

OFFICIAL RECORD

Requested By:

LOIS JOHNSON

APN: 1220-24-811-001,
(Old APN: 0000-29-433-030)

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-1005 PG-12411 RPTT: 0.00



RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DEED TO:

Rachelle J. Nicolle
Attorney at Law
1662 Highway 395, Suite 214
Minden, NV 89423

MAIL TAX STATEMENTS TO:

✓ LOIS JOHNSON, TRUSTEE
P.O. BOX 1984
GARDNERVILLE, NV 89410

**AFFIDAVIT - DEATH OF CO-TRUSTEE & CONTINUED
SOLE SERVICE OF REMAINING CO-TRUSTEE**

Lois Jean Johnson, of legal age, being first duly sworn, deposes and says:

1. That I, Lois Jean Johnson, am the sole surviving Co-Trustee of **The David W. & Lois J. Johnson Family Trust**, U/D/T July 7, 2004. I hereby affirm my intention to continue to act as the sole remaining Co-Trustee.
2. The terms of this Trust empower me to act as the sole Trustee for the Trust after the death of David Winn Johnson.
3. I also declare and affirm that David Winn Johnson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David Winn Johnson, Co-Trustee of **The David W. & Lois J. Johnson Family Trust** (dated July 7, 2004 for the benefit of the Johnson Family). David Winn Johnson is one of the named Co-Trustee parties in that certain Grant Deed dated July 7, 2004 to David Winn Johnson and Lois Jean Johnson, Trustees of **The David W. & Lois J. Johnson Family Trust U/D/T 07-07-04** covering the property described below:

Lot 27, in Block C, as set forth on the map of THOMPSON ACRES UNIT NO. 2, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on March 22, 1978, as Document No. 18827.

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4. The above stated affirmation is provided under penalty of perjury in Douglas County Nevada, and is dated 10/25, 2005.

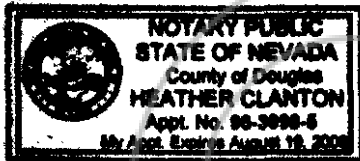
Lois Jean Johnson
Lois Jean Johnson, Trustee

JURAT OF NOTARY PUBLIC

State of Nevada)
County of Douglas)

Signed and sworn to (or affirmed) before me on 10/25, 2005, by LOIS JEAN JOHNSON.

Heather Clanton
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. David Winn JOHNSON		2. September 17, 2005		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. Carson Valley Medical Center		3d. Inpatient	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.	AGE—Last Birthday (Years)	UNDER 1 YEAR MGS : DAYS	UNDER 1 DAY HOURS : MINS
5. White		6. 77	7a. 77	7b. :	7c. :
DATE OF BIRTH (Mo., Day, Yr.)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
8. May 17, 1928		11. Married		12. Lois Jean Pinkston	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	KIND OF BUSINESS OR INDUSTRY	
9a. California		9b. U.S.A.	10. 14 Years	14b. Construction Industry	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. 3938		14a. Builder/Contractor		14b. Construction Industry	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada		15b. Douglas	15c. Gardnerville	15d. 616 Stagecoach	15e. Yes
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Thomas C. Johnson			17. Sophia Palmer		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Lois Jean Johnson - Wife			18b. P.O. Box 1984, Gardnerville, Nevada 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	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410		
To be Completed by CERTIFYING PHYSICIAN	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.		
	<i>[Signature]</i>		<i>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	
	21b. 9/20/05	21c. 0805	22b. :	22c. :	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)				PRONOUNCED DEAD (Mo., Day, Yr.)	
23a. Evan Easley M.D., 1520 Virginia Ranch Rd, Gardnerville, NV 89410				23b. 7446	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>		24b. September 21, 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE		Interval between onset and death			
PART I (a) Respiratory Failure		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Acute Cancer		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. No		27. Yes			
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

PRECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

CAUSE OF DEATH

STATE REGISTRAR

No. 320035

083688

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 21 2005**

[Signature]
STATE REGISTRAR

Signature of Registrar.

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BK- 1005
PG- 12413
10/26/2005

CERTIFICATE

