RECORDING REQUESTED BY:

Rachelle J. Nicolle Attorney at Law

AFTER RECORDING MAIL THIS DEED

AND UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

RUSSELL JOHN NAFUS, TRUSTEE 1387 Sanden Lane Minden, Nevada 89423



1650 Highway 395; Suite 102B Minden, NV 89423

AFFIDAVIT - DEATH OF CO-TRUSTEE & CONTINUED SOLE SERVICE OF REMAINING CO-TRUSTEE

Russell John Nafus, of legal age, being first duly sworn, deposes and says:

- 1. That I, Russell John Nafus, hereby declare and affirm the as follows:
- 2. I am the sole surviving Co-Trustee of the Russell John Nafus and Cheryl Linda Nafus Family Trust, U/D/T dated October 9, 1998. I hereby affirm my intention to continue to act as the sole remaining co-Trustee.
- 3. The terms of this Trust empower me to act as the sole Trustee for the Trust after the death of Cheryl Linda Nafus.
- 4. Cheryl Linda Nafus, the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as Cheryl Linda Nafus, Co-Trustee of the Russell John Nafus and Cheryl Linda Nafus Family Trust.
- 5. I hereby declare and affirm that Cheryl Linda Nafus is one of the named Co-Trustee parties in that certain Grant Deed dated May 21, 1999 to Russell John Nafus and Cheryl Linda Nafus, Trustees of the Russell John Nafus and Cheryl Linda Nafus Family Trust, and recorded on May 26, 1999 in Book 0599, Page 5289 as Document Number 0468872 and of the official records of Douglas County, Nevada covering the property described below:

Lot 3, in Block 7 as set forth on that certain Subdivision Plat of MOUNTAIN VIEW ESTATES UNIT NO. 3, filed for record in the Office of the County Recorder of Douglas

> 0510180 BK0301PG2461

County, Nevada, on May 21, 1985 in Book 585, Page 1696, as Document No 117600.

Assessor Parcel Number: 1420-33-611-003

6. The above stated affirmation is provided under penalty of perjury in Douglas County Nevada, and is dated February 2/, 2001.

Russell John Nafus, Trustee

State of Nevada

) ss.

County of Douglas

On this **Z/** day of February 2001, before me, personally appeared Russell John Nafus, Trustee personally known to me, or proved to me to be on the basis of satisfactory evidence to be the person whose names(s) is/are/subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity on behalf of which the person(s) acted executed the instrument.

NOTARY PUBLIC



DEIDRE A. CHANEY
Notary Public - Nevada
Douglas County
98-1375-5
My Appointment Expires Merch 1, 2004

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 L	EAID	\	
	LOCAL FILE NUMBER		· · · · · · · · · · · · · · · · · · ·	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH	
TYPE OR PRINT	DECEASED—NAME First	Middle	Last	2 April 8, 2000	3a. Douglas	
IN PERMANENT BLACK INK	1. Chery 1 CITY, TOWN OR LOCATION OF DE	Linda ATH HOSPITAL OR OTHER	NAFUS INSTITUTION—Name (If not either, give	street and number) If Hosp. or Inst. inc	licate DOA, OP/Emer. SEX	
OLAON IIII			Sanden Lane	Rm. Inpatient (Spe 3e.	4.Female	
ECEDENT	3b. Minden RACE—(e.g., White, Black, America)		in? Specify = yes = no if yes. AGE-	ast UNDER 1 YEAR UNDER y (Years) MOS DAYS HOURS		
	Indian, etc.) (Specity) 5. White	specify Mexican, Guban, Puerto 6.	Hican, etc. 71 Bittilda 7a.	52 7b. 7c.	8 May 24, 1947	
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN-	Decedent's Education. Specify high- grade completed.	I WIDOWED DIVORCED	SURVIVING SPOUSE (If wife, give maiden name)	
OCCURRED IN INSTITUTION	9a. Indiana	9b. II.S.A.	10. 12 years		12.Russell Nafus	
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Giv	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) KIND OF BUSINESS OR INDUSTRY			
COMPLETION OF RESIDENCE ITEMS	-4361		14a. Stage Technician 14b. Television Industry			
	RESIDENCE—STATE	COUNTY	1007.0.1		(Specify Yes or No)	
	Nevada I	15b. Douglas Middle	15c. Minden Last MOTHER—M.	15d.1387 Sande	en Lane 15e. No	
PARENTS	FATHER—NAME First	Middle (1)			Curth	
	16. John INFORMANT—NAME (Type or Print	<u>C.</u>	Wade 17. MAILING ADDRESS	Dorothy (Street or R.F.D. No., City or To		
			18b.1 3.87 Sanden	Lane, Minden, Neva	ada 89423	
	18a. Russell Nafus BURIAL, CREMATION, REMOVAL.	OTHER (Specify) CEMETER	Y OR CREMATORY—NAME	LOCATION	City or Town State	
21 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19a. Removal/Bur:	ial 196. Gl	enhaven Memorial	Park 19c. Sylma	r, California	
ISPOSITION	FUNERAL DIRECTOR—SIGNATURE FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley					
L	20a. > MM M 1 7 20b. 9 20c. 1281 N. Roop St. Carson City's Nevada 89706					
	Z 21a. To the best of rily knowledge, death occurred at the time, date and place and due to the causers and manner stated. 22a. On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the causers and manner stated.					
	(Signature and Title)					
	更主 DATE SIGNED (Mo Da	HOUR OF DE	ATH G	DO DATE SIGNED (Mo., Day, 11)	22c. 1525	
ERTIFIER	OZ 21b.	21c.		22b. 5-3-2009 PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22e. AT 1525					
		OF CERTIFIER (PHYSICIAN, ATTEN	DING PHYSICIAN, MEDICAL EXAMINER	22d. ON R. OR CORONER). (Type or Print.)	LICENSE NUMBER	
Į.	Joseph Sanford, Deputy Coroner, P.O. Box 218, Minden, Nevada 89423 23b. 193					
CONDITIONS	REGISTRAR /	salitoru, Deputy G	DATE RECEIVED BY	REGISTRAR (Mo., Day, Yr.) DEATH DUE	TO COMMUNICABLE DISEASE	
WHICH GAVE 24a. (Signature) >// 1 1 Dockson 1 24b. May 8, 200						
RISE TO IMMEDIATE	25. IMMEDIATE CAUSE (EN	TER ONLY ONE CAUSE PER LINE	OR (a). (b). AND (c).)		Interval between onset and death	
CAUSE STATING THE UNDERLYING	PART (a) Overdos	se of Morphine			•	
CAUSE LAST	DUE TO, OR AS A	DUE TO, OR AS A CONSEQUENCE OF:				
4	(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
- /	DUE TO, OR AS A	CONSEQUENCE OF:			•	
CAUSE OF	(c) PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify WAS CASE REFERRED TO Yes or No.) (Specify WAS CASE REFERRED TO Yes or No.)					
DEATH	PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death out not resulting in the didentifing cause given in fair. Not of Secretary Yes or No.) 26.Yes 27. Yes					
\	ACC. SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED					
\	OR FENDING INVEST. (Specify: 28a Accident 28b 4-8-2000 28c 1515 M 28d Injected illicit drug					
1	28a Accident BALLOY AT WORK CONTROL (AS OF NO)	PLACE OF INJURY—At home, farm building, etc. (S)	. street, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE	
/	NAAAA	28f. At home		37 Sanden Lane	Minden, Nevada	
1.0				··	No.163828	
					140. 1000 60	
	A STATE AND			1.	, and the same of	
		1	STATE REGISTRAR	11	()	

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

Date Issued:

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



REQUESTED BY

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ACAGO LE POL A ICOCLE

IN OFFICIAL RECORDS OF

DOUGLAS COLHEVADA

2001 MAR -9 PM 2: 53

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RECORDER

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