

OFFICIAL RECORD

Requested By:
WESTERN TITLE COMPANY INC

APN: 1220-08-802-013

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0705 PG- 5436 RPTT: 0.00

RECORDING REQUESTED BY:
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name A & C SERAFINE 1998 TRUST dated
March 26, 1998
Street PO BOX 1662
Address
City,State Gardnerville, NV 89410
Zip

Order No. 00091259-201-KMB



(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, CHARLES R SERAFINE, 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 26, 1998, and all amendments thereto, CHARLES R SERAFINE and ANNABELLE J. SERAFINE executed the A & C SERAFINE-1998 TRUST ("Trust").

(2) Said trust appointed me to serve as Successor Trustee upon the death or incapacity of ANNABELLE J. SERAFINE.

(3) ANNABELLE J SERAFINE died on April 21, 2004, a resident of GARDNERVILLE, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said ANNABELLE J. SERAFINE.

(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:

A Parcel situate in the Southeast ¼ of the Southeast ¼ of Section 8, Township 12 north, Range 20 East, M. D. B & M., described as follows:

Lot 1, as set for the on that certain Amended Parcel Map recorded February 16, 1977, as Document No. 06989, Official Records of Douglas County, State of Nevada

Subject to a 20 feet Right of Way Easement over and across the North portions of said Lot 1 as set forth on said Parcel Map

(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.

Affidavit of Successor Trustee – Page 2

Executed on 6/29/05

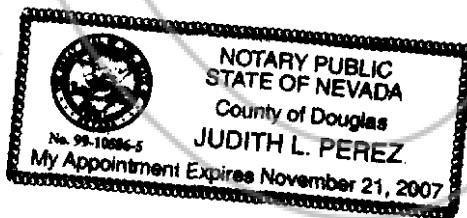
Charles R. Serafine
CHARLES R. SERAFINE, Successor Trustee

STATE OF NEVADA
COUNTY OF DOUGLAS } SS

This instrument was acknowledged before me
on JUNE 29, 2005

by CHARLES R. SERAFINE

Judith L. Perez
Notary Public



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

| | | | | | |
|---|---|--|--|--|--|
| LOCAL FILE NUMBER | | DECEASED—NAME | | DATE OF DEATH (Month, Day, Year) | STATE FILE NUMBER |
| 1. Annabelle June SERAFINE | | 2. April 21, 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) | SEX |
| 3b. Gardnerville | | 3c. 1139 Centerville Lane | | 4. Female | |
| 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) | UNDER 1 YEAR MOS : DAYS | UNDER 1 DAY HOURS : MINS | DATE OF BIRTH (Mo., Day, Yr.) |
| 5. White | 6. | 7a. 75 | 7b. | 7c. | 8. March 4, 1929 |
| 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) | SURVIVING SPOUSE (If wife, give maiden name) | |
| 9a. West Virginia | 9b. U.S.A. | 10. 11 Years | 11. Married | 12. Charles Serafine | |
| SOCIAL SECURITY NUMBER | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | KIND OF BUSINESS OR INDUSTRY | | | |
| 13. ██████████-4092 | 14a. Homemaker | 14b. Own Home | | | |
| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | STREET AND NUMBER | INSIDE CITY LIMITS (Specify Yes or No) | |
| 15a. Nevada | 15b. Douglas | 15c. Gardnerville | 15d. Centerville Ln. | 15e. Yes | |
| FATHER—NAME | | MOTHER—MAIDEN NAME | | | |
| 16. Walker Buchanan | | 17. Elizabeth Wood | | | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | | | |
| 18a. Charles Serafine - Husband | | 18b. 1139 Centerville Lane, Gardnerville, NV 89410 | | | |
| 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 | FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410 | | | |
| 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) <i>[Signature]</i> | | (Signature and Title) <i>[Signature]</i> | | | |
| DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | | DATE SIGNED (Mo., Day, Yr.) | |
| 21b. 4/27/04 | | 21c. 0515 | | 22b. | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | PRONOUNCED DEAD (Mo., Day, Yr.) | | PRONOUNCED DEAD (Hour) | |
| 21d. | | 22c. ON | | 22e. AT | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) | | | | | LICENSE NUMBER |
| 23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423 | | | | | 23b. 8912 |
| REGISTRAR | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | DEATH DUE TO COMMUNICABLE DISEASE | | |
| 24a. <i>[Signature]</i> | 24b. April 28, 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) <i>cardiopulmonary arrest</i> | | Interval between onset and death | | |
| | DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | |
| | (b) <i>metastatic lung cancer to brain</i> | | Interval between onset and death | | |
| | DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | |
| PART II | (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | AUTOPSY (Specify Yes or No) | | WAS CASE REFERRED TO CORONER (Specify Yes or No) |
| | | | 26. 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. | | | |

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LISTING THE UNDERLYING CAUSE LAST

USE OF DEATH

STATE REGISTRAR

No. 264182

37112

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: APR 28 2004

This copy is not valid unless prepared

[Signature]
STATE REGISTRAR

