ζ,

APN: 13-320-14

**RECORDING REQUESTED BY:** 

Anderson & Dorn, Ltd. 500 Damonte Ranch Parkway, Ste, 860 Reno, NV 89521

#### WHEN RECORDED MAIL TO:

Willie Hyde 882 Valley Vista Drive Carson City, Nevada 89705

**MAIL TAX STATEMENT TO:** 

Willie Hyde 882 Valley Vista Drive Carson City, Nevada 89705 DOC # 0643620 05/05/2005 02:46 PM Deputy: BC OFFICIAL RECORD Requested By: ANDERSON & DORN

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 4 Fee: BK-0505 PG-02129 RPTT:

17.00



## AFFIDAVIT OF SUCCESSOR TRUSTEE

- I, WILLIE BELL HYDE, 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 March 8, 1995, Billy K. Hyde and I executed the BILLY KEITH HYDE AND WILLIE BELL HYDE REVOCABLE LIVING TRUST ("Trust").
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of BILLY K. HYDE.
- (3) BILLY K. HYDE died on March 8, 2005, at Reno, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said BILLY K. HYDE.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
- (5) The following described real property is part of the trust estate: See Exhibit "B" attached.
- (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.

Executed on April 27th 2005, at Carson City, Nevada

WILLIE BELL HYDE, Successor Trustee

STATE OF NEVADA )
STATE OF NEVADA ) COUNTY OF
COUNTRY AND
SUBSCRIBED AND SWORN TO before me this 27 day of April, 200 \( \).
Notary Public
Notary Public
IVAN A. RIZO PINEDA  NOTARY PUBLIC  STATE OF NEVADA
APPT, No. 03-85448-3 MY APPT, EXPIRES JAN. 21, 2007

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### **DIVISION OF HEALTH VITAL STATISTICS**

# STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

			DIVISION OF	F HEALTH — SI	ECTION OF	VITAL STAT	ISTICS	\		
<u> </u>	ROLL 117 IMAGE 562 CERTIFICATE OF DEATH									
1	LOCAL FILE NUMBE		724			STATE FILE NUMBER				
TYPE /	DECEASED—NAME First		Middle	Last		DATE OF DEATH	(Month, Day, Year)	COUNTY OF DEATH		
OR PRINT	ı. Billy		Keith	HYDE		<sup>2</sup> March 8, 2005		3a Washoe		
PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF	DEATH	HOSPITAL OR OTHER				If Hosp, or Inst, indic Rm, Inpatient (Specif	ate DOA, OP/Emer.	SEX	
•	3b. Reno		₃ Tahoe P	acific Hos	nital 🚁		3e Inpati		4 Male	
DECEDENT	3b. Reno  RACE—(e.g., White, Black, Amer Indian, etc.) (Specify)	ican Wa	as Decedent of Hispanic Origin	? Specify D ves Sano I	ves. AGE-Last	UNDER 1	YEAR. UNDER 1	DAY DATE OF B	IRTH (Mo., Day, Yr.)	
		5pc	Birthday (Years)  MOS: DAYS HOURS: MINS  76. 3 July 10, 192						10. 1929	
	5. White Control of STATE OF BIRTH		CITIZEN OF WHAT COUN- Decedent's Education. Speci		0.7	MARRIED, NEV	ER MARRIED,	SURVIVING SPOUSE (If wife, give maiden name)		
IF DEATH OCCURRED IN	(If not U.S.A., name country)		THY 9b. II.S.A.	grade completed.	12	(Specify) M	arried	12. Will:	ie Bell Tucker	
institution see handbook	9a. Kansas SOCIAL SECURITY NUMBER			U.S.A. 10. 1Z 11. Married  SUAL OCCUPATION (Give Kind of Work Done During Most of KIND OF BUSINESS OR INDU						
REGARDING COMPLETION OF			Working Life, Even if Retired)  14a. Harbor Pilot 14b. Federal Gov				rnment			
RESIDENCE ITEMS	13. 839 RESIDENCE—STATE	COUNTY		CITY, TOWN, OR LOC	ATION		T AND NUMBER	INS	SIDE CITY LIMITS	
						, E.) O	02 Waller		pecify Yes or No) ••• NO	
	15a. Nevada FATHER—NAME First	15b. [	ouglas Middle	15c. Carson	MOTHER-MAIDE		82 Valley	Middle	Last a	
PARENTS	4								Terdon	
G. Hills	16. William		Paul	Hyde	17. Ecc	An:	D. R.F.D. No., City or Tow	n. State. Zip)	Lyden	
	INFORMANT—NAME (Type or F	rint)		277	No. 100				1- 007055	
	18a. Willie Bel			185. 882 OR CREMATORY—NA		ista Dri	ve, Carson	City or Town	evada 89705 State	
	BURIAL, CREMATION, REMOVA	AL, OTHER	1						37 1	
DISPOSITION	19a. Cremation	<u> </u>	19b Fi	tzHenry's	Cremator	LOW PTO		on City,	-	
Distrosition	FUNERAL DIRECTOR—SIGNAT (Or Person Actingles Such)	URE	LICENSE N	DIRECTOR NAME AN	D ADDRESS OF FA	F1	tzHenry's	Funeral 1	Home 5	
L_	20a. 20mes 1		20b. 21		33 N. Edi	monds Dr	ive, Carso	on City,	Nevada 8970	
	2 21a. To the best of my know due to the cause(s) s	owledge de tated	ath occurred at the time, date	and place and			of examination and/or in the and place and due t	to the cause(s) and n	nanner stated.	
	ନ୍ଦ୍ର (Signature and Title)		ward U	ue//C		(Signature and Title		HOUR OF DEATH		
İ	DATE SIGNED (Mo.,		HOUR OF DEA	ATH T	comple ner's O	DATE SIGNED (M	o., Day, Yr.)		्या स्थाप स	
OF DY PIECE	21b. 3 - /			00	1.00	22b.		22c.	FAD (House)	
CERTIFIER	The part of the past of my striving the state of the cause(s) stated and the to the cause(s) and manner stated.    Signature and Title								=AD (noul)	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, AFTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  89509									
	<sup>23a</sup> Richard	i )T. <u>I</u>	Priest, M.D.,	4790 Caug	hlin Pkw	y #510,	Reno, Neva	ada   <sup>23b.</sup>	3950	
CONDITIONS	REGISTRAR	1.1				4.5 - 4.5 - 5.5	Yr.) DEATH DUE TO	COMMUNICABLE D	ISEASE	
IF ANY WHICH GAVE	24a. (Signature)	nort			March 11	, 2005	24c. YES□			
RISE TO IMMEDIATE	25. IMMEDIATE CAUSE (	ENTER ON	Y ONE CAUSE PER LINE FO	OR (a), (b), AND (c).)	Sale Francis	· ` ,		Interval be	tween onset and death	
CAUSE STATING THE UNDERLYING CAUSE LAST	PART (a) C9	بكطر	opulmon	701	Duves	<del>/</del>		<u>    :                                </u>	1 //cycle	
CAUSE LAST	Lessington Failure 4 Days								tween onset and death	
									Days	
	DUE TO, OR AS	A CONSEC	QUENCE OF:		<i>J</i>			Interval be	etween order and death	
_	(c)	Yn	Jumonic					: 9	2975	
CAUSE OF DEATH	PART OTHER SIGNIFICAN	IT CONDITI	ONS—Conditions contributing	to death but not resulting	in the underlying c	ause given in Part	1. AUTOPSY (F	Specify WAS CASE or No.   CORONER	REFERRED TO (Specify Yes or No)	
D-AIII.	" COM	$\boldsymbol{A}$	Λ.				26. No	27.	No	
\	ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST.	, DATE O	F INJURY (Mo., Day, Yr.) HOU	R OF INJURY	DESCRIBE HOW IN	JURY OCCURRED	,			
\	(Specify) 28a.	28b.	28c.	м	28d.					
/ /	INJURY AT WORK	PLACE	OF INJURY—At home, farm,		OCATION.	STREET OR	R.F.D. No.	CITY OR TOWN	STATE	
1 1	(Specify Yes or No) 28e.	281.	building, etc. (Spe		28g.		1			
1 1			7					No ?	026/1	
1	STATE REGISTRAR No. 283641									
1		No.	/ 5121120116	(			BI	K- 0505		
7		1				JUR BRIUR HARIT ET		G- 2131	ASSOCIATION	

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0643620 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.

AF - 4 2005

STATE REGISTRAR

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



### **EXHIBIT B**

# **PROPERTY ADDRESS:**

882 Valley Vista Drive Carson City, Nevada 89705

# **LEGAL DESCRIPTION:**

LOT 32, BLOCK D AS SET FORTH ON THE MAP OF VALLEY VISTA ESTATES I, PHASE IA, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, ON JUNE 2, 1994, IN BOOK 694, PAGE 437, AS DOCUMENT NO. 338792, OFFICIAL RECORDS.



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