

16-

1220-21-610-022

APN # 29-213-21  
RECORDING REQUESTED  
AND RETURN TO:  
✓ Lifeline Estate Services Inc.  
3708 lakeside Dr #202  
Reno, Nevada 895089

REQUESTED BY  
Lifeline Estate Serv  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2003 SEP 11 AM 9: 53

WERNER CHRISTEN  
RECORDER

s/16 PAID KJ DEPUTY

MAIL TAX STATEMENTS TO:  
Virginia H. Doxsee  
764 Blue Rock  
Gardnerville, Nevada 89410

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

DOUGLAS County, Nevada

LOT 342, AS SHOWN ON THE MAP OF GARDNERVILLE  
RANCHOS UNIT NO.6, FILED FOR RECORD IN THE OFFICE OF  
THE COUNTY RECORDER OF DOUGLAS COUNTY ON MAY 29,  
1973, IN BOOK 573 PAGE 1026, AS FILE NO. 66512.

and commonly known as: 764 Blue Rock Rd. Gardnerville, Nevada  
89410

The undersigned, Virginia H. Doxsee, hereby declares that, William  
C. Doxsee, the decedent mentioned in the attached certified copy of  
Certificate of Death, is the same person as William C. Doxsee, named as  
one of the initial Co-Trustee's in that certain Declaration of Trust titled  
the the DOXSEE FAMILY TRUST DATED AUGUST 29, 2000.

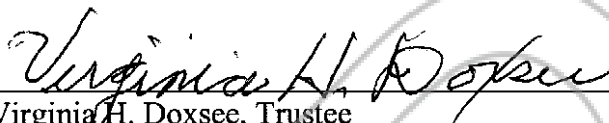
Declarant further declares that she is the remaining initial Co-  
Trustee named in the Declaration of Trust and that <sup>Sh</sup>he hereby assumes the  
position as sole Trustee.

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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.

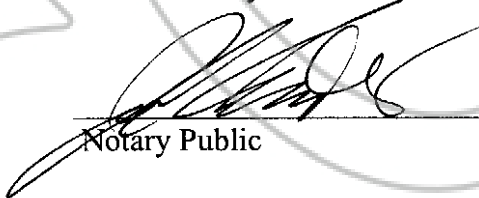
Executed on May 21, 2003, in the City of GARDNERVILLE, County of DOUGLAS, Nevada.

  
Virginia H. Doxsee, Trustee

STATE OF NEVADA     )  
  ) ss.  
COUNTY OF DOUGLAS )

On May 21, 2003, before me, John Rhoads, a Notary Public in and for said County and State, personally appeared Virginia H. Doxsee, 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.

WITNESS my hand and official seal

  
Notary Public

**JOHN RHOADS**  
Notary Public, State of Nevada  
Appointment No. 96-2706-2  
My Appt. Expires May 31, 2004

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# 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 1. William C. DOXSEE			DATE OF DEATH (Month, Day, Year) 2. May 17, 2003		
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 764 Bluerock Road		
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White			SEX 4. Male		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Oregon			CITIZEN OF WHAT COUNTRY 9b. USA		
	SOCIAL SECURITY NUMBER 13. ████████-5401			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Carpenter		
PARENTS	FATHER—NAME First Middle Last 16. Earl Doxsee			MOTHER—MAIDEN NAME First Middle Last 17. Unknown		
	INFORMANT—NAME (Type or Print) 18a. Virginia H. Doxsee			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 764 Bluerock Road, Gardnerville, NV 89460		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation			CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. Jimmy Benson			NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley		
CERTIFIER	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) <i>Evan Easley</i>			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>Evan Easley</i>		
	DATE SIGNED (Mo., Day, Yr.) 21b. 5/21/03			DATE SIGNED (Mo., Day, Yr.) 22b. 5/21/03		
CAUSE OF DEATH	21c. HOUR OF DEATH 21c. 1445			22c. HOUR OF DEATH		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Evan Easley, MD., 1107 Hwy 395, Gardnerville, NV 89410			22d. ON <input type="checkbox"/> 22e. AT <input type="checkbox"/>		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. (Signature) <i>Vera R. Kochand</i>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. May 22, 2003		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <i>Respiratory Failure</i> (b) <i>lung cancer</i>			DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
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) 26. <input type="checkbox"/>		
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.			DATE OF INJURY (Mo., Day, Yr.) 28b.		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No) 28e.			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		
	HOUR OF INJURY 28c.			DESCRIBE HOW INJURY OCCURRED 28d.		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No) 28e.			LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.		

No. 237472

STATE REGISTRAR

*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:

0589582 MAY 22 2003

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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