

REQUESTED BY  
*Dale Coulam*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 SEP 20 AM 10:36

WERNER CHRISTEN  
RECORDER

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

A.P.N. 29-452-18

**RECORDING REQUESTED BY:**

BARBARA FLINN-HANNA

**MAIL TAX STATEMENTS &  
RECORDED DEED TO GRANTEE:**

BARBARA FLINN-HANNA  
3477 CUESTA DRIVE  
SAN JOSE, CA 95148

**AFFIDAVIT OF DEATH OF TRUSTEE**

I, **BARBARA FLINN-HANNA**, hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true. I am over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

I am the person named as **BARBARA FLINN-HANNA**, the successor Trustee designated in **The Flinn Family Trust U/D/T 08-16-94**, wherein **ROBERT D. FLINN** was named as the original Trustee.

By Grant, Bargain, Sale Deed recorded on August 25, 1995, as Document No. 344740, said Trust holds title to a certain parcel of real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

See Exhibit "A" attached hereto and made a part hereof by this reference.

That **ROBERT D. FLINN** is the identical person as decedent **ROBERT D. FLINN** named in that certain Certificate of Death, a certified copy of which is attached hereto as Exhibit "B" and by this reference incorporated herein.

**ROBERT D. FLINN** died on the 12th day of July, 2004, and I am the successor Trustee of The Flinn Family Trust. I hereby accept the appointment as successor Trustee and I agree to assume and perform all of the fiduciary duties as successor Trustee under said Trust.

Dated this 2nd day of August, 2004.

*Barbara Flinn-Hanna*  
**BARBARA FLINN-HANNA**

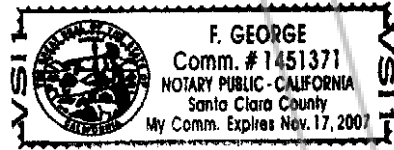
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STATE OF California )  
 : ss.  
County of *Santa Clara*)

This instrument was acknowledged before me  
on the 2<sup>nd</sup> day of August, 2004,  
by **BARBARA FLINN-HANNA.**

*[Signature]*  
Notary Public



*COPIES*

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EXHIBIT A

LEGAL DESCRIPTION

Parcel No. 1

All that certain piece or parcel of land located in the Northeast 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B. & M., Douglas County, State of Nevada, and more particularly described as follows:

PARCEL 2 as set forth on parcel map for GREGORY A. DAVIES filed for record on the Office of the County recorder of Douglas County, State of Nevada, on August 7, 1974, in Book 874, Page 120, Document No., 74599 of Official Records, Douglas County, Nevada.

Parcel No. 2

Commencing at the West 1/4 corner of said Section 24, thence East along the centerline of Arabian Lane, a distance of 4,092.82 feet to the Southwest corner of that certain parcel of land conveyed to Don Chambers, et ux, in Deed recorded August 14, 1974, in Book 874, Page 423, Document No. 74755, Official Records, Douglas County, Nevada; thence North along the West line of the Chamber's parcel of land, a distance of 198.01 feet to the TRUE POINT OF BEGINNING; said point being further described as the Northwest corner of Parcel No. 2, as morefully shown on that certain Parcel Map recorded August 7, 1974, in Book 874, Page 120, Document No. 74599, Official Records of Douglas County, Nevada; thence continuing North, a distance of 12.50 feet to a point; thence East, a distance of 260.18 feet to a point in the centerline of Mustang lane; thence along the centerline Mustang Lane, a distance of 12.50 feet to a point; said point being the Northeast corner of Chamber's parcel of land first above-mentioned; thence West along the Northerly boundary line of Chamber's land, a distance of 260.18 feet to the POINT OF BEGINNING.

Said land being a portion of Parcel No. 1, as set forth on that parcel map of GREGORY A. DAVIES filed for record in the office of the County Recorder of Douglas County, State of Nevada on August 7, 1974, Book 874, Page 120 Document No. 74599 Official Records, Douglas County, Nevada.

Assessment Parcel No. 29-452-18

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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**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

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY HIGH GAVE RISE TO IMMEDIATE CAUSE

3 THE LYING USE LAST

USE OF DEATH

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LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Robert D. FLINN		2. July 12, 2004	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. Rm. Inpatient (Specify)
3b. Gardnerville		3c. 698 Mustang Lane	4. Male
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. 71	8. February 22, 19
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)
9a. Colorado	9b. U.S.A.	10. 12 Years	11. Divorced
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. 7156	14a. Warehouseman	14b. Manufacturing	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 698 Mustang Lane
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Herman Eugene Flinn		17. Blanche Margaret Winters	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Barbara Flinn-Hanna - Daughter		18b. 3477 Cuesta Drive, San Jose, CA 95148	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>	20b. 217	20c. 833 N. Edmonds Drive, Carson City, NV 89701	
21a. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)		22a. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)	
21b. 7-13-04		22b. 0820	
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.)			LICENSE NUMBER
23a. John Kelly, M.D., 2874 N. Carson St. #210, Carson City, NV 89706			23b. 6376
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>	24b. July 14, 2004	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I	(a) Lung Cancer	Interval between onset and death 4 months	
PART I	(b)	Interval between onset and death	
PART I	(c)	Interval between onset and 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)
PART II			26. NO
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. NO	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
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.	

STATE REGISTRAR

No. 267715

24986

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JUL 14 2004

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

