15'

REQUESTED BY

IN OFFICIAL RECORDS OF

DOUGLAS CO., MEVADA

2003 NOV -4 PM 12: 36

WERNER CHRISTEN
RECORDER

5 90
PAID 12 DEPUTY

Recorded at the request of:
When recorded, mail to:
Mail tax statements to:
Richard L. Oakland
975 Copperwood Drive
Fallon, Nevada 89406

## AFFIDAVIT OF DEATH OF CO-TRUSTEE

APN: 1022-29-811-013

Gladys E. Oakland being first duly sworn, deposes and says:

- 1. Stanley L. Oakland, died on the 28th day of October, 1999, and a certified copy of his Death Certificate is attached hereto.
- 2. That at the date of his death, Stanley L. Oakland and Gladys E. Oakland were Co-Trustees of the Oakland Family Trust dated December 10, 1996, which was the owner of certain real property located in the County of Douglas, State of Nevada, described as follows:

Lot 76 as shown on the map of TOPAZ LODGE SUBDIVISION First and Second Sections, filed for record in the Office of Douglas County Recorder, Nevada, on September 16, 1958, as File No. 13594, of Official Records.

- 3. That said ownership was created by a Deed recorded on March 21, 1997, in Book 397, Page 3329, as Document Number 408877 in the Douglas County Recorder's Office.
- 4. That upon the death of the said Stanley L. Oakland, the Affiant became the sole Trustee of the Oakland Family Trust dated December 10, 1996.

Gladys E. Oakland

Subscribed and sworn to before me this day of November, 2003.

NOTARY PUBLIC

NOTARY PUBLIC STATE OF NEVADA
County of Douglas
Na. 82-7439-5
NANCY ANN RUDOLPH
My Appointment Expires March 10, 2008

0595828 BK1103PG01348

## **DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS**

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

			CERTIFICAT	E OF DEATH		/ \	
	LOCAL FILE NUMBER		År.			STATE FILE NUMBER	
TYPE OR PRINT	DECEASED—NAME First	Middle	Last		ATH (Month, Day, Year)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	£.
PERMANENT BLACK INK	Stanle		OAKLAND THER INSTITUTION—Name (If no		ober 26, 19	999   3a. Carson   Option   SEX	City
	Rm. Inpatient (Specify)						٥
DECEDENT				es AGE_Last UNDE		1 DAY DATE OF BIRTH (Mo., Day,	
	indian, etc.) (Specify)   specify Mexican, Cuban, Puerto Rican, etc.   Birthday (Years)   MOS   DAYS   HOURS   MINS   8July 13, 1922						22
JF DEATH OCCURRED IN INSTITUTION	STATE OF BIRTH (If not U.S.A., name country) 9a. New Jersey	CITIZEN OF WHAT CO	grade completed.	MIDOMED,	NEVER MARRIED, DIVORCED (arried	SURVIVING SPOUSE (If wife, give m	
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	(Give Kind of Work Done During		SUSINESS OR INDUST		
COMPLETION OF RESIDENCE ITEMS	-8887 Working Life, Even if Retired) 14a. Maintenance Engineer 14b. Chemical						
i	RESIDENCE-STATE	COUNTY	CITY, TOWN, OR LOCAT		REET AND NUMBER	INSIDE CITY LIMIT	5
<b>→</b> (	15a. Nevada	156. Douglas	15c Gardner	ville 15	3508 Mark	Twain (Specify Yes or No)	
PARENTS	FATHER—NAME First	Middle # ,		OTHER-MAIDEN NAME	First	Middle Last	V
CAN-WE	16. Arnie		Oakland j		ouise	Anderse	n
	INFORMANT—NAME (Type or Pri	- (	MAILING ADDRES	10 fk 50 , / 20 g 27 F	or R.F.D. No., City or T		
	18a. Richard Oak: BURIAL, CREMATION, REMOVAL		186. 1555 ETERY OR CREMATORY—NAME	S. Taylor, Fa	allon, Neva	1.5	
		ごうだん かんききまる ピード		's Crematory		City or Town State	مقد
DISPOSITION	FUNERAL DIRECTOR—SIGNATU			NODRESS OF EACILITY F		Carson City, Nev	ada
	(Or Person Acting as Such)	LICE 20b.	NSE NUMBER 217 200 83	Pamonds I	itzneniy s Ir - Careo	runerai nome n City, Nevada 89	701
>	700000						
ĺ	2 21 To the best of my knowledge death polimed 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.  25 (Signature and Title)						
	DATE SIGNED (No. 1		F DEATH		(Mo., Day, Yri)	HOUR OF DEATH	
	\$ 21b. 17/2	9/44 210	0850	<b>\ \ \ \ \ \ \ \ \ \</b>		22c.	1 1.41
CERTIFIER	Signature and Title)  DATE SIGNED (No. 1)  Signature and Title)  DATE SIGNED (No. 1)  21b.	PHYSICIAN IF OTHER THAN C	ERTIFIER (Type or Print)	A PRONOUNCE	DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)	
}				22d: ON	9 8	22e. AT	
		" W. ": "A . N	TENDING PHYSICIAN, MEDICAL		Carrier Carrier	LICENSE NUMBER	4.4
		. Kelly, M.D.,	550 W. Washin		<u> </u>		
CONDITIONS IF ANY	REGISTRAR	ba D.V.	$\rho$	EIVED BY HEGISTHAH (Mo., I	~~	TO COMMUNICABLE DISEASE	
WHICH GAVE RISE TO IMMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE (EI	NTER ONLY ONE CAUSE PER L	NE FOR (a) (b) AND (c)	4 25,199	24c. YES	NO	ricoth /
CAUSE STATING THE		2 ( 000 0 24			<b>*</b>	3 m. 10h	the
UNDERLYING CAUSE LAST	PART (a) VVVI	CONSEQUENCE OF:				Interval between onset and	death
	(0)						
7-	DUE TO, OR AS A	CONSEQUENCE OF:		7		Interval between onset and	r death
CALICE OF	,\ (c)					and the state of	4.797
CAUSE OF DEATH	PART OTHER SIGNIFICANT	CONDITIONS—Conditions contri	outing to death but not resulting in	the underlying cause given in P		(Specify WAS CASE REFERRED TO 'es or No.) CORONER (Specify Yes or	No.
14			<u> </u>		26. NO	27. Yes	
1 1	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY DES	CRIBE HOW INJURY OCCUR	RED		
	(Specify) 28b. 28c. M 28d.						
	(Specify Yes or No)	PLACE OF INJURY—At home, building, ex	: (Specify)		ÓR R.F.D. No.	CITY OR TOWN STATE	
		28f.	28g				
			e de la companya de La companya de la co			No.155572	
72/1	and the second						
3/1/2	STATES SEGISTRAN		STATE REGIS	TRAR			Buy 18

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

Date Issued:

**059**5828

State Registrar