

OFFICIAL RECORD

Requested By:
ANDERSON & DORN LTD

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Douglas County - NV
Werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-1005 PG-10354 RPTT: 0.00

Carolyn E. Shinn

APN: 1320-30-113-022

RECORDING REQUESTED BY:

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

WHEN RECORDED MAIL TO:

CAROLYN E. SHINN
1565A Virginia Ranch Road #44
Gardnerville, Nevada 89410

AFFIDAVIT OF DEATH OF TRUSTEE

I, CAROLYN E. SHINN, 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 December 15, 1998, JAMES L. SHINN and I executed the Shinn Living Trust ("Trust").

(2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of JAMES L. SHINN.

(3) JAMES L. SHINN died on September 2, 2005, at Gardnerville, Nevada, a resident of Douglas County, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said JAMES L. SHINN.

(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.

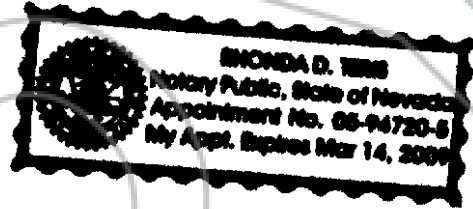
Executed on Oct. 11, 2005, at Gardnerville, Nevada.

Carolyn E. Shinn
CAROLYN E. SHINN, Successor Trustee

STATE OF NEVADA)
) ss:
COUNTY OF Douglas)

SUBSCRIBED AND SWORN TO before me
by CAROLYN E. SHINN
this 11th day of October, 2005.

Shonda D. Lewis
Notary Public



COPIES

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 INK

DECEDENT

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

MENTS

POSITION

CERTIFIER

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

USE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. James L. SHINN		2. September 2, 2005	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Gardnerville		3c. 1565 A Virginia Ranch Road #44	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Male	
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.		7a. 84	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Indiana		9b. U.S.A.	
SOCIAL SECURITY NUMBER		DECEDENT'S EDUCATION—Specify highest grade completed.	
13. ████████-5935		10. 11	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
14a. Chief Petty Officer		11. Married	
KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
14b. U.S. Navy		12. Carolyn Charlton	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1565 A Virginia Ranch Road #44	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Clyde E. Shinn		17. Alma Ester Harter	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Carolyn E. Shinn		18b. 1565 A Virginia Ranch Road #44 Gardnerville, NV 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Carson Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. Jimmy Derr...		20b. Society 1614 N. Curry St. Carson City, NV 89703	
21. To the best of my knowledge, belief, and 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 and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 9/6/05		22b. 04:56	
HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)	
21c. 04:56		22c. AT	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		LICENSE NUMBER	
21d. Anthony C. Field M.D. 412 W. John St. Carson City, NV 89703		23b. 3339	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) Vera R. Koch...		24b. September 6, 2005	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a), (b), AND (c))		Interval between onset and death	
PART I (a) Parkinson's Disease		years	
(b) Stroke		years	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
Atherosclerosis, Aortic valve disorder		26. No	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a.		27. No	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b.		28c. M	
PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		LOCATION.	
28f.		28g.	

STATE REGISTRAR

No. 29.1175

081791

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: SEP - 6 2005

(Signature)
STATE REGISTRAR

This copy is not valid unless pr



BK- 1005
PG- 10356

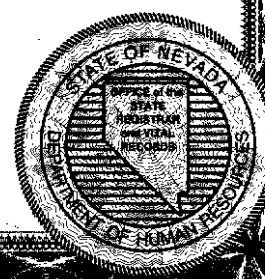


EXHIBIT "B"

LEGAL DESCRIPTION:

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Unit 22, as set forth on map of WESTWOOD PARK UNIT 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987, in Book 1187, Page 3848, as Document No. 167352 and by Certificate of Amendment recorded May 5, 1988, in Book 588, Page 536, as Document No. 177431 of Official Records of Douglas County, Nevada.

TOGETHER WITH an undivided 1/25th interest in and to the common area lying within the interior lines as set forth on map of WESTWOOD PARK UNIT 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987, in Book 1187, Page 3848, as Document No. 167352.

APN: 1320-30-114-022 (formerly 17-290-22)

PROPERTY ADDRESS:

1768 Shamrock Circle
Minden, Nevada 89423

This Affidavit of Death was prepared without the benefit of a title search and the description of the property was furnished by the parties. The preparer of this Affidavit of Death and attached property description assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

