AFFIDAVIT OF DEATH OF TRUSTEE

STATE OF NEVADA)
	: ss
Carson City)

I, JAMES R. MURCHIE, hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true. I am over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

I am the son of the decedent, ARCHIE A. MURCHIE, the person named as the initial Trustee of The Murchie Family Trust U/D/T 03-30-95.

That ARCHIE A. MURCHIE is the identical person as decedent ARCHIE ALEXANDER MURCHIE named in that certain Certificate of Death, a certified copy of which is attached hereto and made a part hereof, who died on the 18th day of December, 1999.

That The Murchie Family Trust is the title owner of certain real property situate in Douglas County, Nevada, commonly known as 3638 Green Acre Drive, and more particularly described as follows:

Lot 5 of Sierra Estates, Douglas County, Nevada, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, September 27, 1960.

Assessor's Parcel No. 13-063-03

I am named as the Successor Trustee of said Trust and I hereby accept the appointment as Successor Trustee and I agree to assume and perform all of the fiduciary duties as Successor Trustee under said Trust.

day of January, 2000. Dated this 6

SUCCESSOR TRUSTEE

STATE OF NEVADA

: SS.

Carson City

This instrument was acknowledged before me

on the day of January, 2000,

by JAMES R. MURCHIE.

WHEN RECORDED MAIL TO: JAMES R. MURCHIE

2190 GARDEN CIRCLE DRIVE MANTECA, CA 95336



DEANNA K. KELLY NOTARY PUBLIC - NEVADA Appt. Recorded in LYON CO. Ho. 98-3324-12 My Appl. Exp. July 21, 2002

0483933

BK0100PG0809

DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

	BER				DATE OF DEATH	(Month, Day, Year)		FILE NUMBER
DECEASED—NAME First		Middle	Las					3a Douglas
1: Arch		Alexander	MURCHI R INSTITUTION—Name (I			er 18,1999	ate DOA, OP/E	
						Rm. Inpatient (Speci	ly)	₄ Male
3b. Carson Cit RACE—(e.g., White, Black, Am	y nerican Was C	Decedent of Hispanic Original	en Acre Dr gin? Specify ☐ yes 愛 no lo Rican, etc.	If yes, AGE—Last Birthday (Ye		YEAR UNDER 1 DAYS HOURS		OF BIRTH (Mo., Day, Yr.)
Indian, etc.) (Specify)	specify 6.	y Mexican, Cuban, Puerto	o Rican, etc.	7a. 9	•	7c.		bruary 10,19
5. White STATE OF BIRTH	CI	TIZEN OF WHAT COUN	Decedent's Education grade completed.	n. Specify highest	MARRIED, NEV WIDOWED, DIV	ORCED	SURVIVING	SPOUSE (If wife, give maiden
(If not U.S.A., name country) 9a.	9b		10. 18		(Specify) Wid	owed	12.	
SOCIAL SECURITY NUMBER	US W	SUAL OCCUPATION (Gir forking Life, Even if Retire	ve Kind of Work Done Du	ring Most of	KIND OF BUS	INESS OR INDUSTRY		
-034	7 14		t Ranger	OUTION	14b. FO	restry Inc		I INSIDE CITY LIMITS
RESIDENCE—STATE	COUNTY		CITY, TOWN, OR LO				3638	(Specify Yes or No)
^{15a.} Nevada	15b. DO	uglas Middle	15c. Carson	LMOTHER—MAIDE		reen Acre	Dr. Middle	Last
FATHER—NAME First		Middle		17.	Lau	~ a		Peterson
16. Jame			Murchie Mailing add	At an about a section of		R.F.D. No., City or Tow	ın, State, Zip)	
			186 2100) Carden	Circle.	Manteca.	Califor	nia 95337
18a. James R. M. BURIAL, CREMATION, REMO		pecify) CEMETE	RY OR CREMATORY—N	AME	<u> </u>	LOCATION	City or Tow	n State
			lton's Sier	(EEEE/27)22	tory	19c. Car	son Cit	y, Nevada
19a. Cremation FUNERA DIRECTOR—SIGN	IAKURE	FUNERAL	DIRECTOR NAME AT	ND ADDRESS OF F	ACILITY Walt			
(Or Person Acting as Such)	U D		NUMBER 20c. 12	281 North	Roop St	Carson	City.	Nevada 8970
Ode To the book of and	knowledge, death	odrawed at the time da			22a On the bacic	of examination and/or ate and place and due	investigation in	my oninion death occurred
due to the causele	s) stated	01 V(L	M > M > M		(Signature and Tit			
(Signature and Id)		HOUR OF D	EATH	185	DATE SIGNED (A		HOUR OF D	DEATH
21b. 12/2(n/00	21c. 02	43	comploorer s	22b.		22c.	
due to the caused of the cause	IDING PHYSICIAN	NIF OTHER THAN CERT			PRONOUNCED D	EAD (Mo., Day, Yr.)	PRONOUNG	CED DEAD (Hour)
프뜌 85 21d.					22d. ON		22e. AT	
NAME AND ADDI	10 LV (S.	\$ 6.5 at 9.5 at 1.5 \$80 at 1.	NDING PHYSICIAN, MED	and the second second	A7 655 W	28 1 (28) 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ICENSE NUMBER
	Van Er	ops, 604 W.	Washington	n, Carson	City, N	W 89703	2	3b. 5904
		7 7 8 1 8 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1	RESIDENCE SPACE OF DATE	RECEIVED BY REC	SISTRAR (Mo. Dai	/ V/11/11PAIH 1111P 10	COMMUNIC!	
	<u> </u>	101						RIF DISEASE
23a Dr. L	Imma	2 Ols	24b.	12-21-	99	24c. YES] NO TA	
23a Dr. L	Imma	A. Ola ONE CAUSE PER LINE		12-21-	99] NO TA	ival between onset and dea
23a Dr. L REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE PART (a)	Inna Inner only	kli Cl	24b.	12-21-	99] NO	rval between onset and dea
23a Dr. L REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE PART (a)	Imma	kli Cl	24b.	12-21-	99] NO	
23a. Dr. L. REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE PART (a) DUE TO, OR (b)	AS A CONSEQUE	KU U ENCE OF:	24b.	12-21-	99		NOTE Inte	rval between onset and dea
23a Dr. L REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE PART (a) DUE TO, OR (b)	Inna Inner only	KU U ENCE OF:	24b.	12-21-	99		NOTE Inte	rval between onset and dea
23a. Dr. L. REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE PART (a) DUE TO, OR (b) DUE TO, OR	AS A CONSEQUE	ENCE OF:	2(a) 24b. FQR)(a), (b), AND (c).)	12-21- MCIN	99	24c. YES[Inte	erval between onset and dealerval between onset and dealer
23a. Dr. L. REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE PART (a) DUE TO, OR (b) DUE TO, OR	AS A CONSEQUE	ENCE OF:	24b.	12-21- MCIN	99	24c. YES	Inte	erval between onset and dealerval between onset and dealer
PART (a) (b) DUE TO, OR (c) PART OTHER SIGNIFIC	AS A CONSEQUENT CANT CONDITION	ENCE OF: SENCE OF: NS—Conditions contributi	24b. FQR)(af. (b), AND (c).) ng to death but not resulti	ing in the underlying	cause given in Par	24c. YESC	Inte	rval between onset and dea erval between onset and dea erval between onset and dea
23a Dr. L REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE PART (a) DUE TO, OR (b) DUE TO, OR (c) PART OTHER SIGNIFIC II ACC SUICIDE, HOM., UND OR PENDING INVEST.	AS A CONSEQUENT CANT CONDITION	ENCE OF: SENCE OF: NS—Conditions contributi	24b. FQR)(a), (b), AND (c).) Ing to death but not resulting to death but	ing in the underlying	cause given in Par	24c. YESC	Inte	erval between onset and dealerval between onset and dealer
PART (a) DUE TO, OR (b) DUE TO, OR (c) PART OTHER SIGNIFIC II ACC., SUICIDE, HOM., UND OR PENDING INVEST. (Specify) 28a.	AS A CONSEQUIDADET DATE OF II	ENCE OF: US—Conditions contributions (Mo., Day, Yr.) Head	24b. FQR)(af. (b), AND (c).) Ing to death but not resulting to death but not resulting to the second seco	ing in the underlying DESCRIBE HOW II 28d.	cause given in Par	24c. YESC	Inte	erval between onset and dealerval between onset and dealer
23a. Dr. L. REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE PART DUE TO, OR (b) DUE TO, OR (c) PART OTHER SIGNIFIC ACC SUICIDE, HOM., UND OR PENDING INVEST. (Specify)	AS A CONSEQUIDADET DATE OF II	ENCE OF: NS—Conditions contributions (Mo., Day, Yr.)	ng to death but not resulting to death but not resulting to death but not resulting to the second se	IA-AIT MCUATION.	cause given in Par	24c. YESC	Inte	erval between onset and dealerval between onset and dealer
PART (a) (b) DUE TO, OR (c) PART OTHER SIGNIFIC ACC SUICIDE, HOM., UND OR PENDING INVEST. (Specify) 28a. INJURY AT WORK	AS A CONSEQUIDADET DATE OF II	IENCE OF: IENCE OF: INJURY (Mo., Day, Yr.) HO 28 INJURY—At home, far	ng to death but not resulting to death but not resulting to death but not resulting to the second se	ing in the underlying DESCRIBE HOW II 28d.	cause given in Par	24c. YESC	Inte	erval between onset and dealerval between onset and dealer
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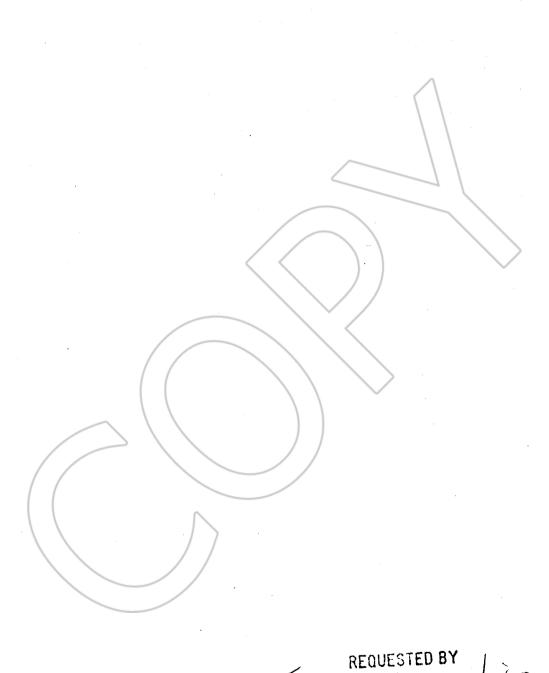
This is to certify that the above is a true and correct copy of the certificate on file in this office.

DEC 2 1 1999

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State Registrar

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LINDA SLATER
RECORDER

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