

APN # 29-470-05 *New 1220-24-501-050*

RECORDING REQUESTED

AND RETURN TO:

Lifeline Estate Services Inc.
3708 Lakeside Dr #202
Reno, Nevada 89509

MAIL TAX STATEMENTS TO:

Edith H. Daugherty
1976 Sorrel Lane
Gardnerville, NV 89410

AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY REMAINING TRUSTEE

A parcel of land being situated in the Northeast $\frac{1}{4}$ of Section 24, Township 12 North, Range 20 East, M.D.B.&M., and further being a portion of Lot 9, as shown on the amended plat of RUHENSTROTH RANCHOS SUBDIVISION, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on March 11, 1970, as Document No. 88873, described as follows:

Parcel C, as set forth on that certain Parcel Map filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on August 29, 1977, as Document No. 12399 of Official Records.

TOGETHER WITH a road and utility easement over and across the Southerly 25 feet of Lot 9, in the herein-above mentioned subdivision, as set forth on that certain Parcel Map filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on August 29, 1977, as Document No. 12399 of Official Records.

A.P.N. # 29-470-05

New 1220-24-501-050

and commonly known as: PO BOX 1916 / 1976 Sorrel Lane, Gardnerville, Nevada 89410

The undersigned, Edith H. Daugherty, hereby declares that, Thomas L. Daugherty, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Thomas L. Daugherty, named as one of the initial Co-Trustee's in that certain Declaration of Trust titled THE DAUGHERTY FAMILY TRUST dated May 13, 1998.

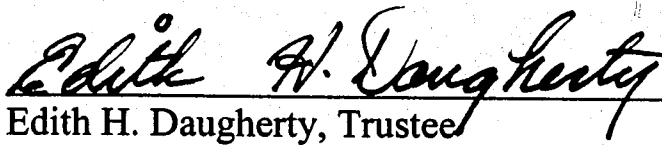
Declarant further declares that she is the remaining initial Co-Trustee named in the Declaration of and that he hereby assumes the position as sole Trustee.

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The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on March 20, 2002, in the City of Gardnerville, County of Douglas, Nevada.


Edith H. Daugherty, Trustee

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On March 20, 2002, before me, John Rhoads, a Notary Public in and for said County and State, personally appeared Edith H. Daugherty, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

JOHN RHOADS
Notary Public, State of Nevada
Appointment No. 98-2708-2
My Appt. Expires May 31, 2004

WITNESS my hand and official seal


Notary Public

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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

ROLL 106 IMAGE 218

486

STATE FILE NUMBER

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 DECEASED—NAME First Middle Last 1. Thomas Leo DAUGHERTY, SR.		DATE OF DEATH (Month, Day, Year) 2. February 25, 2002	COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. St. Mary's Regional Medical Center	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	SEX 4. Male
AGE—Last Birthday (Years) 7a. 76	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. June 2, 1925
STATE OF BIRTH (If not U.S.A., name country) 9a. Colorado	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
SOCIAL SECURITY NUMBER 13. 8556	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Electrician	KIND OF BUSINESS OR INDUSTRY 14b. Water & Power	SURVIVING SPOUSE (If wife, give maiden name) 12. Edith Tryfonas
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	STREET AND NUMBER 15d. 1976 Sorrel Lane
FATHER—NAME First Middle Last 16. Leo P. Daugherty		MOTHER—MAIDEN NAME First Middle Last 17. Rachel Clardy	
INFORMANT—NAME (Type or Print) 18a. Edith H. Daugherty		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P. O. Box 1916, Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory	LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a.	FUNERAL DIRECTOR LICENSE NUMBER 20b. 9	NAME AND ADDRESS OF FACILITY 20c. Society, 1614 N. Curry St., Carson City, NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Signature and Title: DATE SIGNED (Mo., Day, Yr.): 21b. 2-26-02		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): DATE SIGNED (Mo., Day, Yr.): 22b. 0256	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. WILLIAM M. O'NEILL, M.D. 633 N. ARLINGTON AVE. #220 RENO, NV 89503		LICENSE NUMBER 23b. 4832	
REGISTRAR 24a. (Signature)	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. February 26, 2002	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Acute renal failure DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 1 week	
(b) _____ DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) _____ DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Recent cerebrovascular accident		AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE

STATE REGISTRAR

No. 216373

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

Deputy Registrar: Barbara Lee Hunt Date: FEB 28 2002

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Life Line Estate
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 APR 26 AM 9:42

LINDA SLATER
RECORDER

\$17⁰⁰ PAID KZ DEPUTY

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