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REQUESTED BY
Beyer Pongratz & Rosen
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 JUL 22 AM 9:42

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID K2 DEPUTY

When Recorded Mail
tax statements to:
Norma Bickmore
966 Dresslerville Rd.
Gardnerville, Nevada 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF COMMUNITY PROPERTY/SPOUSE

State of California }
 :§
County of Placer }

I, **Norma J. Bickmore**, of legal age, being first duly sworn, deposes and declares:

That **Edward Clifton Bickmore, Jr.**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as the person named as Trustee in that certain Trust Agreement dated **January 4, 1996**, known as the **BICKMORE FAMILY REVOCABLE TRUST**, and in that certain Trust Transfer Deed dated February 25, 2002, by **Edward Clifton Bickmore, Jr. and Norma J. Bickmore**, as Settlers and Trustees, recorded as BK0302PG01749 on MARCH 5, 2002 in the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

Commonly known as **966 Dresslerville, Rd., Gardnerville, Nevada 89410** APN: 1220-15-110-083

I, the undersigned also do declare that **Norma J. Bickmore** is the sole surviving trustee named in the **Bickmore Family Revocable Trust** created **January 4, 1996**; That she became the Sole Surviving Trustee of said Trust by virtue of the death of **Edward Clifton Bickmore, Jr.** as evidenced by his Certificate of Death accompanying this affidavit; That said trust presently is in effect and has not been amended or revoked; That **Norma J. Bickmore** has the authority under said Declaration of Trust to execute any Deed with which may be filed hereafter.

VERIFICATION (Unsworn Statement - Code of Civil Procedure 2015.5)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on JUN 11 2003 at Lincoln, California.

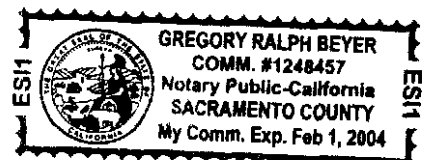
Norma J. Bickmore

Norma J. Bickmore
SUBSCRIBED AND SWORN TO before me

SEAL

this _____ day of JUN 11 2003

Signature _____
Name of Notary: **GREGORY RALPH BEYER**



0583959

BK0703PG09706

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER														
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH											
DECEDENT	1. Edward Clifton BICKMORE, Jr.			2. April 9, 2003			3a. Douglas											
	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. (Specify)			SEX								
	3b. Gardnerville			3c. 966 Dresslerville Rd.			3e.			4. Male								
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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)			DATE OF BIRTH (Mo., Day, Yr.)								
	5. White			6.			7a. 73			8. October 12, 1929								
	STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY			Decedent's Education. Specify highest grade completed.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)					
PARENTS	9a. California			9b. U.S.A.			10. 16			11. Married			12. Norma Kent					
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY											
	13. ████████-2119			14a. Military			14b. U.S. Government											
DISPOSITION	RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)					
	15a. Nevada			15b. Douglas			15c. Gardnerville			15d. 966 Dresslerville Rd.			15e. yes					
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last														
CERTIFIER	16. Edward Clifton Bickmore, Sr.			17. Vira Jean Sechrst														
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)														
	18a. Norma Bickmore - Wife			18b. 966 Dresslerville Rd., Gardnerville, NV 89460														
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State											
	19a. Removal/Burial			19b. Mt. Vernon Memorial Park			19c. Sacramento, California											
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY											
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	20a. <i>[Signature]</i>			20b. 217			20c. Home, 1380 Hwy 395, Gardnerville, NV 89410											
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			21b. <i>[Signature]</i>			21c. 0400			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.			22b. <i>[Signature]</i>			22c.		
	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			22d. ON			22e. AT								
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21e.			22d. ON			22e. AT								
	21d.			21e.			22d. ON			22e. AT								
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			LICENSE NUMBER														
CAUSE OF DEATH	23a. James A. Cunningham, M.D., 412 W. John St. #1B, Carson City, NV			23b. 7333														
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE											
	24a. <i>[Signature]</i>			24b. April 11, 2003			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)																	
	PART I (a) Under pulmonary failure																	
	DUE TO, OR AS A CONSEQUENCE OF:																	
CAUSE OF DEATH	(b) Metastatic Bladder Cancer																	
	DUE TO, OR AS A CONSEQUENCE OF:																	
	(c)																	
CAUSE OF 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			27. NO														
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED								
CAUSE OF DEATH	28a.			28b.			28c. M			28d.								
	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.			28f.			28g.											

No. 248314

STATE REGISTRAR

[Signature]
Yvonne Sylva

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

Date Issued: APR 11 2003 0583959

State Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0703PG09707