1420-07-610-032

APN: 21-373-03

AFFIDAVIT OF DEATH OF CO-TRUSTEE

I, THELMA I. BI	URNETT, hereby	swear (or affirm	n) under penalt
Carson City)		
	: SS.		
STATE OF NEVADA	•		4.4

I, THELMA I. BURNETT, 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 person named as THELMA I. BURNETT, one of the initial two Co-Trustees designated in The Burnett Family Trust U/D/T 03-30-95, wherein RICHARD E. BURNETT and THELMA I. BURNETT were named as Co-Trustees.

That RICHARD E. BURNETT is the identical person as decedent RICHARD EUGENE BURNETT named in that certain Certificate of Death, a certified copy of which is attached hereto and made a part hereof, who died on the 27th day of February, 2001.

That The Burnett Family Trust is the title owner of certain real property situate in Douglas County, Nevada, described as follows:

Lot 15 in Block B, of the final map of SUNRIDGE HEIGHTS PHASE 1, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 11, 1993, as Document No. 309550.

I remain and now serve as the sole Trustee of said Trust.

Dated this _/q day of March, 2001.

THELMA I. BURNETT
TRUSTEE

STATE OF NEVADA)

: ss.

Carson City)

WHEN RECORDED MAIL TO:

THELMA I. BURNETT

3554 LOAM LANE

CARSON CITY, NV 89705

This instrument was acknowledged before me on the 19th day of March, 2001,

by THELMA I, BURNETT.

Notary Public

DEANNA K. KELLY

NOTARY PUBLIC - NEVADA

Appt. Recorded in LYON CO.

198-3324-12 My Appt. Exp. July 21, 2002

0529305 BK | 20 | PG | 23 |

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

I ROLL 102 IMAGE 857	하다 하는 마음이 되었다면 하는 것이 되었습니다. 그 사람들은 그리고 있는 것이 되었습니다.
LOCAL FILE NUMBER 491	STATE FILE NUMBER
TYPE DECEASED—NAME First Middle Last DATE OF DEATH (Month, Day, Year) OR PRINT	COUNTY OF DEATH
PERMANENT 1. Richard Eugene BURNETT 2 February 27, 200)1 ₃a. Washoe
BLACK INK CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) If Hosp. or Inst. indicate Ren. Inpatient (Specify)	e DOA, OP/Emer. SEX
3c. St. Mary's Regional Medical Center 3e. Inpatie	
HACE—(e.g., White, Black, American Was Decedent of Hispanic Origin? Specify 🗋 yes 🔀 no. If yes, AGE—Last UNDER 1 YEAR UNDER 1 D. Incian, etc.) (Specify) Specify Mexican, Cuban, Puerto Rican, etc. Birthday (Years) MOS • DAYS HOURS • M	
5. White 6. 7a. 77 7b. 7c. :	8. Nov. 9, 1923
IF DEATH (If not U.S.A., name country) TRY grade completed	SURVIVING SPOUSE (If wife, give maiden name)
SET RAIDECCK SET RAIDECCK SET RAIDECCK SET RAIDECCK SET RAIDECCK SCOLAL SECURITY NUMBER USUAL CCCUPATION (Give Kind of Work Done During Most of Kind OF BUSINESS OR INDUSTRY	12. Thelma I. Jackson
CMFLETCHOP 7.0.0.2	
RESIDENCE 13. 13. 14a. Supervisor 14b. Insurance RESIDENCE STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER	
	INSIDE CITY LIMITS (Specify Yes or No.)
SATURE MANY CONTRACTOR OF THE	N ■ 15e. NO Middle Last
Cecil Richard Burnett 17. Lola Ce	cile Tousley
INFCRMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, 1)	State, Zip)
18a. Thelma I. Burnett jisb. 3354 Loam Ln., Carson City, Nev	ada 89705
BURIAL. CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION	City or Town State
DESIGN 19a. Cremation 19b. FitzHenry's Crematory 19c. Car	son City, Nevada
(Or Person Acting as Such)	
20a. 20a. 20b. 217 20c. 833 N. Edmonds Dr., Carson C	
22a. On the best of my knowledge, death occurred at the time, gate and place and the time, gate and place and cue to the cause(s) stated.	stigation, in my opinion death occurred ne cause(s) and manner stated.
Gignature and Title) Gignature and Title Gignature and Gignature	
B로 DATE SIGNED (Mo., Day, Yr.)	OUR OF DEATH
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print); NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print); PRONOUNCED DEAD (Mo., Day, Yr.) P	Sc. RONOUNCED DEAD (Hour)
	RONOUNCED BEAD (Actr)
	2e. AT LICENSE NUMBER
23a John P. Kelly, M.D., 550 W. Washington, Carson City, Nevada	23b. 6376
CONDITIONS REGISTRAR (Mo., Dez, Yr.) DEATH DUE TO CO	
WHICH GAVE 24a. (Signature) WILLIAM Don 24b Manach 2 2001	
IMMEDIATE 25. IMMEDIATE CAUSE (ENTER CAUSE PER LINE POR IS), (b), AND (c).)	Interval between onset and ceath
STATING THE	: 11/1/2010
CAUSE LAST DUE TO, OR AS A CONSEQUENCE CF:	Interval between onset and death
DUE TO, CR AS A CONSEQUENCE OF:	Interval between onset and ceath
사이트로 보고 다른 사이에 가는 사람들이 되었다. 이 사람들은 사람들이 되었다. 그는 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 모르는 사람들이 모르는 사람들이 되었다. 그는 사람들이 되었다. 그는 사람들은 사람들은 사람들이 되었다면 보고 있다. 그는 사람들은 사람들은 사람들은 사람들이 되었다면 보고 있다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들이 되었다면 보고 있다.	
PART OTHER SIGNIFICANT CONDITIONS—Conclitions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Spec	//////////////////////////////////////
Yes or A	(d) CORONER (Specify Yes or No) 27. Y⊖S
ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (No., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED OR PENDING INVEST.	
(Snecity) 28b. 28c. M 28d.	
PLACE OF INJURY—At home, farm, street, factory, office LOCATION. STREET OR R.F.D. No. CITY	OR TOWN STATE
building, etc. (Specify) 28f. 28g.	
No side your is not	o.177642

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

Deputy Registrar:

9529305

MAR

7 2001

REQUESTED BY Esq IN OFFICIAL RECORDS OF DOUGLAS CO. MEYADA. 2001 DEC -5 AM 8: 37 LINDA SLATER
RECORDER 0529305 BK 120 1 PG 1233