

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
 : ss.
County of Carson)

I, **MARY E. RUCKER**, 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 **MARY E. RUCKER**, one of the initial two Co-Trustees designated in **The James E. Rucker & Mary E. Rucker Family Trust U/D/T 04-26-91**, wherein **JAMES E. RUCKER** and **MARY E. RUCKER** were named as Co-Trustees.

The James E. Rucker & Mary E. Rucker Family Trust is the owner of certain real property commonly known as 2712 Clapham, Minden, Nevada, and more particularly described as follows:

Lot 21, Block 4, as set forth on the Map of Mountain View Estates No. 2, filed for record October 24, 1979, as Document No. 38123, Official Records of Douglas County, State of Nevada. A.P.N. 21-110-47

That **JAMES E. RUCKER** is the identical person as decedent **JAMES EARL RUCKER** named in that certain Certificate of Death, a certified copy of which is attached hereto and made a part hereof, as if set forth in full, verbatim. I am the surviving wife of said decedent, who died on the 24th day of November, 2001.

I am the remaining Co-Trustee of said Trust and I hereby accept the appointment as sole Trustee and I agree to assume and perform all of the fiduciary duties as sole Trustee under said Trust.

Dated this 18 day of April, 2002.

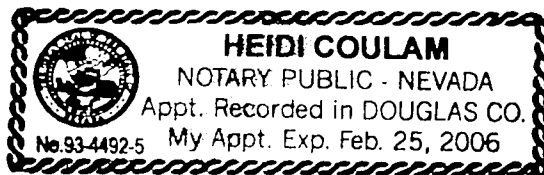
Mary E. Rucker
MARY E. RUCKER, TRUSTEE

STATE OF NEVADA)
 : ss.
County of Carson)

✓ WHEN RECORDED MAIL TO:
MARY E. RUCKER
P.O. BOX 1027
MINDEN, NEVADA 89423

This instrument was acknowledged before me on the 18th day of April, 2002 by **MARY E. RUCKER**.

Heidi Coulam
Notary Public



0540960

BK 0402 PG 09430

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. James Earl RUCKER		2. November 24, 2001	3a. Carson City
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Carson City		3c. Carson Tahoe Hospital	3e. Inpatient
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)
5. White		6.	7a. 83
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. Oklahoma		9b. U.S.A.	10. 12
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. [REDACTED] 7652		14a. Retired Dispatcher	14b. Utility
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Douglas	15c. Minden
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Elliott Nelson Rucker		17. Ethel Mae Glenn	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Mary E. Rucker		18b. P.O. Box 1027 Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Carson Sierra Crematory	19c. Carson City Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>Jammy B...</i>		20b. 09	20c. Society 1614 N. Curry St. Carson City, NV. 89703
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)		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.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 11/26/01		22b. [REDACTED]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 15:05		22c. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [REDACTED]		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Ali Bawamia M.D. 775 Fleischmann Way, Carson City, NV. 89703		23b. 9431	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>Ali Bawamia M.D.</i>	24b. Nov 26, 2001	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) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Severe respiratory failure		Interval between onset and death	
(c) Severe pneumonia with progressive renal insufficiency		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.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No		26. No	27. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a. [REDACTED]	28b. [REDACTED]	28c. M	28d. [REDACTED]
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. [REDACTED]	28f. [REDACTED]	28g. [REDACTED]	[REDACTED]

No. 182828

STATE REGISTRAR

Gyonna Sylva

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

Date Issued: 0540960

NOV 26 2001

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Dale T. Coulam
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2002 APR 30 AM 9: 15

LINDA SLATER
RECORDER

\$16.⁰⁰ PAID Pa DEPUTY

0540960

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