

OFFICIAL RECORD

Requested By:
WESTERN TITLE COMPANY INC

APN: 1220-21-810-226

RECORDING REQUESTED BY:
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name MADGE B. ELLIOTT
Street P.O. Box 7329
Address Gardnerville, NV
City, State 89440
Zip

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0406 PG- 2656 RPTT: 0.00



Order No. 00092116-201-LS

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT OF SURVIVING TRUSTEE

I, MADGE BESS ELLIOTT, 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 November 24, 2003, and all amendments thereto, FORREST LEE ELLIOTT and MADGE BESS ELLIOTT executed the FORREST LEE ELLIOTT AND MADGE BESS ELLIOTT REVOCABLE TRUST ("Trust").

(2) Said trust appointed me to serve as Surviving Trustee upon the death or incapacity of FORREST LEE ELLIOTT.

(3) FORREST LEE ELLIOTT died on Dec. 28, 2004, a resident of Douglas, Nevada. Attached hereto as Exhibit "A" is a certified copy of the death certificate of said FORREST LEE ELLIOTT.

(4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.

(5) The following described real property is part of the trust estate:

See Exhibit A attached hereto and made a part hereof.

(6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Surviving 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 Surviving Trustee.

Affidavit of Successor Trustee – Page 2

Executed on 3-27-2006, at Gardnerville, Nevada.

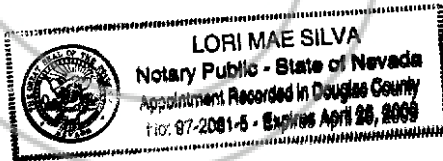
Madge Bess Elliott
MADGE BESS ELLIOTT, Surviving Trustee

STATE OF NEVADA
COUNTY OF Douglas } SS

This instrument was acknowledged before me
on 3/27/06.

by MADGE BESS ELLIOTT

Lori Mae Silva
Notary Public



BK- 0406
PG- 2657
04/07/2006

Exhibit A

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 381, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.



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		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Forrest Lee ELLIOTT		2. December 28, 2004	3a. Carson City
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	SEX
3b. Carson City		3c. Carson Tahoe Hospital	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, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 73	January 23, 1931
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)
9a. Missouri	9b. U.S.A.	10. 14 Years	11. Married
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. 5823	14a. Technician	14b. Aerospace	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1355 Patricia Dr.
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16.		17. Leta Elliott	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Madge Elliott, Wife		18b. 1355 Patricia Dr. Gardnerville, NV. 89460	
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. FitzHenry's Funeral Home 833 N. Edmonds Drive, Carson City, NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 12/29/04 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21c. HOUR OF DEATH 20:49 21d.		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> DATE SIGNED (Mo., Day, Yr.) 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. AT 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Anthony Zimmerman, M.D., 200 Bath Street, Carson City, NV 89703		23b. 9259	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>	24b. Dec 29, 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).)		Interval between onset and death	
PART I (a) Due to, or as a consequence of: End-stage renal disease	months		
(b) Due to, or as a consequence of: Sepsis	days		
(c) Due to, or as a consequence of:	Interval between onset and death		
PART II 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. 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

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE DEATHLY CAUSE LAST

CAUSE OF DEATH

STATE REGISTRAR

No. 280417

33548

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:

DEC 29 2004

STATE REGISTRAR

This copy is not valid unless



BK- 0406
PG- 2659

