

APN: 1420-33-410-041

RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

✓ Name John W. Hamele
Street 2617 Wildrye Ct.
Address
City, State Minden, NV 89423
Zip

Order No.

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 4 Fee: 17.00
BK-0206 PG- 7428 RPTT: 0.00



(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT OF SUCCESSOR TRUSTEE

I, JOHN W. HAMELE, 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 October 3, 1997, and all amendments thereto, John W. Hamele and Virginia L. Hamele, as co-trustees executed the THE JOHN & VIRGINIA HAMELE TRUST dated July 29, 1997 ("Trust").

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

(3) VIRGINIA L. HAMELE, AKA VIRGINIA PERKINS HAMELE died on FEBRUARY 8, 2006, a resident of DOUGLAS, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said VIRGINIA L. PERKINS HAMELE.

(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:

See exhibit "B" attached hereto and made a part hereof by this reference.

More commonly known as 2617 Wildrye Ct., Minden NV 89423

(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.

Affidavit of Successor Trustee – Page 2

Executed on 2-23-06 at Minden, Nevada.

John W. Hamele
JOHN W. HAMELE, Successor Trustee

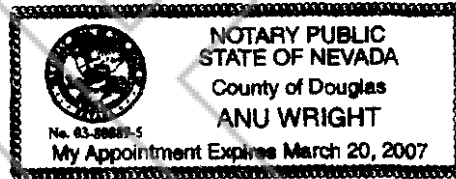
STATE OF NEVADA

COUNTY OF Douglas

} SS

This instrument was acknowledged before me
on John W. Hamele 2-23-06
FW

by John W. Hamele



Anu Wright
Notary Public



DOUGLAS COUNTY

DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 60 as set forth upon that subdivision map entitled WILDHORSE ANNEX UNIT NO. 2, as Planned Unit Development, recorded October 10, 1994 in Book 1094 at Page 1490, Official Records of Douglas County, State of Nevada, as Document No. 348105.

Excepting therefrom all minerals, oil, gas and other hydrocarbons, as excepted in the deed to Stock Petroleum Co, Inc., recorded March 13, 1980 in Book 380 at Page 1315 Official Records of Douglas County, Nevada, as Document No. 42677.

"THIS CONVEYANCE IS GIVEN SUBJECT TO THE TERMS AND CONDITIONS OF THAT CERTAIN GRANT OF AVIGATION EASEMENT MADE DECEMBER 29, 1993 BY IAN MACSWEEN CONSTRUCTION, INC., AS GRANTOR TO DOUGLAS COUNTY, NEVADA A QUASI-POLITICAL SUBDIVISION OF THE STATE OF NEVADA, SAID EASEMENT RECORDED DECEMBER 29, 1993 IN BOOK 1293 AT PAGE 6761, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA AS DOCUMENT NO. 326343.



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 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

LOCAL FILE NUMBER		DECEASED—NAME		First		Middle		Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER		COUNTY OF DEATH	
1.		Virginia		L.		PERKINS		HAMELE		2. February 8, 2006		3a. Carson City			
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/Emr Rm. Inpatient (Specify)		SEX					
3b. Carson City		3c. Carson Tahoe Regional Medical Center						3a. Inpatient		4. Female					
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		6		AGE—Last Birthday (Years)		7a. 79		UNDER 1 YEAR MOS : DAYS		7b.	
STATE OF BIRTH (If not U.S.A., name country)		9a. Ohio		CITIZEN OF WHAT COUNTRY		9b. U.S.A.		Decedent's Education grade completed.		10. 12		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. Married	
SOCIAL SECURITY NUMBER		13. ██████████-0902		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		14a. Claims Examiner		KIND OF BUSINESS OR INDUSTRY		14b. Insurance Industry		SURVIVING SPOUSE (If wife, give maiden name)		12. John W. Hamele	
RESIDENCE—STATE		15a. Nevada		COUNTY		15b. Douglas		CITY, TOWN, OR LOCATION		15c. Minden		STREET AND NUMBER		15d. 2617 Wildrye Ct.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. No		FATHER—NAME		First		Middle		Last		MOTHER—MAIDEN NAME		First	
16.		John		William		Oates		17		Faye		Zimmerman			
INFORMANT—NAME (Type or Print)		18a. John W. Hamele		MAILING ADDRESS		18b. 2617 Wildrye Court		Minden, Nevada		89423					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19a. Cremation		CEMETERY OR CREMATORY—NAME		19b. Carson Sierra Crematory		LOCATION		19c. Carson City Nevada					
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20a. <i>Jose Aguirre</i>		FUNERAL DIRECTOR LICENSE NUMBER		20b. 09		NAME AND ADDRESS OF FACILITY		20c. Society 1614 N. Curry St. Carson City, NV 89703					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. <i>Jose Aguirre</i>		DATE SIGNED (Mo., Day, Yr.)		21c. 01:33		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.		22b. <i>Jose Aguirre</i>		DATE SIGNED (Mo., Day, Yr.)		22c.	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d.		22d. ON		22e. AT									
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		23a. Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703		LICENSE NUMBER		23b. 11479									
REGISTRAR		24a. <i>Daimie Evans</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24b. February 9, 2006		DEATH DUE TO COMMUNICABLE DISEASE		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) METASTATIC ADENOCARCINOMA		Interval between onset and									
		PART II		(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and									
				(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28a.		DATE OF INJURY (Mo., Day, Yr.)		28b.		HOUR OF INJURY		28c.		DESCRIBE HOW INJURY OCCURRED		28d.	
INJURY AT WORK (Specify Yes or No)		28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f.		LOCATION.		STREET OR R.F.D. No.		CITY OR TOWN		STATE	
								28g.							

STATE REGISTRAR

No. 327839

102687

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: FEB - 9 2006

Jose Aguirre
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



BK- 0206
PG- 7431
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