

REQUESTED BY  
Steve Kyriakopoulos  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

APN: 1320-30-312-019

2004 NOV 22 AM 10:58

**RECORDING REQUESTED BY:**

**WHEN RECORDED MAIL TO:**

Name ✓ STEVE KYRIAKOPOULOS  
Street 866 MAHOGANY DRIVE  
Address  
City, State MINDEN, NV 89423  
Zip

Order No.

WERNER CHRISTEN  
RECORDER  
\$16<sup>00</sup> PAID KJ DEPUTY

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

I, STEVE J. KYRIAKOPOULOS, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

(1) By instrument dated NOVEMBER 25, 1996, and all amendments thereto, EVA KYRIAKOPOULOS executed the STEVEN J. KYRIAKOPOULOS AND EVA KYRIAKOPOULOS DECLARATION OF TRUST DATED NOVEMBER 25, 1996 ("Trust").

(2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of EVA KYRIAKOPOULOS.

(3) EVA KYRIAKOPOULOS died on JANUARY 15, 2004, a resident of DOUGLAS, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said EVA KYRIAKOPOULOS.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee.

(5) The following described real property is part of the trust estate:

LOT 1 OF BLOCK B AS SET FORTH ON THE FINAL MAP #1010-4B OF WESTWOOD VILLAGE UNIT 4B, FILED FOR REOCD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON DECEMBER 13, 1995 IN BOOK 1295 PAGE 1906 AS DOCUMENT NO 376827

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.


(7) No other person has a right to the interest of the Trust in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

0630047

BK 1104 PG 10381

Executed on NOVEMBER 22, 2004, at MINDEN , NV.


  
STEVEN J. KYRIAKOPOULOS, Successor Trustee

STATE OF NEVADA

COUNTY OF DOUGLAS } SS

This instrument was acknowledged before me  
on NOVEMBER 22 2004,

by STEVEN J. KYRIAKOPOULOS

  
Notary Public



0630047

BK1104PG10382

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  
PROPOSITION  
CERTIFIER  
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST  
USE OF SEAL

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Eva KYRIAKOPOULOS		2. January 15, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Minden		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. 866 Mahogany Dr		3e. 4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		8. March 11, 1923	
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)	
6. X		7a. 80	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Canada		11. Married	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. USA		12. Steve Kyriakopoula	
Decedent's Education Specify highest grade completed		KIND OF BUSINESS OR INDUSTRY	
10. 12		14b. Own Home	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. ████████-0073		14a. Homemaker	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Minden	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 866 Mahogany Dr	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Joseph Boulet		17. Georgiana Martinneau	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Steve Kyriakopoulos		18b. 866 Mahogany Drive, Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Walton's Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. [Signature]		19c. Carson City, Nevada 89706	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 9		20c. 1478 4th St., Minden, Nevada 89423	
21a. To the best of my knowledge, death occurred 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.	
(Signature and Title) [Signature]		(Signature and Title) [Signature]	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 1/15/04		22b. [Blank]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0922		22c. [Blank]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Blank]		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Andrea Miller, MD 1274 Bridle Way, Minden, Nevada 89423		22e. AT	
REGISTRAR		LICENSE NUMBER	
24a. [Signature]		23b. 8912	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. January 19, 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))		Interval between onset and death	
(a) respiratory failure		Interval between onset and death	
(b) Parkinson's disease		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	
26. No		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [Blank]		28b. [Blank]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d. [Blank]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. [Blank]		28f. [Blank]	
LOCATION		STREET OR R.F.D. No.	
28g. [Blank]		CITY OR TOWN STATE	

STATE REGISTRAR

No.230504

12817

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: JAN 20 2004

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

[Signature: Yvonne Sylva]

STATE REGISTRAR

