1319-30 -526-00≥ A.P.N. 40-170-03

Recording Requested By: When Recorded Return To:

Hale Lane
5441 Kietzke Lane, Second Floor
Reno, Nevada 89511

Mail Tax Information To:

Mrs. Barbara House Evison, Trustee Evison Family 1997 Trust P.O. Box 455 Moose, Wyoming 83012

Title:

Hale Late et als

IN OFFICIAL RECORDS OF

DOUGLAS CO., MEYADA

2004 AUG 25 AM 9: 51

WERNER CHRISTEN

RECORDER

PAID KO DEPUTY

AFFIDAVIT - DEATH OF TRUSTEE

0622442 BK0804PG10351

#### A.P.N. 40-170-03

# Recording Requested By: When Recorded Return To:

Hale Lane 5441 Kietzke Lane, Second Floor Reno, Nevada 89511

### Mail Tax Information To:

Mrs. Barbara House Evison, Trustee Evison Family 1997 Trust P.O. Box 455 Moose, Wyoming 83012

### AFFIDAVIT – DEATH OF TRUSTEE

STATE OF NEVADA	)
	) ss
COUNTY OF DOUGLAS	)

BARBARA HOUSE EVISON, of legal age, being first duly sworn, deposes and says:

1. QUINCY BOYD EVISON, the Decedent mentioned in the attached certified copy of Certificate of Death, is the same person as QUINCY BOYD EVISON, Trustee of the Evison Family 1997 Trust dated June 30, 1997, in that certain Grant, Bargain, Sale Deed dated September 6, 2002, executed by Quincy Boyd Evison and Barbara House Evison recorded as Document Number 0552107 in Book 0902 at Pages 04186 to 04188 on September 13, 2002, Official Records of Douglas County, Nevada, covering the real property located at 275-C Orion Lane, City of TAHOE, County of Douglas, State of Nevada, described as follows:

Unit 3, as set forth on the Condominium Map of Lot 37, Amended Map of Tahoe Village Unit No. 1, filed for record August 27, 1979 in Book 879, Page 1945 Document No. 36601, Official Records of Douglas County, State of Nevada.

TOGETHER WITH an undivided ¼ interest in and to that portion designated as common area as set forth on the Condominium Map of Lot 37, Amended Map of Tahoe Village Unit No. 1, filed for record August 27, 1979 in Book 879, Page 1945, Document No. 36001, Official Records of Douglas County, State of Nevada.

2. That upon the death of Quincy Boyd Eviso the successor trustee under the Evison Family 1997 Trust	•
Dated this 18 day of August, 2004.  Raibara House Exison	
BARBARA HOUSE EVISON	
Successor Trustee under the Evison Family 1997 Trust	
STATE OF ( Oyoming ) ss. COUNTY OF Teton )	
On Joseph 18, 2004, before me, the undersigned, a No personally appeared BARBARA HOUSE EVISON, Se Family 1997 Trust, proved to me to be the person wiforegoing instrument, and who acknowledged to me to instrument.	uccessor Trustee of the Evison hose name is subscribed to the
NOTARY PUBLIC	SHARI A. BYERLY - NOTARY PUBLIC County of State of Teton Wyoming My Commission Expires Nov. 17, 2004

# **COUNTY OF LOS ANGELES**

## **DEPARTMENT OF HEALTH SERVICES**

		SERTIFICATE OF		/ \			
	··· · · · · · · · · · · · · · · · · ·	K INK CINLY/NO ERASURES, WHITE VS-11 (REV. 1/00)	OUTS OF ALTERATIONS	ISTRATION NUMBER			
	1. NAME OF DECEDENT—FIRST (GIVEN) OUINCY	2. MIDDLE	3. LAST (FAMILY)				
	4. DATE OF BIRTH MM/DD/CCYY 5. AGE	RS. IF UNDER 1 YEAR IF UNDER 2	EVISON				
	10/12/1932 69	MONTHS DAYS HOURS	7. DATE OF BEATH M 10/04/2002	M/DB/CCYY 8. Hour			
PERSONAL	L BC			2020 3. EDUCATION—YEARS COMPLETED			
DATA	DC 774	TES LAND	LINK MARRIED	17			
	CAUCASIAN	15. HISPANIC -SPECIFY	16. USUAL EMPL	1 1			
	17. OCCUPATION	18. KIND OF BUSINESS	X NO NATIONAL	PARK SERVICE			
<del></del>	REGIONAL DIRECTOR	PARKS AND RECE	EATION	34			
	20. RESIDENCE—STREET AND NUMBER OR LOCA 615 WALDEN DR.	rion;					
USUAL RESIDENCE		COUNTY	3. ZIP CODE 24, YRS IN COUNT				
	BEVERLY HILLS	LOS ANGELES	90210 24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY			
INFORMANT	26. NAME, RELATIONSHIP	27. MAILING A	DDRESS (STREET AND NUMBER OF RURAL ROUTE	CALIFORNIA			
	BARBARA EVISON - WIFE	P.O.	BOX 455 MOOSE WY 83012				
	BARBARA	29, MIODLE	30. LAST (MAIDEN NAME)				
SPOUSE AND	31. NAME OF FATHER-EIRST	32. MIDDLE	HOUSE #				
PARENT INFORMATION	N SAMUEL	HERBERT	EVISON	34. BIRTH STATE			
	35. NAME OF MOTHER-FIRST	36. MIDDLE	37. LAST (MAIDEN)	38, BIRTH STATE			
	SHIRLEY  39. DATE M M / D D / C C YY 40. PLACE OF FINAL	EDNA	BAIN	IA			
DISPOSITION(8			METERY, GRAND CANYON VII	1 ACE ADIZONA			
FUNERAL		ACT DIGHT OF EMBALE	ER GRAND CARTON VI	43. LICENSE NO.			
DIRECTOR AND LOCAL	CR/TR/BU 44. NAME OF FUNERAL DIRECTOR	I ► NOT EMBALM	ED:				
REGISTRAR		45. LICENSE NO. 46. BIGNA	WAR ACIN GUILLAND	1070972002			
	101. PLACE OF DEATH	102, IF HOSPITAL, SPECIFY ON	THOMAS LA LUHTATALE 104.				
PLACE RESIDENCE							
DEATH	105. STREET ADDRESS (STREET AND NUMBER OR	LOCATION)		CITY 3			
	615 WALDEN DR.  107. DEATH WAS CAUSED BY, VENTER ONLY, DIE CAUSE PER LINE FOR A. B. C. AND. D)  TIME INTERNAL LOG NEXTY AND DESCRIPTION OF THE CAUSE PER LINE FOR A. B. C. AND. D)						
	STYLER OWER OF AND PARTY						
	CAUSE (A) PANCREATIC CANC	<b>18</b>	A STATE OF THE STA	YES NO REFERENCE NUMBER			
~			71 MOS.	09. BIOPSY PERFORMED			
	DUE TO (B)						
CAUSE	DUE TO (C)		·	10. AUTOPSY PERFORMED			
DEATH	1			YES X NO			
and the same of th	DUE TO (D)			11. USED IN DETERMINING CAUSE			
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107						
And the Control of th	NONE  113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1121 IF YES, LIST, TYPE OF OPERATION AND DATE.						
	EXPLORATORY LAPAROTOMY 1	// 10 / 20 / 107 OR 1121 IF YES,	UST TYPE OF OPERATION AND DATE.				
	114. I CERTIFY THAT TO THE BEST OF MY KNOWS - 1	115 RICHERIUS CHE PINCE	PTIFIER				
PHYSI- CIAN'S	OECEDENT ATTENDED SINCE DECEDENT LAST BEEN LINE	William H A	CONT M G24596	117. DATE M M / D D / C C Y Y			
TION	101001001	118. TYPE ATTENDING PHYSICIAN'S	NAME, MAILING ADDRESS, ZIP	10/08/2002			
	L CERTIES THE IN AN ADDRESS OF	WILLIAM H. ISACOFF, 1	A.D. 100 UCLA MEDICAL PLAZA LO	OS ANGELES, CA 90024			
	STATED FROM THE CAUSES STATED.		DATE M M / D D / C C Y Y 122. HOUR 123. FL	ACE OF INJURY			
ŀ	119. MANNER OF DEATH	YES NO NO	RRED (EVENTS WHICH RESULTED IN INJURY)				
ORONER'S NATURAL LISUICIDE LIHOMICIDE							
ONLY	9E ACCIDENT PENDING COULD NOT BE						
	ISTALL AND NUMBER OR LOCATION	AND CITY, ZIP)		<del></del>			
1	128. SIGNATURE OF CORONER OR DEPUTY CORONE	127. DATE M M / D D / C	CYY 128, TYPED NAME TO SE				
(25 <u>.9</u>			C YY 128. TYPED NAME, TITLE OF CORONI	R OR DEPUTY CORONER			
STATE REGISTRAR	В С Б	E F G	H FAX AUTH. #	CENSUS TRACE O O E 6 2 D 4			
100		<u> </u>	<b>.</b>	CENSUS TRACT 9056381			

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Director of Health Services and Registrar

Health Services and Registrar

CCT 09 2002

DECT 09 2002

OCT 09 2002

