

RECORDING REQUESTED BY:

Edwin M. Miller  
508 Terrace Street  
Carson City, Nevada 89703

WHEN RECORDED MAIL TO:

✓ Dyer, Lawrence, Cooney & Penrose  
2805 North Mountain Street  
Carson City, Nevada 89703  
Attn: Leigh O'Neill

-----  
A.P.N. 03-163-05

AFFIDAVIT - DEATH CO-TRUSTEE

STATE OF NEVADA        )  
                                      :SS  
CARSON CITY            (    )

I, EDWIN M. MILLER, being of legal age, hereby state under penalty of perjury that the following statements are true:

That Affiant is EDWIN M. MILLER, the sole surviving Trustee named in that certain Deed recorded on April 3, 1992, in the office of the Recorder, County of Douglas, State of Nevada, referring to the following described property situated in the County of Douglas, State of Nevada:

Lot 7, Block B, as shown on the Map of Lincoln Park, filed in the Office of the County Recorder of Douglas County, Nevada.

TOGETHER with any and all buildings and improvements situate thereon.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

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That VIRGIE M. MILLER, the deceased, was one of the Trustees named in said Deed and was the identical person named as VIRGIE M. MILLER, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.

That VIRGIE M. MILLER, the deceased, died on the 29th day of April, 1994, in Carson City, State of Nevada.

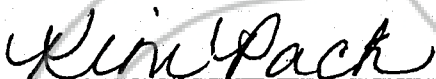
That EDWIN M. MILLER, is authorized to transfer such property as the sole remaining Trustee of the MILLER FAMILY 1992 TRUST DATED MARCH 16, 1992.

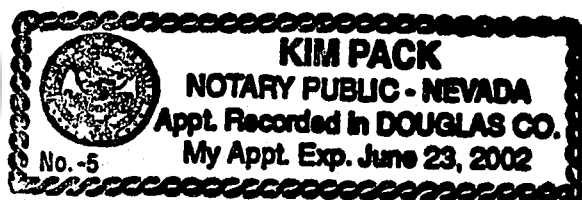
DATED this 21<sup>st</sup> day of April, 2000.

  
EDWIN M. MILLER

SUBSCRIBED and SWORN to before me

this 21<sup>st</sup> day of April, 2000.

  
NOTARY PUBLIC



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# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

94 004347

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

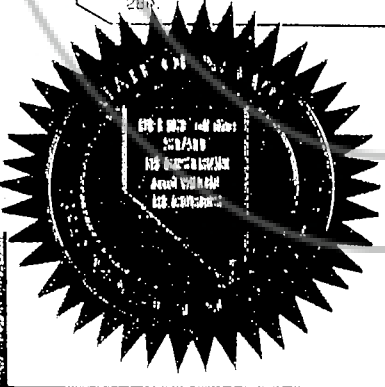
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER					
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH				
1. <b>Virgie Mae MILLER</b>		2. <b>April 29, 1994</b>	3a. <b>Carson City</b>				
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number, If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify))	SEX				
3b. <b>Carson City</b>		3c. <b>504 Terrace St</b>	3e. <b>7</b>	4. <b>Female</b>			
RACE—(e.g., White, Black, American Indian, etc) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)		
5. <b>White</b>	6. <input checked="" type="checkbox"/>	7a. <b>59</b>	7b. :	7c. :	8. <b>May 5, 1934</b>		
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)			
9a. <b>Montana</b>	9b. <b>USA</b>	10. <b>12</b>	11. <b>Married</b>	12. <b>Edwin Miller</b>			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)	KIND OF BUSINESS OR INDUSTRY					
13. <b>2774</b>	14a. <b>Proof Room Supervisor</b>	14b. <b>Legislative Counsel Bureau</b>					
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)			
15a. <b>Nevada</b>	15b. <b>Carson City</b>	15c. <b>Carson City</b>	15d. <b>504 Terrace St</b>	15e. <b>Yes</b>			
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. <b>Arthur A Nelson</b>		17. <b>Lulu M Thompison</b>					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. <b>Edwin Miller</b>		18b. <b>504 Terrace St Carson City, NV 89703</b>					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State				
19a. <b>Burial</b>		19b. <b>Lone Mountain Cemetery</b>	19c. <b>Carson City, Nevada</b>				
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
20a. <i>[Signature]</i>		20b. <b>36</b>	20c. <b>FitzHenry's Funeral Home and Crematory 833 N Edmonds Carson City NV 89701</b>				
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>[Signature]</i>					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. <b>April 29, 1994</b>		21c. <b>12:30 pm</b>		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. <b>John Kelly 1000 N. Division Carson City, Nevada 89703</b>		23b. <b># 6376</b>					
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE					
24a. (Signature) <i>[Signature]</i>	24b. <b>May 2, 1994</b>	24c. YES <input type="checkbox"/> NO <input type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death					
PART I (a) <b>Hepatic Failure</b>		: <b>1 week</b>					
(b) <b>Renovascular Cancer</b>		: <b>2 months</b>					
(c)		: :					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)				
PART II		26. <b>No</b>	27. <b>Yes</b>				
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED				
28a.	28b.	28c. <b>M</b>	28d.				
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE		
28e.	28f.	28g.					



STATE REGISTRAR

*[Signature]*

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **APR 24 2000 0493575**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
Dyer Lawrence etals  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 JUN -7 AM 10: 21

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID K2 DEPUTY

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