor Trustee.

4. JOSEPH SAMUEL MILLER became deceased on 8/5/95, as evidenced by a certified copy of the Certificate of Death which is attached hereto and incorporated herein by reference.

5. JOSEPH SAMUEL MILLER, mentioned in the attached certified copy of Certificate of Death, is the same person named as the Trustee pursuant to the terms of said Trust.

6. HELENE C. MILLER is filing this Affidavit with the

EXHIBIT 1

Monterey County Recorder to establish her succession as sole Trustee pursuant to the aforesaid JOSEPH S. MILLER and HELENE C. MILLER 1995 TRUST dated 7/13/95, and to enable her to administer and distribute real estate pursuant to the terms of such Trust.

7. The trust estate includes an interest in real property located in Monterey County, California, which is more fully described in Exhibit A hereto which is incorporated herein by reference. Said property was transferred to the trust by a deed recorded on 7/21/95 as instrument no. 36383.

8. Titleholder of the foregoing real property until the death of JOSEPH SAMUEL MILLER was JOSEPH S. MILLER and HELENE C. MILLER 1995 TRUST trustees, of the JOSEPH S. MILLER and HELENE C. MILLER 1995 TRUST dated 7/13/95. As a result of the death of JOSEPH SAMUEL MILLER, the sole titleholder will be HELENE C. MILLER, as sole Trustee of JOSEPH S. MILLER and HELENE C. MILLER 1995 TRUST dated 7/13/95.

Dated: 5/14/96

*Helene C. Miller*  
HELENE C. MILLER

SUBSCRIBED AND SWORN TO before me

this 14th day of MAY, 1996.

Signature *Janice A. Klaurens*  
Notary Public in and for said County and State

Name JANICE A. KLAURENS  
(Type or print name)



# COUNTY OF MONTEREY

Salinas, California

CERTIFIED COPY OF VITAL RECORDS

REEL **3372** PAGE **1050**

## CERTIFICATE OF DEATH

3 95 27 1314

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS VS-11 (REV. 7/95)				LOCAL REGISTRATION NUMBER	
DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)		
	Joseph		Samuel		Miller		
	4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH MM/DD/CCYY
	10/28/1932		62		Male		08/05/1995
USUAL RESIDENCE	9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS
	CA				54 TO 56 NONE		Married
	14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		13. EDUCATION—YEARS COMPLETED
	White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Dean Witter		16
INFORMANT	17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION		
	Stock Broker		Investments		29		
	20. RESIDENCE—STREET AND NUMBER OR LOCATION						
	2862 Congress Road						
SPOUSE AND PARENT INFORMATION	21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY
	Pebble Beach		Monterey		93953		39
	25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP				
	California		Mrs. Helene C. Miller, Wife				
DISPOSITION(S)	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)						
	2862 Congress Road, Monterey, CA 93953						
	28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)		
	Helene		C		Kilburn		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		
	Joseph				Miller		
	34. BIRTH STATE		35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)
	Austria		Helen				Champion
PLACE OF DEATH	38. BIRTH STATE		39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION		
	CO		08/09/1995		El Carmelo Cemetery, Pacific Grove, CA		
	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NO.		
	BU		Not Embalmed				
CAUSE OF DEATH	44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE MM/DD/CCYY
	The Paul Mortuary		280		<i>Robert J. Smith</i>		08/08/1995
	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY
	Community Hospital		<input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> CONV HOSP <input type="checkbox"/> RES <input type="checkbox"/> OTHER				Monterey
PHYSICIAN'S CERTIFICA- TION	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, E, C, AND D)		
	Highway 1 & Holman Highway		Monterey		(A) Right Coronary Thrombosis		
	108. TIME INTERVAL BETWEEN (ONSET AND DEATH)		109. BOPSY PERFORMED		110. AUTOPSY PERFORMED		
	Mins.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
CORONER'S USE ONLY	111. USED IN DETERMINING CAUSE		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		None		No		
	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		116. LICENSE NO.		117. DATE MM/DD/CCYY
STATE REGISTRAR	118. TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS - ZIP		119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE MM/DD/CCYY
			<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
		<i>Jim Smith</i>		08/08/1995		Jim Smith, Deputy Coroner	
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z						FAX AUTH. E CENSUS TRACT	



MONTEREY CO. DEPT. OF HEALTH  
STATE OF CALIFORNIA

MAY 14 1996

COUNTY OF MONTEREY  
DATE ISSUED

By *Robert J. Smith*

11333

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Monterey County Vital Records.

This copy is not valid unless prepared on engraved border displaying seal and signature of local Registrar.



EXHIBIT A

Lot 21, in Block 4, as shown upon Map of "MONTEREY PENINSULA COUNTRY CLUB SUBDIVISION NO.1", recorded 04/04/25 in the office of the County Recorder of the County of MONTEREY, State of CA, in Map Book 3, Cities and Towns, at page 26.

END OF DOCUMENT

*Prepared by  
Bob Williams  
Monterey, Ca. 93940  
662-449-7960*