

RECORDING REQUESTED BY  
AND WHEN RECORDED  
RETURN TO:  
Alanah J. Woody  
863 Longleaf Place  
Minden, Nevada 89423

A.P.N. 1320-30-311-029

**AFFIDAVIT--DEATH CO-TRUSTEE**

STATE OF NEVADA                    )  
  : SS  
COUNTY OF DOUGLAS                )

I, HENRY E. WOODY, being of legal age, hereby state under penalty of perjury that the following statements are true:

That Affiant is HENRY E. WOODY, the Successor and Sole Trustee named in that certain Deed recorded on May 1, 1998, in the Office of the Recorder, County of Douglas, State of Nevada, Book 0598, Page 0356, Document 438795, referring to the following described property situated in the County of Douglas, State of Nevada:

Lot 6, in Block D as set forth on Final Map of WESTWOOD VILLAGE UNIT NO. III, filed in the office of the County Recorder of Douglas County, State of Nevada on August 31, 1989, in Book 889, Page 4564 as Document No. 209883.

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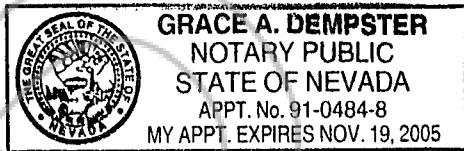
That LOLA F. WOODY, the deceased, was one of the Trustees named in said Deed and was the identical person named as LOLA F. WOODY, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.

That LOLA F. WOODY, the deceased, died on the April 10, 2001 in Minden, County of Douglas, State of Nevada.

That HENRY L. WOODY, is authorized to transfer such property as the Successor and Sole Trustee of the HENRY L. WOODY AND LOLA L. WOODY FAMILY TRUST DATED MAY 1, 1998.

DATED this 17 day of March, 2003.

*Henry E. Woody*  
HENRY E. WOODY  
Successor and Sole Trustee  
of the HENRY E. WOODY AND  
LOLA F. WOODY FAMILY TRUST



STATE OF NEVADA            )  
  : SS.  
COUNTY OF DOUGLAS        )

On March 17, 2003, personally appeared before me, a Notary Public, Henry L. Woody, personally known or proved to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument.

*Grace A. Dempster*  
Notary Public

# 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)	
1. Lola F. WOODY		2. April 10, 2001	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Minden		3c. 863 Longleaf Place	
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.	
5. White		6.	
AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS	
7a. 67		7b. :	
UNDER 1 DAY HOURS : MINS		DATE OF BIRTH (Mo., Day, Yr.)	
7c. :		8. Dec. 29, 1933	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. California		9b. U.S.A.	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. 9913		10. 10	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
14a. Homemaker		11. Married	
KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
14b. Own Home		12. Henry E. Woody	
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Douglas	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15c. Minden		15d. 863 Longleaf Pl.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Hardy B. Stockman		17. Dorothy S. Hinds	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Alanah J. Woody - Daughter		18b. 863 Longleaf Pl., Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. Carson City, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
To be completed by CERTIFYING PHYSICIAN		To be completed by Coroner's Office	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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>Robert M. McDonald</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 4/11/01		22b.	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1855		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Robert McDonald, M.D., 710 W. Washington, Carson City, Nv.		22e. AT	
LICENSE NUMBER		23b. 6433	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. April 11, 2001	
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).)		Interval between onset and death	
PART I (a) <i>Respiratory Failure</i>		: <i>Weeks</i>	
(b) <i>Pulmonary Fibrosis</i>		: <i>Months</i>	
(c) <i>Emphysema</i>		: <i>Years</i>	
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)	
26. No		27. Yes	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. Yes	
ACC. SU. SIDE HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		28g.	



No. 183117

STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office. BK 0503 PG 3642

*[Signature]*  
State Registrar

Date Issued: APR 11 2001 0576019

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY  
Alaska Woody  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2003 MAY -7 PM 3: 01

WERNER CHRISTEN  
RECORDER

\$ 17<sup>00</sup> PAID Bh DEPUTY

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